BETTER CARE FUND: HILLINGDON IMPLEMENTATION PLAN

Relevant Board Member(s)	Councillor Philip Corthorne
Organisation	London Borough of Hillingdon
Report author	Tony Zaman, LBH Adult Social Care Ceri Jacob, Hillingdon Clinical Commissioning Group
Papers with report	Appendix 1 - Letter from DH, DCLG, LGA and NHS England re: Better Care Fund dated 11 July 2014 Appendix 2 - Further letter from DH & DCLG dated 11 July 2014

1. HEADLINE INFORMATION

Summary	The Board agreed the Hillingdon Better Care Fund Plan at its meeting on 1 April 2014. This report provides the Board with a progress report in respect of the plan as it moves towards implementation from 2015/16.
Contribution to plans and strategies	Hillingdon's Joint Health & Wellbeing Strategy Hillingdon's Joint Strategic Needs Assessment Hillingdon's Out of Hospital Strategy
Financial Cost	Hillingdon's Better Care Fund, from reallocation of existing budgets, is £17.991m for 2015/16
Ward(s) affected	All

2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to note:

1. **the progress on workstreams for the Better Care Fund; and**
2. **that the section 256 money for 2014/15 has been agreed between LBH and HCCG, thereby enabling this money to drawn down from NHS England.**

3. INFORMATION

Reasons for recommendations

3.1. To make progress in implementing the Better Care Fund programme in Hillingdon.

Financial Implications

3.2. The Government has made available through NHS England and Hillingdon CCG s256 funding of £4.772m for LBH in 2014/15 with the objective of supporting social care services where they benefit health. This sum is made up of the £3.9m previously announced for 2014/15

plus additional funding amounting to £0.868m to prepare for the new Better Care Fund arrangements.

3.3. The condition attached to the transfer of the additional funding of £0.868m was that both organisations must jointly agree and sign off two year plans for the Better Care Fund: these where were provided to NHS England on 4 April 2014. The 2014/15 year, therefore, will in effect be a transitional year, during which time both Hillingdon CCG and LBH develop the Better Care Fund plan setting out how they will achieve the agreed outcomes of the fund.

3.4. In accordance with the BCF requirements, a s.75 arrangement will be in place to formally monitor the financial arrangements and delivery of the BCF outcomes by 2015/16. A working group has been convened to develop the s.75. Membership includes finance and legal representation. Consideration will need to be given in particular to the decision making process as well as risk and benefit sharing in relation to the pooled funds. Timeline for completion is by quarter 3.

3.5. Recent correspondence at Appendices 1 and 2 set out new arrangements for performance and risk sharing. This includes a new requirement for a local target on reducing emergency admissions to hospital which will now form the sole indicator for performance payment under the BCF.

Legal Implications

3.6. The Borough Solicitor confirms that the legal implications are included in the body of the report.

4. BACKGROUND

4.1. The Board agreed Hillingdon's Better Care Fund plan at its meeting on 1 April 2014 and this was submitted as required and on time to NHS England on 4 April 2014. The plan agreed sets out 11 schemes, grouped into 4 workstreams, which build on existing activity from integrated care pilots around falls to new pathways for early supported discharge from secondary care, these are set out further below.

4.2. The only feedback received on the plan so far relates to some technical questions from NHS England regarding the metrics set and these have been answered. We were led to understand, therefore, that the plan met all requirements set nationally and should form the basis for implementation.

4.3. However, the recent correspondence at Appendix 1 and Appendix 2 sets out new arrangements for performance and risk sharing. It is now intended that each plan should reflect local proposals to reduce emergency admissions and set a local target against a guideline of 3.5% reduction, to do so. A proportion of the current performance allocation (a £1bn pot nationally) is dependent upon achieving this and will be the sole indicator used to set the performance element of the BCF. Further guidance is promised "shortly" and NHS England will request additional financial data around metrics, planned spend and projected savings. It is suggested that areas will be asked to resubmit plans "at the end of the Summer". Depending on the specific requirements and dates set, this seems likely to require urgent attention over the holiday period. Hopefully, it would permit an update of the BCF to come to next scheduled Board meeting on 23 September 2014, before submission.

Programme Management

4.4. As per the plan, the core officer group has continued to meet regularly to oversee its implementation. Scheme leads have been identified to take forward detailed planning and to bring in partners as required to ensure effective delivery. The wider delivery group including providers has been established and will continue to meet monthly. An overall programme initiation document has been agreed. A programme management system has been developed to capture progress. At the end of quarter 1, all workstreams are on track.

4.5. Notable achievements over quarter 1 of the 2014/15 preparatory year include:

Workstream 1 - Integrated Case Management.

A workshop is planned for 1 August 2014 to consider with key operational staff and partners the scope, operational design and co-dependencies of the schemes within this workstream.

Scheme one: Joined up tool for health and social care risk stratification*:*

- The Integrated Care Programme has triangulated the use of the "Birt2" risk stratification tool, frequent users of acute hospitals data and GP practise intelligence. This forms the basis for identification of high risk patients currently.

- HCCG is working with NHS Institute for Health Research (CLARHC) to develop a predictive tool which enables health and social care to better understand the triggers and risk factors associated with a number of 'common conditions'. This will help us to plan and work differently with Hillingdon residents as part of the expert patient programme. Timescales for testing the assumptions within the CLARHC tool are set for end of Quarter 2.

Scheme three: Further development of care plans that are shared, agreed and implemented jointly

- A key component in the scheme is the Integrated Care Programme (ICP) where high risk patients, through the use of risk stratification tools detailed in Scheme 1, are identified and managed through the development of health and social care, care plans.

- From July 2014 GPs have the tools to implement active monitoring of care plans. In conjunction with the recruitment of Health and Social care co-ordinators who are currently being inducted into their new roles, this scheme remains on track to deliver the agreed outcomes of care plans shared and actively reviewed.

Scheme four: Integrated case management and care coordination

- The ICP originally piloted in 2012 was reviewed and a revised model of care agreed commencing in April 2014 shifting from a condition specific pathway to one based on risk stratification.

Scheme eight: Better care for people at the end of their life (EoL)

- Building on the work already underway within the End of Life forum, the EoL Scheme Lead is developing criteria for the revised service with key partners. Specification and business case are on track to be developed by end of September 2014.

Scheme eleven: Development of IT system across health and social care with enhanced interoperability

- The use of NHS numbers remains a key requirement for the BCF plan. Good progress has been made on the testing and roll out of NHS numbers across Adults and Children's services.

- NHS England has made available capital funding for 2014/15 and 2015/16 through the Integrated Digital Care Technology Fund. The CCG will be supporting bids by Hillingdon Hospital Trust to (1) develop an integrated digital care record across THH's clinical services and CNWL, and (2) support the implementation of Virtual Wards.

- The workstream will consider scoping the ICT integrated requirements in case of future funding opportunities.

Workstream 2- Intermediate Care

- The integrated approach builds on mature schemes which need to be re-considered as part of an integrated approach.

- A workshop is planned for 25 July 2014 to consider with key operational staff and partners the scope, operational design and co-dependencies of the schemes within this workstream.

Scheme six: Rapid response and joined up Intermediate Care

Scheme seven: Early Supported Discharge

- The ESD (Home safe service) supporting people to leave hospital with enhanced support services is working well with patients over 65 years. We are looking to increase the scope of this multi agency project which is led by THH, the detail of which will be scoped out from the forthcoming workshop.

Workstream 3 - Seven Day Working

Scheme ten: Seven day working

- A task and finish group has been set up to undertake a gap analysis of the 7 day working requirements across the health and social care system.

- ASC is proposing to test 7 day working by supporting transfers of care from THH on a Saturday and Sunday with a control group of patients during July 2014.

Workstream 4 - Seamless Community Services

- As with workstreams 2 and 3, the integrated approach builds on mature schemes which also need to be re-considered as part of an integrated approach at the workshop planned for 25 July 2014.

Scheme nine: Care Homes Initiative

- The care homes initiative has started with the identification and re-configuration of Community Matrons aligned to GP networks with a clear focus on care homes and improving quality within the homes.

- Next steps include a scoping exercise to align the intelligence from HCCG including emergency admissions to hospital from Care Home residents and quality / safeguarding alerts from Adult Social Care. This will provide a framework and set of priorities for the staff to work to locally.

Scheme five: Review and realignment community services to emerging GP networks

- Scheme leads have been allocated across organisations to progress this scheme.

Communications and Engagement Plan

4.6. A Communications and Engagement plan has been developed as part of the BCF implementation, to deliver on the commitment in the plan that providers, the voluntary sector and residents would be fully involved in the implementation of service improvements:

- Strategy to date has focused on informing stakeholders of the BCF and the mandated requirements.
- A Customer Engagement strategy has been developed and shared with the delivery group.
- Wider LBH BCF staff briefing sessions are being developed.
- LBH external and internal website updated to include BCF briefing and opportunity to comment.
- Further engagement will commence as the individual schemes develop

4.7. The next phase of the plan is to move on from the "Informing" stage and to actively involve residents in developing services through engagement and co-design.

Risk Management

4.8. The Programme Risk Register has been reviewed. The risk regarding potentially overlapping schemes remains current and the core group has endeavoured to reach a situation whereby performance information is collected once and reported separately as necessary. This will continue to be kept under review.