



HILLINGDON
LONDON



Health and Wellbeing Board

Date: TUESDAY, 26 JUNE 2018

Time: 2.30 PM

Venue: COMMITTEE ROOM 6 - CIVIC CENTRE, HIGH STREET, UXBRIDGE

Meeting Details: Members of the Public and Press are welcome to attend this meeting

Statutory Members (Voting)

Councillor Philip Corthorne MCIPD (Chairman)
Councillor David Simmonds CBE (Vice-Chairman)
Councillor Jonathan Bianco
Councillor Keith Burrows
Councillor Richard Lewis
Councillor Douglas Mills
Councillor Raymond Puddifoot MBE
Dr Ian Goodman, Chair - Hillingdon CCG
Stephen Otter, Healthwatch Hillingdon

Statutory Members (Non-Voting)

Statutory Director of Adult Social Services
Statutory Director of Children's Services
Statutory Director of Public Health

Co-Opted Members

The Hillingdon Hospitals NHS Foundation Trust
Central & North West London NHS Foundation Trust
Royal Brompton & Harefield NHS Foundation Trust
Hillingdon Clinical Commissioning Group (officer)
Hillingdon Clinical Commissioning Group (clinician)
LBH - Deputy Director: Housing, Environment, Education, Health & Wellbeing

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Agenda

6 Better Care Fund: Performance Report

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BETTER CARE FUND: PERFORMANCE REPORT (JAN - MARCH 2018)

Relevant Board Member(s)	Councillor Philip Corthorne Dr Ian Goodman
Organisation	London Borough of Hillingdon Hillingdon Clinical Commissioning Group
Report author	Paul Whaymand, Finance, LBH Tony Zaman, Social Care, LBH Kevin Byrne, Health Integration and Partnerships, LBH Caroline Morison, HCCG
Papers with report	Appendix 1) BCF Metrics Scorecard

HEADLINE INFORMATION

Summary	This report provides the Board with the third performance report on the delivery of the 2017/19 Better Care Fund plan. It is the final performance report for 2017/18.
Contribution to plans and strategies	The Better Care Fund is a key part of Hillingdon's Joint Health and Wellbeing Strategy and meets certain requirements of the Health and Social Care Act, 2012.
Financial Cost	This report sets out the budget monitoring position of the BCF pooled fund of £36,814k for 2017/18 as at month 12.
Ward(s) affected	All

RECOMMENDATIONS

That the Health and Wellbeing Board:

- a) notes the progress in delivering the plan during the Q4 2017/18 review period;
- b) notes the challenging delayed transfers of care target that has been set for Hillingdon for 2018/19 by NHSE;
- c) approve the priorities for 2018; and
- d) provides feedback on the outline post April 2019 integration plan proposals.

INFORMATION

1. This is the third performance report to the Health and Wellbeing Board (HWBB) on the delivery of Hillingdon's Better Care Fund (BCF) Plan for 2017/19 and the management of the pooled budget hosted by the Council. It is the final report on the delivery of the first year of the plan, 2017/18. The plan and its financial arrangements are set out in an agreement established

under section 75 of the National Health Service Act, 2006 that both the Council's Cabinet and Hillingdon Clinical Commissioning Group's (HCCG) Governing Body approved in December 2017. Appendix 1 to this report is the BCF performance dashboard which provides the Board with a summary update against the six key performance indicators (KPIs).

National Metrics

2. This section includes performance against the metrics that Hillingdon is required to report to NHS England (NHSE).

3. **Emergency admissions target (also known as non-elective admissions): *Not achieved*** - There were 11,267 emergency admissions of people aged 65 and over during 2017/18 against a target of 9,428. This compares to 10,254 emergency admissions in 2016/17.

4. **Delayed transfers of care (DTOCS): *Exceeded*** - Table 1 below suggests that DTOC performance was 2,796 delayed days below the ceiling set for Hillingdon by NHSE for 2017/18. As can be seen from the table below actual performance for delays attributed to the NHS, Social Care and those jointly attributable were all below the ceilings set nationally for Hillingdon.

Table 1: DTOC Performance 2017/18					
Delay Source	Acute	Non-acute	Total	2017/18 Target	Variance
NHS	2,153	2,053	4,206	6,005	-1,799
Social Care	598	1,317	1,915	2,271	-356
Both NHS & Social Care	39	382	421	1,062	-641
Total	2,790	3,752	6,542	9,338	-2,796

5. During the period April 2017 to March 2018, nearly 37% (2,413) of all delays, e.g., health and social care, were attributed to issues with securing residential care placements and nearly 21% (1,344) to difficulties with securing nursing home placements. As previously reported, a combination of difficulties in securing placements for people with the more challenging behaviours as well as complex family dynamics are the main factors contributing to these delays.

6. **Permanent admissions to care homes target: *Not achieved*** - There were 162 permanent admissions to care homes in 2017/18 against a target of 150. 79 of these were as a result of short-term placements converting into permanent placements as a result of escalating need and carers refusing to accept a return home of the cared for person. This reinforces the importance of avoiding care home placements where there are other ways of addressing need and the coming on stream of the new extra care schemes during 2018 will increase the available options.

7. **Percentage of people aged 65 and over still at home 91 days after discharge from hospital to Reablement: *Target achieved*** - The review period for this national target was Q3

and the measure was the percentage still at home 91 days after discharge from hospital into reablement. The target for 2017/18 and the outturn was 88%.

Scheme Specific Metric Progress

8. This section provides the Board with the Q3 position against scheme specific metrics where the data was available for the reporting period.

Scheme 1: Early intervention and prevention

9. **Falls-related Admissions: Not achieved** - In 2017/18, there were 868 falls-related emergency admissions to hospital against a ceiling of 787 and compared to 816 during the same period in 2016/17. Further analysis is required in order to understand the reasons behind these figures, e.g., the extent to which it is attributable to increasing frailty and/or the number of persistent fallers.

10. **Care Connection Teams caseloads** - During 2017/18, 3,118 people were referred to the 15 CCTs. 1,027 people were specifically identified during this period for more intensive case management. The methodology to assess the impact for the individual on their emergency activity before and after the interventions by the CCTs is still in the process of being finalised.

Scheme 2: An integrated approach to supporting Carers

11. **Carers' assessments: Exceeded** - In 2017/18, there were 889 assessments completed against a target of 569. The assessment figures reflect full assessments and triage assessments (known as Type 1 assessments) that have been undertaken by Hillingdon Carers that have not proceeded to full assessments.

12. **Carers in receipt of respite or other Carer services:** In 2017/18, 310 carers were provided with respite or another carer service at a cost of £1,809k. This compares to 237 carers being supported at a cost of £1,618k during the same period in 2016/17. This includes bed-based respite and home-based replacement care as well as voluntary sector provided services and services directly purchased via Direct Payments. The reason for the apparent reduction in unit cost of support to carers is that the financial figures do not include those circumstances where respite is included against the cared for person's support plan. As previously reported, this means that it is not possible to accurately cost the support being provided to carers.

13. **Identification of Carers** - At 31 March 2018, there were 6,700 Adult Carers and 773 Young Carers registered with Hillingdon Carers, which is an increase of 1,187 new Adult Carers and 83 Young Carers registered on 2016/17. Newly-registering carers are now offered a Carer's Assessment as part of the registration process.

Scheme 4: Integrated hospital discharge

14. **Percentage of new people receiving Reablement discharged from the service with no ongoing long-term service: Exceeded** - The 2017/18 outturn was 92.6% of new people referred to Reablement against a target of 85%.

15. **Seven day working: Not achieved** - Table 2 below illustrates performance against seven

day metrics at Hillingdon Hospital and shows that performance is comparable with 2016/17 activity but some distance away from the 2017/18 targets.

Table 2: Hillingdon Hospital Discharges before Midday and at Weekends			
Item	2017/18 Target	2016/17 Baseline	Q1 - Q4 2017/18 Outturn
Medicine Directorate, inc A & E			
Discharges before midday	33%	21.3%	20.4%
Weekend discharges	65%*	16.2%	17%
Surgery Directorate			
Discharges before midday	33%	19.2%	19%
Weekend discharges	65%*	20.9%	15.9%

* Percentage of weekday discharges

16. The Council has provision in place through its Reablement Service and the Bridging Care Service to support discharges on a Saturday that are notified on a Friday. Any additional social care support could be considered in alignment with the required infrastructure being established by the Hospital, e.g., medical decision making, accessing to medication and access to transport.

17. **Percentage of Continuing Healthcare (CHC) assessments taking place in an acute hospital setting:** *Not achieved* - The 2017/18 outturn was 15% against a target of achieving below this percentage.

Scheme 5: Improving care market management and development

18. **Emergency admissions from care homes:** *Not achieved* - In 2017/18, there were 820 emergency admissions of people aged 65 and over from care homes. Nearly 77% (629) of admissions from care homes were to Hillingdon Hospital. It should be noted that these figures do not reflect emergency admissions to Hillingdon Hospital of people living in care homes who do not have a Hillingdon GP, which will primarily be homes outside of the Borough.

Key Milestone Delivery Progress

19. The following key milestones for Q4 in the agreed plan that were delivered were:

- **Launch of 'Red Bag' scheme in all care homes in Hillingdon** - The roll out to care homes started in Q4 and was completed early in Q1 2018/19.

20. The 2017/18 milestones that were not delivered include:

- **Business case on use of DFG flexibilities under Regulatory Reform Order to support anticipatory care needs and early hospital discharge submitted** - This has been completed and will progress through the Council's governance processes in Q1 2018/19.
- **Agreement on advice, support & advocacy functions within discharge pathways** - This is linked to the outcome of discussions on the integrated hospital discharge model in Q4.
- **Memorandum of understanding supporting an integrated approach to the identification and assessment of carers' health and wellbeing needs signed by partners** - This was agreed by all health and care partners in Q1 2018/19. This represents

recognition by Hillingdon's statutory health and care organisations as well as third sector partners of the importance of the role of carers. The commitment to an agreed set of principles and their practical application will help to support carers in their caring role. This is a significant step forward in promoting the carers' agenda in Hillingdon.

- **DTOC escalation protocol established between North West London CCGs and Health and Wellbeing Boards** - This will be included as an action within the 2018/19 DTOC action plan.
- **Agreement on an integrated commissioning model for nursing care home placements** - Nursing care home placements are currently commissioned under separate contractual arrangements by the Council and the CCG. The CCG is part of a pan-London any qualified provider framework led by Sutton CCG. Discussions are currently in progress to determine whether the Council could become a party to this and what advantages this would offer if this was possible. The outcome of discussions should be known in Q2 2018/19.
- **Launch of end of life single point of access** - This will not take place until 1 September 2018 by when the service is expected to have a full complement of staff in place. This means that it will be fully equipped to respond to the needs of people at end of life (and also their families) from the outset.

Successes and Achievements

20. Key successes and achievements for Q4 can be summarised as follows:

- **H4A Wellbeing Service and the Patient Activation Measure (PAM) tool** - The Wellbeing Service supported 1,374 residents during 2017/18 and undertook 909 PAM assessments. Wellbeing Service interventions resulted in improvements in PAM scores, which indicates an improvement in their ability and willingness to manage their own long-term condition.
- **Disabled Facilities Grants** – 67 people aged 60 and over were assisted to stay in their own home through the provision of disabled facilities grants (DFGs) during 2017/18, which represented 56% of the grants provided. This has prevented the need to identify alternative housing options at a time when housing is in short supply and compares to 60 older people being assisted in 2016/17, representing 53% of the grant provided in that year.
- **Care homes** - 15 managers from care homes in Hillingdon attended a leadership course, funded through a combination of Health Education North West London and Skills for Care. The course had been developed in conjunction with the Care Quality Commissioning (CQC). Some of the attendees were people recently appointed to management positions within their homes and feedback has been very positive.

Key Issues for the Board's Attention

21. **Integrated Hospital Discharge Model** - Partners continue to make progress towards the creation of an integrated team under a single management structure to manage discharge from Hillingdon Hospital of people who need assistance to return home. However, a key outstanding issue is securing agreement on the sustainability of the integrated discharge team model and how existing resources will be used differently to support it. Achieving agreement on this matter would ensure that structures were in place to enable demand surges (particularly those winter-

related) to be managed as business as usual.

22. **2018/19 BCF Plan Requirements** - Government requirements for the BCF for 2018/19 had not been published at time of drafting. However, partners have worked together to develop priority actions for the second year of the agreed BCF plan and these are summarised in Appendix 2. Apart from the provisional DTOC target addressed below, there have been no other indications of requirements concerning targets for other national metrics.

23. **Proposed 2018/19 DTOC Target** - A provisional DTOC has been set for Hillingdon and this is summarised in Table 3 below. This shows that it is being proposed that Hillingdon achieve a reduction of 1,542 delayed days below the outturn figure for 2017/18.

Table 3: DTOC Targets 2017/18 Outturn and 2018/19 Proposed							
Delay Source	2017/18 Target	Acute	Non-acute	Total	Variance	Proposed Target	Variance from 2017/18 Outturn
NHS	6,005	2,153	2,053	4,206	-1,799	3,285	-921
Social Care	2,271	598	1,317	1,915	-356	1,387	-528
Both NHS & Social Care	1,062	39	382	421	-641	292	-129
Total	9,338	2,790	3,752	6,542	-2,796	5,001	-1,542

24. In setting the provisional DTOC target, NHSE has used the Q3 2017/18 outturn, which was significantly lower than the planned figure for the quarter, i.e., 1,260 delayed days rather than 2,278 delayed days. The effect is that, out of the fifteen health and wellbeing board areas in London that are facing an increased target, Hillingdon's is the most stretching, which does suggest that we are being penalised for success. However, although the target is challenging, officers do not believe that it is unachievable and the much stronger working relationships that have been developed between partners provide a firm foundation for delivering it. Work is focusing on addressing mental health-related delays, which is where the greatest risk is for Hillingdon.

26. **Integrated Brokerage Pilot Next Steps** - Since September 2017, the CCG's brokers have been co-located with those of the Council three days a week. The intention was to co-locate the teams full-time in order to maximise the opportunities for improving joint management of the local care market. However, a recent decision made at an NHS North West London sector level to consolidate the Continuing Healthcare Team in Sudbury means that this will also include the CHC brokers, thereby dismantling the progress that has so far been made towards improving management of the market. There are concerns that decisions taken at a sector level may not take into consideration the local context to the possible detriment of Hillingdon residents. The Board will be kept abreast of the local impact of sector-level decision making as this evolves.

27. **Integration Post-April 2019** - Details of the next stages in the Government's integration agenda have yet to be published. It is understood that these may either be reflected in Adult

Social Care Green Paper and long-term plan for the NHS due to be published in July 2018 or follow soon thereafter. In the meantime, the following are some of the opportunities for more integrated working that are under consideration. These are in addition to what is in the current BCF plan.

- *Integrated therapies for children* - This is referred to in the report on the Joint Health and Wellbeing Strategy. There is an opportunity to bring spend on therapy services by the Council, the CCG and schools together within a single procurement exercise and supported by one organisation acting as the lead commissioner and establishing pooled budget arrangements. This would require closer partnership arrangements with schools but creates the potential for improved efficiency and better outcomes for children and young people, the Council, the CCG and schools.
- *Integrated services for children and young people* - The development of integrated therapies for children could be a stepping-stone for the creation of pooled budget arrangements for children and young people. This would include Children and Adolescent Mental Health Services (CAMHS). The key benefit of having a pooled budget is that it enables relevant services to be provided according to need rather than funding responsibility.
- *People with mental health needs and/or learning disabilities: step-down from treatment-based services to less restrictive environments* - A review is currently in progress that is looking at accommodation-based services provided for people with mental health needs and/or learning disabilities and how current provision can be used more effectively to step people down to less supported environments. The review also includes looking at the services in the community that are required to make the accommodation-based services sustainable and prevent avoidable escalation of need. Key drivers behind this work is the expiry of Council commissioned contracts for care in supported living services in 2019 (mental health) and 2020 (learning disabilities). The reviews are being undertaken on the basis that partners are receptive to doing things differently in order to achieve better outcomes.
- *BCF Section 75: Extending the partners included* - The section 75 (NHS Act, 2006) provides the legal framework that governs partnership arrangements between local authorities and statutory health organisations, e.g., CCGs and NHS foundation trusts. The current BCF section 75 agreement is between the Council and the CCG. However, this does not adequately reflect the complexity of the local health and care system where funding can go directly to provider trusts like Hillingdon Hospital and CNWL without going through the CCG. An implication of the creation of Hillingdon Health and Care Partners (HHCP) is also that it will have the freedom to direct how resources provided to its constituent parts by the CCG are utilised to deliver outcomes agreed with the CCG.
- It is suggested that including Hillingdon Hospital and CNWL within the post April 2019 BCF section 75 agreement would establish a legal basis for partnership arrangements between the Council, the CCG and the health providers that would govern the transfer of funds between organisations, the delegation of functions and pooling of budgets where these provide opportunities to deliver better outcomes for residents and support the sustainability of Hillingdon's health and care system. It would also establish an agreed governance structure with clear accountabilities. Any changes to financial arrangements during the term of the agreement would need to be made by variation and approved in accordance with each partner's scheme of delegations.

28. Experience to date with the BCF suggests that it is unlikely that the operational guidance for the next iteration will be published before Q3 2018/19. On this basis, officers across partners intend to develop further our local proposals for approval through the relevant governance structures. Our locally agreed plan can then be shaped to comply with Government requirements.

Financial Implications

29. The 2017/18 Financial Outturn for the Quarter 4 performance report for the Better Care Fund shows a net underspend for 2017/8 of £210k against the approved pooled BCF budget of £36,815k. This underspend arises from staff vacancies in the Council's Reablement teams and reductions in the prescribing of Community Equipment offset mainly by overspends in the Council provision of packages of care and the Telcareline Service. Expenditure commissioned by Hillingdon CCG has spent on target with their pooled budget share.

Table 4: BCF Financial Summary 2017/18					
Key Components of BCF Pooled Funding (revenue unless classified as Capital)	Approved Pooled Budget 2017/18	Outturn March 2018	Variance as at Quarter 4	Variance as at Quarter 3	Movement from Quarter 3
	£000's	£000's	£000's	£000's	£000's
Hillingdon CCG - Commissioned Services	17,158	17,158	0	0	0
LB Hillingdon - Commissioned Services	15,842	15,632	(210)	(169)	(41)
LB Hillingdon - Commissioned Capital Expenditure	3,815	0	0	0	0
Overall Totals	36,815	36,605	(210)	(210)	(41)

EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendations?

31. *Performance report* - The monitoring of the BCF ensures effective governance of delivery via the Health and Wellbeing Board.

32. *Proposed DTOC target* - The recommendation provides recognition by the Board that the provisional target set by NHS is challenging but achievable.

33. *2018/19 plan priorities* - This will confirm the key tasks that officers across partners will focus on in order to deliver on the agreed objectives of the BCF plan.

34. *Post April 2019 proposal feedback* - The Board will be able to direct officer if there are any proposals that its members do not wish to be considered further at this time.

Consultation Carried Out or Required

35. Hillingdon Hospital, CNWL and H4All have been consulted in the drafting of this report.

Policy Overview Committee Comments

36. None at this stage.

CORPORATE IMPLICATIONS

Corporate Finance Comments

37. Corporate Finance has reviewed the report, noting that a net underspend of £210k is projected against the Council managed elements of the pooled Better Care Fund budget. There are no direct financial implications associated with the recommendation that the Board notes progress in delivery of the Better Care Fund plan.

Hillingdon Council Legal Comments

38. As is indicated in the body of the report, the statutory framework for Hillingdon's Better Care Fund is Section 75 of the National Health Service Act, 2006. This allows for the Fund to be put into a pooled budget and for joint governance arrangements between the Governing Body of Hillingdon's HCCG and the Council. A condition of accessing the money in the Fund is that the HCCG and the Council must jointly agree a plan for how the money will be spent. This report provides the Board with progress in relation to the plan.

BACKGROUND PAPERS

NIL.

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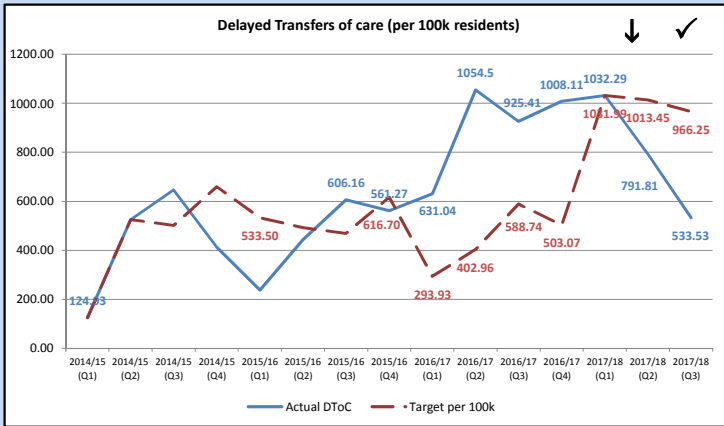
Better Care Fund

Period: 01/04/2017 to 31/12/2017
 Month Number: 9

Appendix 1

High Level Summary

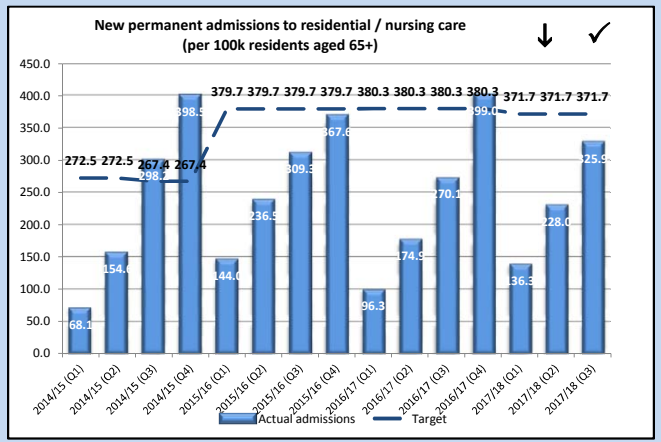
Non-Elective Admissions		Pay for performance period			
		Q1 (Apr - Jun)	Q2 (Jul - Sept)	Q3 (Oct - Dec)	Q4 (Jan - Mar)
Non-elective admissions in to hospital (general & acute), 65+.	2016 Actual	2,537	2,420	2,514	2,682
	Req. Reduction for 2017	180	63	157	325
	Target for 2017	2,357	2,357	2,357	2,357
	Actual 2017	2,697	2,749	2,869	
	Difference from Target	+340	+392	+512	-2,357



	To the end of period	Number (1/4ly)	Residents	Per 100k
	Delayed Transfers of Care (There is a 1 month time lag on the availability of the data)	Baseline (2015/16)	4,196	229,303
2016/17 (Q1)		1,447	229,303	631.0
2016/17 (Q2)		2,418	229,303	1,054.5
2016/17 (Q3)		2,122	229,303	925.4
2016/17 (Q4)		2,377	235,788	1,008.1
2016/17 (Full Year)		8,364	235,788	3,547.3
2016/17 (Target)		4,117	235,788	1,746.1
Variance from Target		+4,247	235,788	1,801.2
2017/18 (Q1)		2,434	235,788	1,032.3
2017/18 (Q2)		1,867	235,788	791.8
2017/18 (Q3)		1,258	235,788	533.5
2017/18 (Q4)		0	235,788	0.0
2017/18 (YTD)		5,559	235,788	2,357.6
Variance from YTD Target	-1,444	235,788	-612.3	
2017/18 (Target)	9,337	235,788	3,959.9	
Variance from Target	-3,778	235,788	-1,602.3	

ASCOF 2B	% of clients still at home 91 days after discharge	2016-17 (Target)	2016-17 (Q4)	2017-18 (Target)	2017-18 (Q3)
			93.8%	86.1%	88.0%
	Variance from Target	N/A	-7.7%	N/A	1.1%

Key components of BCF funding 2017/18	Budget	Outturn	Variance
	£000's	£000's	£000's
HCCG Commissioned services funding	17,158	17,158	0
LBH - Protecting Social Care Funding (including Care Act New Burdens)	15,842	15,673	-169
LBH - Protecting Social Care Capital Funding	3,815	3,815	0
Overall BCF Total funding	36,815	36,646	-169



	To the end of period	Number (Cum)	Residents	Per 100k
	Permanent admissions to Residential / Nursing care (residents aged 65+)	Baseline (2015/16)	100	39,445
2016/17 (Q1)		38	39,445	96.3
2016/17 (Q2)		69	39,445	174.9
2016/17 (Q3)		109	39,445	276.3
2016/17 (Q4)		161	40,354	399.0
2016/17 (Target)		150	40,354	371.7
Variance from Target		+11	40,354	27.3
2017/18 (Q1)		55	40,354	136.3
2017/18 (Q2)		92	40,354	228.0
2017/18 (Q3)		134	40,354	332.1
2017/18 (Q4)			40,354	0.0
2017/18 (YTD Target)		112.5	40,354	278.8
Variance from YTD Target		-21	40,354	-50.8
2017/18 (Target)	150	40,354	371.7	
Variance from Target	-16	40,354	-39.6	

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Proposed Priorities 2018/19

Scheme 1: Early intervention and prevention.

- Relaunch and promote the online information system, Connect to Support and ensure linkages with the NHS Directory of Services.
- Extend remit of Care Connection Teams to include adult mental health.
- Review the model of voluntary sector support for older people funded by the Council and CCG to maximise the outcomes for residents aligned to the Accountable Care Partnership.
- Explore the increased application of assistive technology to support the independence of residents in the community.
- Develop a prevention strategy, including approach to delivering health checks.

Scheme 2: An integrated approach to supporting Carers.

- Secure partner sign-up to the Carers Memorandum of Understanding.
- Develop the Carer Referral pathway for CNWL.
- Identify a Carer's lead in all GP practice.
- Deliver a communications campaign to schools to raise awareness of Young Carers so that teachers and staff are better placed to support them.
- Develop a mechanism for reflecting the needs of Young Carers within existing assessment processes in Primary Care, Social Care and across all partners so that Young Carers are better supported in their role.

Scheme 3: Better care at end of life.

- Implement the Single Point of Access for End of Life Care.
- Clarify the end of life model of care for people who wish to die at home. Links to schemes 4 and 5.

Scheme 4: Integrated hospital discharge

- Implement the Integrated Discharge Team.
- Review Hospital Discharge Bridging Care Service and secure decision on model post

March 2019.

- Secure decision on Hospital Discharge Grant and implement if approved.
- Pilot the Housing/Mental Health Protocol.
- Deliver changes to the operation of the mental health funding panel process to expedite decision making.
- Model community-based service provision requirements to support discharge of people with complex mental health needs. Links to scheme 5.
- Seek organisational sign-up to the CHC, shared care and section 117 memorandum of understanding.

Scheme 5: Improving care market management and development.

Cross Cutting

- Develop and deliver a provider engagement plan.
- Review the provider failure policy and procedure.

Integrated Brokerage

- Complete co-location of teams.
- Embed integrated working of staff from LBH and CHC teams.
- Review outcomes to inform decision on longer-term model.

Integrated Homecare

- Review outcomes from pilot to determine procurement options to be undertaken in 2019 for delivery from Oct 2019.

Care Homes

- Implement specialist GP-led multi-disciplinary support service for care homes and extra care schemes.
- Explore feasibility of LBH being included within nursing home AQP and benefits of doing so.
- Embed training programme for care home staff on range of issues, including falls management, tissue viability, nutrition, medication and leadership for managers and/or aspiring managers.
- Develop a care home market position statement setting out requirements over next five years.
- Systemise provision of care home LAS conveyance and admission data to inform provider risk management process.

- Complete implementation of '*Red Bag*' scheme and monitor impact.
- Explore with HHCP opportunities for developing a career pathway for nurses as part of a workforce strategy to support nursing homes.

Extra Care

- Open Grassy Meadow Court and start implementation of fill strategy.
- Open Park View Court and start implementation of fill strategy.
- Continue to explore with partners opportunities to maximise the benefits of available resources at Grassy Meadow and Park View. Links to scheme 1.

Scheme 6: Living well with dementia.

- Deliver the Dementia Resource Centre.
- Develop community-based solutions to support discharge (or prevent admission) of people with challenging behaviours.

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