

# BETTER CARE FUND: PERFORMANCE REPORT (APRIL-JUNE 2018)

<b>Relevant Board Member(s)</b>	Councillor Philip Corthorne Dr Ian Goodman
<b>Organisation</b>	London Borough of Hillingdon Hillingdon Clinical Commissioning Group
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<b>Papers with report</b>	Appendix 1 – Better Care Fund Metrics Scorecard

## HEADLINE INFORMATION

<b>Summary</b>	This report provides the Health and Wellbeing Board with the fourth performance report on the delivery of the 2017/19 Better Care Fund plan. It is the first report on delivery during 2018/19.
<b>Contribution to plans and strategies</b>	The Better Care Fund (BCF) is a key part of Hillingdon's Joint Health and Wellbeing Strategy and meets certain requirements of the Health and Social Care Act, 2012.
<b>Financial Cost</b>	This report sets out the budget monitoring position of the BCF pooled fund of £54,049k for 2018/19 as at month 3.
<b>Ward(s) affected</b>	All

## RECOMMENDATIONS

**That the Health and Wellbeing Board:**

- a) notes the progress in delivering the plan during the Q1 2018/19 review period; and
- b) note the proposal to amend the BCF section 75 agreement to reflect changes to hospital discharge arrangements described in the report.

## INFORMATION

1. This is the fourth performance report to the Health and Wellbeing Board 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 first report on the delivery of the second year of the plan, 2018/19 and updates the Board on the position to 1 September where possible. 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 NHSE.

3. **Emergency admissions target (also known as non-elective admissions): *On track*** - In Q1 there were 2,811 emergency admissions of people aged 65 and over. On a straight line projection, this would suggest an outturn for 2018/19 of 11,244 against a ceiling for the year of 11,400.

4. **Delayed transfers of care (DTOCS): *Not on track*** - Table 1 below shows that there were 1,356 delayed days in Q1. On a straight line projection this would suggest an outturn for 2018/19 of 433 delayed days above the target for the year. The Board should be aware that there has been some adjustment to the ceiling for the year to take into consideration the effects of rounding. This means that the overall ceiling for the year is actually 10 delayed days lower than previously reported to the Board. If sustained during the year, this would bring Hillingdon's performance very close to what is the most challenging target set for a health and wellbeing board area in London.

5. Concerns about the challenging nature of this target and the methodology behind it was the subject of a letter sent by the Chairman to the Secretary of State for Health and Social Care, as agreed by the Board at its meeting in June 2018. The Chairman will provide a verbal update on the reply that he has received.

Table 1: DTOC Performance April - June 2018						
Delay Source	Acute	Non-acute	Total	2018/19 Target	Projection	Variance
NHS	496	464	960	3,289	3,840	551
Social Care	190	155	345	1,392	1,380	-12
Both NHS & Social Care	0	51	51	310	204	-106
<b>Total</b>	<b>686</b>	<b>670</b>	<b>1,356</b>	<b>4,991</b>	<b>5,424</b>	<b>433</b>

6. There has been a significant shift in the distribution of DTOCs between acute and non-acute in the Q1 compared to 2017/18. In Q1, 51% of delays were in an acute setting like Hillingdon Hospital and 49% in a non-acute setting like mental health provision, which compares to 43% and 57% in 2017/18. This can be explained by the considerable reduction in the delays in Central and North West London (CNWL) beds. For example, there were 390 delayed days in CNWL beds in Q1 2018/19 compared to 1,021 in Q1 2017/18.

7. During the period April 2018 to June 2018, nearly 15% (207) of all delays, e.g. health and social care, were attributed to issues with securing residential care placements and nearly 35% (474) to difficulties with securing nursing home placements. 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 which continue to be the main causes of these difficulties.

8. **Permanent admissions to care homes target: Not on track** - There were 52 permanent admissions to care homes in the period April to July 2018, which would suggest an outturn of 153 for the year against a ceiling of 145. Nearly 77% (40) of these placements were conversions of short-term into permanent placements, therefore emphasising the importance of seeking to avoid making short-term care home placements, where possible. The opening of Grassy Meadow Court in September 2018 should assist in reducing the demand for permanent care home placements.

9. **Percentage of people aged 65 and over still at home 91 days after discharge from hospital to Reablement: On track** - An average of 91% of service users were still at home 91 days after discharge against a target of 88%. The Board should be aware that performance against this metric is measured against the number being discharged from hospital into the service in Q3 and still being at home 91 days later.

### **Scheme Specific Metric Progress**

10. 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***

11. **Falls-related Admissions: On track** - There were 220 falls-related emergency admissions during Q1. On a straight line projection this would suggest an outturn for 2018/19 of 880 admissions against a ceiling of 880 falls-related admissions.

#### ***Scheme 2: An integrated approach to supporting Carers***

12. **Carers' assessments: On track** - There were 287 Carers' assessments in Q1. If this level of activity continues throughout the year, it could result in 1,148 assessments being undertaken against a target of 1,010. Assessments includes those undertaken by the Council and by Hillingdon Carers.

13. **Carers in receipt of respite or other Carer services:** In Q1 2018/19, 234 carers were provided with respite or another carer service at a cost of £469k. This compares to 207 carers being supported at a cost of £440k during the same period in 2017/18. This includes bed-based respite and home-based replacement care as well as voluntary sector provided services and services directly purchased via Direct Payments.

#### ***Scheme 4: Integrated hospital discharge***

14. **Seven day working: Not on track** - Table 2 below illustrates performance against seven day metrics at Hillingdon Hospital and shows that performance is comparable with 2017/18 activity but some distance away from the 2018/19 targets.

<b>Table 2: Hillingdon Hospital Discharges before Midday and at Weekends</b>			
<b>Item</b>	<b>2017/18 Baseline</b>	<b>2018/19 Target</b>	<b>April - June 2018/19 Outturn</b>
<b>Medicine Directorate, inc A &amp; E</b>			
Discharges before midday	20.4%	33%	18.7%
Weekend discharges	17%	65%*	16.4%
<b>Surgery Directorate</b>			
Discharges before midday	19%	33%	19.1%
Weekend discharges	15.9%	65%*	15%

\* Percentage of weekday discharges

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

#### ***Scheme 5: Improving care market management and development***

16. **Emergency admissions from care homes: Not on track** - There were 167 emergency admissions from care homes during Q1. On a straight line projection, this would suggest an outturn for the year of 668 admissions, which is marginally above the target for the year of 637.

#### **Key Milestone Delivery Progress**

17. The following key milestones for Q1 in the agreed plan that were delivered were:

- **Implementation of the 'Red Bag' scheme completed** - Training for the final participating care homes was completed and they went live with the scheme. Outcomes from the scheme will be monitored and an update provided to the Board in due course.

#### **The Red Bag Scheme Explained**

The 'Red Bag' keeps important information about a care home resident's health in one place, easily accessible to ambulance and hospital staff. It contains standardised information about the resident's general health, any existing medical conditions they have, medication they are taking, as well as highlighting the current health concern. This means that ambulance and hospital staff can determine the treatment a resident needs more effectively.

- **Joint Housing and Mental Health protocol pilot implemented** - This establishes mechanisms and criteria for referrals and an escalation route where there are blockages. Direct liaison between an identified housing officer at the Riverside Centre, .i.e., adult mental health wards on the Hillingdon Hospital main site, has supported earlier planning and contributed to a reduction in housing-related delayed transfers of care. In addition, improved liaison has helped to reduce the number of people being referred to the Council from the Riverside Centre who are homeless on the day. The protocol will now be refined to reflect

experience over the review period and implemented as business as usual.

## Successes and Achievements

18. Key successes and achievements for Q1 can be summarised as follows:

- **H4All Wellbeing Service** - H4All has reported that the Wellbeing Service received 330 new referrals during the review period and undertook 294 Patient Activation Measure (PAM) assessments. PAM is a tool that measures the extent to which a person is motivated to manage their own long-term conditions. It was reported that 176 people either had an improved score during this period or a score that remained the same following a further assessment. Improved scores are important as studies show that there is a reduction in demand on health and care services the more motivated a person is to manage their long-term conditions.
- Of the people referred to onward services during the review period, 50% (153) were referred to third sector organisations, including both constituent partners of H4All and other groups operating in the Borough. This is particularly pertinent to the nearly 30% (104) of referrals who were referred to the service as a result of individual experiencing loneliness and/or social isolation.
- **Disabled Facilities Grants** – 19 people aged 60 and over were assisted to stay in their own home through the provision of disabled facilities grants (DFGs) during Q1, which represented 55% 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 14 older people being assisted in the same period in 2017/18.
- **Carers' Memorandum of Understanding (MoU)** - Agreement was secured from statutory health partners such as HCCG, the GP Confederation, Hillingdon Hospital and CNWL, the Council and the third sector partners H4All and the Hillingdon Carers' Partnership to be signatories to the MoU and the principles contained within it that shape how support is provided to Carers in Hillingdon. The Joint Carers' Strategy and related delivery plan will turn these principles into action that will be reported as part of the BCF performance updates and annual reports to the Council's Cabinet and HCCG's Governing Body.

## Key Issues for the Board's Attention

19. **Integrated Hospital Discharge Model** - Whilst partners have been working closely together to address day to day demands on capacity at Hillingdon Hospital, there has been no agreement as yet between partners about management arrangements for the Integrated Discharge Team (IDT). In addition, there has also been no agreement about how resources will be used differently to ensure a sustainable hospital discharge model that can manage demand surges (including those winter-related) as business as usual.

20. A business case is in development for consideration by the Integrated Discharge Executive, i.e., the Council's Corporate Director of Adult, Children and Young People's Services, the CCG's Managing Director, the Hospital's Chief Operating Officer and CNWL's Deputy Chief Operating Officer. The intention is that the Integrated Discharge Executive will be in a position to make recommendations about any resource implications through the usual governance structures in Q3 2018/19.

21. **Amendment to BCF section 75 agreement** - There has been agreement among partners for the Council to act as lead commissioner on behalf of the CCG for the provision of a Hospital Discharge Bridging Care Service. This service has been procured by the Council from a private provider to deliver care in a person's usual place of residence on discharge from the Hospital for up to 72 hours pending an assessment of their ongoing care needs. The service is funded by the CCG and approval will be sought in due course through the usual Council and CCG governance structures to amend the section 75 to reflect commissioning and payment arrangements. The cost of this service for 2018/19 is £239.3k and, if approval is granted, the BCF pooled budget will be increased by this amount.

22. **Michael Sobell House** - The latest position concerning Michael Sobell House and the provision of end of life services in the north of the Borough is addressed in the CCG update report also on the Board's agenda.

23. **Post-April 2019 BCF Plan** - Information from the Better Care Support Team suggests that the operational guidance for the next iteration of the BCF will not be released until after the publication of the Adult Social Care Green Paper, which has been delayed to coincide with the publication of the 10-year NHS Plan. It is now understood that this will not be published until November 2018.

24. However, it is understood that the next iteration of the plan will be for one year only, i.e., for 2019/20. Officers have discussed with the Better Care Support Team the possibility of Hillingdon developing a three year plan and this has been welcomed. This allows partners to enter into longer-term funding and contractual arrangements that supports local integration proposals included in the report to the Board's meeting in June, e.g., integrated therapies. It is therefore proposed to develop a three-year plan during Q3 and the Board's December meeting provides an opportunity to consult with its members on the draft content. The draft plan will then be adapted to meet Government requirements for the 2019/20 plan following the publication of the operational guidance, which may well not occur until Q4.

## **Financial Implications**

25. The forecast financial position at the end of Quarter 1 2018/19 is summarised in Table 4 below. The overall forecast for the year at the end of Quarter 1 is a pressure of £129k, which is from pressures within Social Care. The CCG is forecasting the Year End position to be on budget.

26. There is an underspend forecast in Scheme 4: *Integrated Hospital Discharge*, of £110k. This is primarily due to lower costs within the Reablement Team. Offsetting this underspend is a forecast pressure within Scheme 5: *Improving Care Market Management and Development*, of £248k. This pressure is forecast in the delivery of homecare and care home placements and is being managed within the overall budget of Social Care.

Table 4: BCF Financial Summary 2018/19			
Key Components of BCF Pooled Funding (revenue unless classified as Capital)	Approved Pooled Budget 2018/19	Forecast Quarter 1 2018	Variance as at Quarter 1 2018
	£000's	£000's	£000's
Hillingdon CCG - Commissioned Services	26,770	26,770	0
LB Hillingdon - Commissioned Services	23,105	23,234	129
LB Hillingdon - Commissioned Capital Expenditure	4,174	4,174	0
<b>Overall Totals</b>	<b>54,049</b>	<b>54,178</b>	<b>129</b>

## **EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES**

### **What will be the effect of the recommendations?**

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

28. *Amendment to section 75 agreement* - This will ensure, if agreed, that commissioning and financial arrangements between partners to support hospital discharge are accurately reflected in a legally binding agreement.

### **Consultation Carried Out or Required**

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

### **Policy Overview Committee Comments**

30. None at this stage.

## **CORPORATE IMPLICATIONS**

### **Corporate Finance Comments**

31. Corporate Finance has reviewed this report and notes that there are no direct financial implications associated with the recommendations therein. It is further noted that a net overspend of £129k is projected against the Council managed elements of the pooled Better Care Fund Budget. This pressure is forecast in the delivery of homecare and care home placements and is being managed within the 2018/19 approved budget for Social Care.

### **Hillingdon Council Legal Comments**

32. 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**

Appendix 1) BCF Metrics Scorecard.