

2017/19 BETTER CARE FUND PLAN

Relevant Board Member(s)	Councillor Philip Corthorne Dr Ian Goodman
Organisation	London Borough of Hillingdon
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Papers with report	Appendix 1 - Supporting Narrative Document. Appendix 2 - Annexes 1 and 1A: DTOC Action Plan (Acute and Mental Health). Appendix 3 - NHSE Planning Template. Appendix 4 - Updated Health Impact Assessment. Appendix 5 - Updated Equality Impact Assessment

HEADLINE INFORMATION

Summary	This report sets out the proposals for the 2017/18 Better Care Fund plan and seeks the Board's approval. The Better Care Fund is a Government initiative intended to improve efficiency and effectiveness in the provision of health and care through increasing integration between health and social care. The focus of Hillingdon's Better Care Fund plan is improving care outcomes for older people.
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	The proposed total amount for the BCF for 2017/18 is £36,814k , made up of Council contribution of £19,656k and a CCG contribution of £17,158k. The value for 2018/19 is £54,049k , made up of Council contribution of £27,279k and a CCG contribution of £26,770k.
Ward(s) affected	All

RECOMMENDATIONS

That the Health and Wellbeing Board:

- 1) **approves the 2017/19 Better Care Fund plan for submission to the London Regional Assurance Team by 29th September 2017 as described in this report or with any amendments that it requires;**

- 2) **delegates authority to make any further amendments to the plan following the assurance process to the Corporate Director of Adult and Children and Young People's Services, LBH, and the Chief Operating Officer, HCCG, in discussion with the Chairman of the Health and Wellbeing Board, the Chairman of HCCG's Governing Body and the Chairman of Healthwatch Hillingdon's Board;**
- 3) **agrees the delayed transfers of care (DTC) target for 2017/18, notes the provisional target for 2018/19 but makes approval of any nationally imposed target for 2018/19 subject to consideration by the Board about its deliverability; and**
- 4) **notes the content of the updated Health and Equality Impact Assessments (Appendices 4 and 5).**

INFORMATION

Strategic Context

1. In accordance with the *2017/19 Integration and Better Care Fund Policy Framework* published in March 2017, Hillingdon is required to develop a Better Care Fund Plan (BCF) for the 2017/19 period. This will be Hillingdon's third BCF plan, the first being for 2015/16. The statutory guidance for the plan was published on 4 July 2017 with the expectation that the draft plan will be submitted to NHSE for evaluation on 11 September 2017.

2. The June 2017 HWB meeting delegated authority to the Chairman of the Board, the Chairman of HCCG's Governing Body and the Chairman of Healthwatch Hillingdon. However, since the June meeting NHSE has set local delayed transfer of care (DTC) targets for the NHS and adult social care. This new imposed requirement has taken time to be clarified by NHSE and the implications understood locally. Our assessment now is that the targets set are actually achievable even though the way they have been set has been unhelpful. There is also concern that this sets a precedent that will be repeated for 2018/19. In these circumstances it was felt that the full BCF should come back to the Board for discussion at its September meeting.

3. The June Board meeting approved the proposed use of the additional funding announced in the March 2017 Budget under the Improved Better Care Fund Grant (IBCF), which is £4.1m in 2017/18. The proposed use was to stabilise the care market in order to support hospital discharge as well as avoid admission. The BCF planning guidance published in July 2017 states that the Government will review allocations of IBCF for areas that are poor performing. On 6th September NHSE announced the Government's expectation that there will have been significant progress in addressing DTCs by November as one of the key criteria in determining what constitutes poor performance. There is a commitment stated within the guidance to retain the money within local government but it is not clear whether it is proposed to withhold IBCF funding from areas that are deemed to be poor performers or rather to be more prescriptive in how they should use the IBCF funding.

2017/19 BCF Plan Proposals

4. As with the two previous iterations of the BCF plan, the focus of the proposed plan will continue to be the 65 and over population. The primary purpose of the plan will be to deliver

those aspects of the Sustainability and Transformation Plan (STP) that require integration between health and social care and/or closer working between health and the Council for delivery.

5. The agreed BCF pooled fund for 2016/17 was £22,531k. If the Board approves the recommendations in this report the total value of the 2017/18 expenditure plan will be £36,814k and in 2018/19 £54,049k. Table 1 below provides the detailed total planned expenditure by organisation. The narrative plan attached as Appendix 1 provides a detailed financial investment breakdown by proposed scheme, but this is summarised in table 2 below.

Table 1: Council and HCCG Financial Contributions Summary			
Organisation	2016/17 £,000s	2017/18 £,000s	2018/19 £,000s
HCCG	11,965	17,158	26,770
LBH	10,566	19,656	27,279
TOTAL	22,531	36,814	54,049

Table 2 Council and HCCG Financial Contribution by Scheme Summary					
SCHEME		Funder 2017/18		Funder 2018/19	
		LBH £000's	HCCG £000's	LBH £000's	HCCG £000's
1	Early intervention and prevention	5,060	2,353	5,426	2,353
2	An integrated approach to supporting Carers	862	18	878	18
3	Better care at end of life	50	992	51	992
4	Integrated hospital discharge	4,607	11,406	4,643	11,406
5	Improving care market management and development	8,695	2,389	15,893	12,001
6	Living well with dementia	300	0	306	0
	Programme Management	82	0	82	0
	Total Partner Contributions	19,656	17,158	27,279	26,770
	TOTAL ANNUAL VALUE	36,814		54,049	

6. Six schemes are proposed under the 2017/19 plan and these and their links to the STP delivery areas are shown in table 3 overleaf.

Table 3: 2017/19 Proposed Schemes and Alignment to STP Delivery Areas		
Scheme	STP Delivery Area	Scheme Title
1	1	Early intervention and prevention
2	1	An integrated approach to supporting Carers.
3	3	Better care at end of life.
4	3	Integrating hospital discharge.
5	3	Improving care market management and development.
6	3	Living well with dementia.

7. A more detailed description of the above schemes can be found in the supporting narrative plan document attached as **Appendix 1**.

8. The key developments under the proposed plan are:

- **Developing the Accountable Care Partnership (ACP) and the Council giving full consideration to its involvement** - Establishing the business case for the Council to decide whether to join the ACP;
- **Developing a single point of access for older people (scheme 1)** - Bringing services together into a single service with a single point of access has proved successful for Carers in Hillingdon and the scope for replicating this for older people and building on the work of the H4All Wellbeing Service will be explored;
- **An integrated approach to supporting Carers (scheme 2)** - Implementing NHSE's integrated approach to assessing Carer health and wellbeing. The plan looks at identifying 'hidden' and 'young' Carers and the provision of support and break opportunities. It is also covers the development of self-help options such as self-assessment and improving support to Carers of people admitted to hospital;
- **Getting hospital discharge right (scheme 4)** - The plan is proposing to bring together the various services involved in facilitating discharge from hospital into the community, e.g. Homesafe, Rapid Response, Reablement, the Night Sitting Service and Prevention of Admission/Readmission to Hospital Service (PATH) into a more integrated model;
- **Exploring use of Disabled Facilities Grant flexibilities** - Developing a business case to use flexibilities to address anticipated needs and support hospital discharge, e.g. home/garden clearance, home deep cleaning, home fumigation, furniture removals to set up micro-environment, etc;
- **Joint market management and development approach (scheme 5)** - With the objective of ensuring the supply of sufficient quality providers to meet demand, this area represents potential step-change for Hillingdon. It includes:
 - Development of all age, joint brokerage arrangements for homecare, short and long-term nursing home placements and Direct Payments and Personal Health Budgets as a pilot;
 - Commissioning of integrated homecare provision in 2017/18;

- Commissioning of integrated palliative care at home provision in 2017/18;
 - Development of an integrated commissioning model for nursing home placements from 2019/20;
 - Supporting care homes - This links to the Improving health in care homes programme but also includes converting spot purchase arrangements into block contracts to guarantee capacity.
- **Closer alignment between Adult Social Care and Care Connection Teams** - Allocating social care staff to Care Connection Teams supporting extra care schemes.
 - **Development of specialist Dementia Resource Centre (DRC)** - Maximising benefits from the purpose-built DRC at Grassy Meadow Court extra care scheme.

National Conditions

9. The national conditions from 2015/16 have been rolled forward and two new conditions have been added. Table 4 below summarises the national conditions and the local response.

Table 4: National Conditions and Local Response	
Condition	Local Response
1. A jointly agreed plan - A plan that has been agreed by the HWB.	This is dependent on the Board's decision.
2. NHS contribution to social care is maintained in line with inflation - The Protecting Social Care funding is passported to Social Care with the inflationary uplift.	This is included within HCCG's minimum contribution.
3. Agreement to invest in NHS-commissioned out of hospital services - Investing a ring-fenced sum (£7,381k in 2017/18 and in 2018/19) in out of hospital services.	This is already addressed through the funding committed to the CCG's community contract with CNWL and the Care Connection Teams.
4. Implementation of the High Impact Change Model for managing transfers of care - This model sets out eight broad changes that will help local systems to improve patient flow and processes for discharge.	This is more fully described in section 6 of Appendix 1: The Plan: Schemes and Spending and under scheme 4: <i>Integrated Hospital Discharge</i> .

Measuring Success

10. The success of the 2017/19 plan will be measured against a combination of nationally determined and some scheme specific metrics.

11. **Performance against national metrics** - The number of reportable national metrics has reduced from six in 2016/17 to four for the duration of the 2017/19 plan and these are:

a) **Emergency (also known as non-elective) admissions** - Hillingdon will be reporting on the component of the CCG's emergency admissions target associated with patients aged 65 and over. For 2017/18 a reduction target of 975 emergency admissions is proposed with scheme contributions as shown below:

- Intermediate care (see scheme 4: *Integrated hospital discharge*) - 49 (5%)
- Care of the Elderly Consultant - 78 (8%)
- Wellbeing Gateway (see scheme 1: *Early intervention and prevention*) - 127 (13%)
- Care Connection Teams (see scheme 1: *Early intervention and prevention*) - 517 (53%)
- Homesafe (see scheme 4: *Integrated hospital discharge*) - 205 (21%)

b) **Permanent admissions to care homes** - This applies to permanent admissions to care homes by the Council of people aged 65 and over. The proposed target is 150 for 2017/18 and reducing to 145 in 2018/19 to reflect the opening of Grassy Meadow Court and Park View Court extra care sheltered housing in June and September 2018 respectively. The proposed target for 2018/19 reflects a reduction in permanent places into residential care homes but recognises that permanent admissions to residential dementia, nursing and nursing dementia care homes will continue.

c) **Delayed Transfers of Care 2017/18** - In July 2017 NHSE issued Health and Wellbeing Board area targets for the NHS and for social care. Final clarification of NHSE requirements was received on 8th September and table 5 below shows the target for 2017/18 and its apportionment across the NHS, Social Care and both.

Table 5: 2017/19 DTOC Targets			
Attributed Responsibility	Number of Delayed Days		
	2016/17	2017/18	2018/19
NHS	5,536	6,005	6,095
Social Care	1,866	2,271	2,305
Both	962	1,062	1,078
TOTAL	8,364	9,337	9,478

12. A straightline projection based on Q1 activity would suggest an outturn for 2017/18 of 9,736 delayed days and the difference between this figure and the NHSE set target shown above (9,337 delayed days) is 399 delayed days, which means that the proposed target is achievable but is susceptible to changes in local circumstances, e.g. a bad winter increasing demand at the Hospital and/or capacity issues within the local care market.

13. The range of key initiatives included within the Urgent and Emergency Care Plan and the DTOC action plan that will support the reduction of DTOCs at Hillingdon Hospital include:

- Stronger processes in the Hospital to ensure that delays being reported reflect the correct definition;
- Improved information available for patients and family members to help manage expectations and address the main cause of delays for the Hospital;
- Implementation of the SAFER patient flow bundle;

- Implementation of discharge to assess (D2A);
- Support to care homes, including the action by Adult Social Care to increase capacity by converting spot placements into block arrangements.

14. The key initiatives that will contribute to the reduction in the number of DTOCs attributed to patients of CNWL with mental health needs include:

- Stronger processes to ensure that delays being reported reflect the correct definition;
- Implementation of a discharge planning tool;
- Reviewing the training and guidance provided to staff presenting cases to the joint funding panel for mental health patients that includes membership from Adult Social Care, the CCG and Mental Health; and
- Establishing regular meetings with the Council's Housing Team to address accommodation issues at an early stage.

a) **Delayed Transfers of Care 2018/19** - The expectation is that a target for 2018/19 will be mandated and the one set in the plan and reflected in the planning template attached as **Appendix 3** meets the BCF planning requirements. It assumes the 2017/18 target as the baseline and applies a 1.5% increase to reflect demographic growth. The DTOC total and apportionment across NHS, Social Care and both is shown in table 5 above.

b) **Effectiveness of reablement** - This is seeking to identify the proportion of people aged 65 and over who have been discharged home from hospital into reablement who are still at home 91 days after the discharge. The proposed target for 2017/18 is 88% with the provisional target for 2018/19 also being set at 88%, although this will be subject to the outcome of discussions about Hillingdon's intermediate care service model going forward.

15. **Performance against scheme specific metrics** - The schemes detailed in **Appendix 3** contain a further range of metrics that will not be reported to NHSE but will be reported to the HWB and HCCG's Governing Body as part of the quarterly performance reports. These additional metrics will give a broader understanding of the successful implementation of the plan than the national metrics and will also be supported by specific testing of the service user experience by services. The following are examples of the additional metrics that will be reported:

- Utilisation rates for Connect to Support
- Utilisation of self-assessment facilities on Connect to Support
- % of users of Adult Social Care who have found it easy or difficult to access information and advice about services (tested through annual Adult Social Care Survey)
- Improvement in quality of life score for users of Adult Social Care services (tested through annual Adult Social Care Survey)
- Number of falls-related emergency admissions
- Number of emergency admissions from care homes
- Number of emergency admissions from extra sheltered housing schemes
- Number of emergency admissions with a length of stay of between 0 and 1 days.
- Number of admissions a day avoided following a referral to Rapid Response by Hillingdon Hospital's Emergency Department.
- Number of referrals to Reablement per month.
- % of new users of the Reablement Service where there is no request for long-term support.
- Number of readmissions during a period of reablement.

- % of hospital discharges taking place before midday.
- % of Continuing Healthcare assessments taking place in an acute hospital trust setting
- Number of readmissions within 30 days.
- Number of Disabled Facilities Grants provided and value.
- Number of Carers' assessments completed.
- Number of Carers receiving respite or another Carer's service following an assessment.

Risk Share Arrangements

16. The Council and CCG agreed that for both the 2015/16 and 2016/17 BCF plans both organisations would manage their own risks. It is proposed that a similar approach is taken during 2017/18 except for two specific service areas and these are:

- *Community equipment* - It is proposed that the risks associated with under or over-performance would be shared proportionate to the financial contribution of each organisation. This reflects the practice in 2016/17;
- *Integrated homecare service* - It is proposed that the risks associated with under or over-performance would be shared proportionate to the financial contribution of each organisation.

17. The detail of these arrangements will be reflected in the section 75 (NHS Act, 2006) agreement that Cabinet and HCCG's Governing Body will be asked to consider in November 2017. The CCG is currently in discussion with the ACP regarding risk share arrangements from 2018/19 and the implications for the Council will be subject to a Board decision in due course about the local authority becoming a member.

Governance

18. It is proposed that the delivery of the BCF schemes is overseen by the Transformation Group, which comprises of officers from the Council and the CCG as well as representatives from the GP Confederation and has broader project management responsibilities for the delivery of STP programmes. It is chaired by the chairman of the CCG's Governing Body. The Core Officer Group comprising of the Council's Corporate Director of Finance, the CCG's Deputy Chief Finance Officer, the Corporate Director of Adults and Children and Young People's Services (a statutory member of the HWB), the CCG's Chief Operating Officer and the Council's Head of Health Integration and Voluntary Sector Partnerships that has overseen the delivery of plans over the last two years will continue to have oversight and will also consider opportunities for integrated working and/or joint commissioning for recommendation to the HWB. Any decisions about the use of resources will have to be referred to the Council's Cabinet and the CCG Governing Body in accordance with constitutional arrangements and agreed delegations.

BCF Plan Submission and Assurance Timescales

19. The formal plan submission comprises of the following documents:

- Supporting Narrative Document - see **Appendix 1**.
- Annex 1: DTOC Action Plan - see **Appendix 2**.
- NHSE Planning Template - see **Appendix 3**.

20. In view of the late publication of the guidance there is a single submission process. The scheduled submission date was the 11th September. Officers have liaised with the London Better Care Support Team to advise that the plan is being referred to the Board's scheduled meeting for consideration. However, the documents referred to in paragraph 15 above have been submitted with the caveat that they have not been approved by the Board. Subject to Board approval of the recommendations, officers would seek to formally submit the approved plan by close of business on 28th September or earlier depending on any additional requirements the Board may have.

21. The CCG's Governing Body approved the draft plan at its meeting on the 8th September. An e-governance process has been followed to secure Governing Body approval for the DTOC target, which was resolved after the Governing Body meeting.

22. The following summarises the key milestones that follow submission:

- Letters advising of '*Approved*', '*Approved with conditions*' or '*Not approved*' status issued. - From 6th October
- Escalation panels for plans '*Not Approved*' taking place. - W/c 10th October
- Deadline for areas with plans rated '*Approved with conditions*' to submit updated plans. - 31st October
- All section 75 agreements to be signed and in place. - 30th November

Financial Implications

Improved Better Care Fund Grant 2017/19

23. On 9 March, DCLG published funding allocations for the additional Improved Better Care Fund (IBCF), the Council's share of this increased funding is £4.1m available in 2017/18.

24. The Council has committed the IBCF funding to stabilise the local social care provider market which will have a direct impact on the health and care system's ability to support admission avoidance, e.g. by facilitating more expedient activation of services in liaison with the Care Connection Teams and to support reducing hospital delays, e.g. by supporting the Discharge to Assess model.

25. The Council is required to report quarterly to the DCLG on the use of the impact of this funding in addition to the current requirement for quarterly updates on the progress of the BCF plan to NHSE.

Proposed increased contribution to BCF pooled funds 2017/19.

26. The pooled funding for 2016/17 totalled £22,531k with contributions from both CCG and the Council set out in table 3 below. The minimum level of pooled revenue funding was set by central Government at £16,588k. This was made up of £10,621k to cover CCG expenditure and £5,937k revenue funding to 'Protect Social Care'. The Council also included the Capital funding

for the Disabled Facilities Grant (£3,457k) and in addition contributed further £1,172k revenue funding (which included grants to H4All organisations, the budgets for the Adult Safeguarding service and the Wren centre etc). The HCCG contributed a further £1,346k (which included funding for H4All organisations and community services provided under contract by CNWL, etc).

BCF Pooled Budget 2017/18

27. For 2017/18, the minimum level of HCCG funding contribution is set at £16,854k. The draft pooled budget proposals for 2017/18 set out in Table 1 above and in the detail within the plan total £36,814k. The key funding changes from 2016/17 are set out in table 3 below and include the contribution provided to 'Protecting Social Care', from the minimum HCCG contribution, the additional IBCF section 31 grant to the Council which is explained above, and additional Council and HCCG contributions reflected in the attached detailed plan which includes pooling budgets for expenditure on Homecare provision for both organisations.

BCF Pooled Budget 2018/19

28. For 2018 /19, the minimum level of HCCG funding contribution is set at £17,175k. The draft pooled budget proposals for 2018/19 set out in Table 1 above and in the detail within the plan total £54,049k.. The key movements from 2017/18 are set out in table 3 below and include the contribution provided to 'Protect Social Care', from the minimum HCCG contribution, the IBCF section 31 grant to the Council which is explained above, the Enhanced Better Care Fund funding built into the Local Government Finance Settlement 2017/18 and additional Council and HCCG contributions reflected in the attached detailed plan which includes pooling additional budgets for residential placements expenditure for both organisations.

29. Table 4 below provides a summary of the proposed BCF funding arrangements for 2017/19.

Table 4: BCF Funding Summary 2017/19			
	2016/17	2017/18	2018/19
	£,000s	£,000s	£,000s
Protecting Social Care	5,937	6,146	6,263
CCG Share of Minimum Contribution	10,621	10,708	10,912
TOTAL MINIMUM LEVEL OF BCF POOLED FUNDING	16,558	16,854	17,175
Disabled Facilities Grant	3,457	3,815	4,174
Additional Council Contribution	1,172	5,641	11,595
IBCF Section 31 Grant	0	4,054	2,947
Original BCF Grant Contribution	0	0	2,310
Additional CCG Contribution	1,344	6,450	15,858
TOTAL BCF FUNDING 2017/19	22,531	36,814	54,049

EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

30. The recommendation will enable a Hillingdon BCF plan to be submitted in accordance with national guidance. The BCF plan will contribute to the development of a sustainable health and care system in Hillingdon that will support residents to regain or maintain their independence.

Consultation Carried Out or Required

31. The 2017/19 BCF plan has been developed with the local acute trust, The Hillingdon Hospitals NHS Foundation Trust, the local community health and community mental health provider, the Central and North West London NHS Foundation Trust (CNWL) and the range of voluntary sector providers that comprise the third sector consortium H4All and these include Age UK Hillingdon, the Disablement Association Hillingdon (DASH), Harlington Hospice, Hillingdon Carers and Hillingdon Mind.

32. Partners have been consulted on the content of the plan through a range of fora. This includes the Clinical Design and Delivery Group, which includes representatives from the local accountable care partnership (ACP), known as Hillingdon Health and Care Partners. The multi-agency Carers' Strategy Group has also been consulted. Proposals contained within the draft plan were also taken to the Older People's Assembly in March 2017.

33. A team comprising of representatives from the Council, CCG and Healthwatch undertook a review of the Health Impact and Equality Impact Assessments, which were updated to reflect the proposals for 2017/19. The outcomes of the updated assessments were then consulted on with a broader range of stakeholders. Both assessments are attached as **Appendices 5 and 6**.

Policy Overview Committee comments

34. None at this stage.

CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

35. Corporate Finance has reviewed this report and notes that the Better Care Fund Plan as described in this report is broadly consistent with budget assumptions included within the 2017/18 budget, which was agreed by Council in February 2017. The Council's contribution to the BCF is £19,656k in 2017/18 and £27,279k in 2018/19, which includes the IBCF Section 31 Grant funding for both years.

Hillingdon Council Legal comments

36. Section 223GA of the NHS Act, 2006, provides the legal basis for the BCF and gives NHSE power to make any conditions it considers reasonable in respect of the release of NHS funding to the BCF. Where it considers that an area has not met these conditions it also has the power, in consultation with the DH and DCLG, to make directions in respect of the use of the funds and/or impose a spending plan and impose the content of any imposed plan.

BACKGROUND PAPERS

2017/19 Integration and Better Care Fund Policy Framework (NHSE Publications Gateway Reference 11120 - March 2017)

Integration and Better Care Fund Planning Requirements for 2017/19 (NHSE Publications Gateway Reference 06945 - July 2017)

BCF Plan 2017/19: A Guide to Assurance of Plans (NHSE Publications Gateway Reference 06945 - August 2017)