

BETTER CARE FUND: PERFORMANCE REPORT (OCTOBER - DECEMBER 2018)

Relevant Board Member(s)	Councillor Philip Corthorne Dr Ian Goodman
Organisation	London Borough of Hillingdon Hillingdon Clinical Commissioning Group
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Papers with report	Appendix 1) BCF Metrics Scorecard

HEADLINE INFORMATION

Summary	This report provides the Board with the six performance report on the delivery of the 2017/19 Better Care Fund plan. It is the third report on delivery during 2018/19.
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 £54,288k for 2018/19 as at month 9.
Ward(s) affected	All

RECOMMENDATIONS

That the Health and Wellbeing Board:

- a) notes the progress in delivering the plan during the Q3 2018/19 review period;
- b) agrees the proposed approach for the 2019/20 BCF plan (paragraphs 25 and 26);
and
- c) agrees to delegate approval of the 2019/20 BCF plan submission to officers in consultation with the Chairman of the Board, the Chairman of the Hillingdon Clinical Commissioning Group's Governing Body and the Chairman of Healthwatch Hillingdon, subject to the assumptions set out in paragraphs 25 and 26.

INFORMATION

1. This is the sixth performance report to the 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 third report on the delivery of the second year of the plan, 2018/19 and updates the Board on the position to 8th February 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.

2. References to the 'review period' in this report means the period from October to December 2018.

National Metrics

3. This section includes performance against the metrics that Hillingdon is required to report to NHSE where the data is available.

4. **Emergency admissions target (also known as non-elective admissions): On track** - There were 8,523 emergency admissions of people aged 65 and over during the April to December 2018 period. On a straight line projection this would suggest an outturn for 2018/19 of 11,364 against a ceiling for the year of 11,400. This would actually suggest an outturn below the ceiling for 2018/19.

5. Table 1 below shows the position from 2015/16 with the projected outturn for 2018/19.

Table 1: Emergency Admissions 65 + Population 2016/17 - 2018/19	
Financial Year	Total Number of Emergency Admissions
2015/16	10,406
2016/17	10,252
2017/18	11,267
2018/19	11,364*

*Projected

6. **Delayed transfers of care (DTOCS): Not on track** - Table 2 below shows that there were 3,996 delayed days in the period April to December 2018. On a straight line projection this would suggest an outturn for 2018/19 of 337 delayed days above the ceiling for the year.

Table 2: DTOC Performance April - December 2018						
Delay Source	Acute	Non-acute	TOTAL	2018/19 Ceiling (Delayed Days)	Projection	Variance
NHS	1,850	1,281	3,131	3,289	4,175	886
Social Care	467	314	781	1,392	1,041	-351
Both NHS & Social Care	0	84	84	310	112	-198
TOTAL	2,317	1,679	3,996	4,991	5,328	337

7. During the review period 36% (1,453) of delayed days were attributed to difficulties in securing care home placements. 70% (1,023) of these delayed days related to difficulties in securing nursing care home places. These difficulties are associated with meeting the needs of people with the more challenging behaviours and are often combined with complex family

dynamics, e.g. conflict within families about how best to meet the needs of their parent.

8. Table 3 provides the Board with a summary of DTOC activity over the lifetime of the BCF, i.e. 2015 to 2018. The Board may wish to note that the considerable increase in 2016/17 resulted from a combination of under-reporting in 2015/16 and a reflection of the national picture. Since 2016/17 there has been a significant reduction in the number of delayed days and the projected outturn for 2018/19 suggests that performance will be reasonably close to what was an exacting target set for Hillingdon by NHSE. The Board may wish to note that this is mainly attributable to the nearly 50% reduction in the number of non-acute delayed days, which is mainly mental health. For CNWL, which accounts for 61% of the non-acute activity, there has been a 64% reduction in the number of delayed days on the same period in 2017/18, i.e. 1,030 delayed days compared to 2,227. This highlights significant improvements in the management of the discharge process for people admitted to inpatient mental health beds. There has also been a 62% reduction in delays attributable to social care during the review period in comparison with the same period in 2017/18, i.e. 781 delayed days compared to 1,642.

Table 3: DTOC PERFORMANCE 2015 - 2019			
Year	Target (Delayed Days)	Outturn	Variance
2015/16	4,790	4,196	-594
2016/17	4,117	8,364	4,247
2017/18	9,338	6,542	-2,796
2018/19	4,991	5,328*	337*

*Projection

8. Officers understand from the NHSE Better Care Support Team that the target for 2019/20 may be retained at the 2018/19 level where this has not been achieved. Confirmation of this is expected to be included in the 2019/20 policy framework and publication is awaited.

9. **Permanent admissions to care homes target: *Not on track*** - There were 139 permanent admissions to care homes in the period April to December 2018, which would suggest an outturn of 185 for the year against a ceiling of 145. 73% (102) 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.

10. The Board may wish to note that since its opening in October 2018 Grassy Meadow Court has provided an alternative to a care home admission for 8 older people. It has also been possible for 8 older people to move out of care homes into the more independent environment of extra care housing. The Board may also wish to note that the total number of older people living in permanent placements in care homes at 31st December 2018 was 426 (227 in nursing care homes and 199 in residential).

11. Table 4 below shows the number of permanent admissions to care homes between 2015 and 2018.

Table 4: Permanent Admissions to Care Homes 65+ 2015 - 2019			
Year	Target	Outturn	Variance
2015/16	150	145	-5
2016/17	150	161	11
2017/18	150	162	12
2018/19	145	185*	40

*Projection

Scheme Specific Metric Progress

12. This section provides the Board with the Q2 position against scheme specific metrics where the data was available for the reporting period.

Scheme 1: Early intervention and prevention

13. **Falls-related Admissions: Not on track** - There 682 falls-related emergency admissions during the review period. On a straight line projection this would suggest an outturn for 2018/19 of 909 admissions, which is close to the ceiling of 880 falls-related admissions. Table 5 shows the Board the number of falls-related admissions over the 2015 to 2018 period. Projections suggest that the methodology for setting a reduction target for 2019/20 needs to be given more thought, as the practice has been to correlate the increase with that of the 75 and over population.

Table 5: Falls-related Admissions 2015 - 2018	
Year	Admissions
2015/16	764
2016/17	816
2017/18	868
2018/19	909*

*Projection

Scheme 2: An integrated approach to supporting Carers

14. **Carers' assessments: On track** - There were 734 Carers' assessments undertaken during the review period. If this level of activity continues throughout the year then this could result in 979 assessments being undertaken against a target of 983. Assessments include those undertaken by the Council and by Hillingdon Carers.

15. **Carers in receipt of respite or other Carer services:** During the review period 290 carers were provided with respite or another carer service at a cost of £412.3k. This compares to 240 carers being supported at a cost of £376.6k 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. The reason for the apparent reduction in unit cost of support to Carers is that the contract with Hillingdon Carers is included in the spend for the quarter but the carers supported by Hillingdon Carers are not included in the total number of Carers.

Scheme 4: Integrated hospital discharge

16. **Seven day working: Not on track** - Table 6 below illustrates performance against seven day metrics at Hillingdon Hospital. This shows an improvement in weekend discharges within the surgery department compared to the 2017/18 outturn position but a reduction in performance for the other seven day metrics.

Table 6: Hillingdon Hospital Discharges before Midday and at Weekends

Item	2017/18 Baseline	2018/19 Target	April - Dec 2018/19 Outturn
Medicine Directorate, inc A & E			
Discharges before midday	20.4%	33%	18.6%
Weekend discharges	17%	65%*	15.9%
Surgery Directorate			
Discharges before midday	19%	33%	18.5%
Weekend discharges	15.9%	65%*	18.1%

* Percentage of weekday discharges

17. The following provides the Board with an update on addressing the infrastructure obstacles to the delivery of seven day working:

- Consultant cover to sign off discharges:

Criteria-led discharge is being rolled out in wards across the Hospital. This enables staff at junior sister grade and above to make discharge decisions after having completed appropriate training. This will help to expedite timely discharges when implemented across the Hospital.
- Hospital Discharge Coordinators availability at weekends:

Consultation is currently in progress about the possibility of changing terms and conditions to support seven day working.
- Pharmacy availability:

Funding for additional weekend pharmacy provision has been agreed and the Hospital is in the process of recruiting.
- Rapid Response cover for weekend triage and assessment:

There is currently no funding available to support additional Rapid Response provision at weekends, but health and care partners are exploring how existing resources can be remodelled to provide necessary supporting capacity.

18. As previously reported, 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 as outlined in paragraph 18 above.

Scheme 5: Improving care market management and development

19. **Emergency admissions from care homes: Not on track** - There were 606 emergency admissions from care homes during the review period. On a straight line projection this would suggest an outturn for the year of 808 admissions against a ceiling for the year of 788. Table 7 below shows the comparative position between 2015 and 2018.

Year	Outturn
2015/16	838
2016/17	788
2017/18	776
2018/19	808*

*Projected

20. Although the projection suggests that the target may not be achieved there are a number of factors that need to be taken into consideration in order to see this in its proper context and these include:

- 2018/19 has seen an expansion of the care home bed base by 77 beds, 32 of which are nursing beds;
- Admissions to hospitals from care homes were primarily from the larger nursing homes, i.e. those with 60 + beds;
- Care home managers are required by their employers to abide by company imposed operating procedures that are often risk averse;
- Staff turnover, recruitment difficulties and change of manager are factors that cause care homes to be more risk averse and during Q2 13 homes experienced a change of manager; and
- Some care home residents will have needs for which treatment in hospital is the most appropriate setting.

21. Partners continue to support care homes with the necessary interventions where this is appropriate to prevent hospital admissions that are avoidable.

Key Milestone Delivery Progress

22. The following key milestones for Q3 in the agreed plan that were delivered were:

- *Opening of Dementia Resource Centre at Grassy Meadow Court extra care housing scheme:* In addition to advice, information and support to people with dementia and their carers to help them to live well with dementia and remain independent for as long as possible, this will provide therapeutic interventions such as:

- life story work;
 - musical activities, i.e. 'Singing for the Brain sessions' and exercise to music;
 - painting and craft work;
 - gardening;
 - cooking;
 - discussion groups.
- *Implementing multi-disciplinary support service for care homes and extra care schemes:* This entails a range of support from appropriate health professionals and the development of anticipatory care plans with the intention of preventing hospital admissions that are avoidable.
 - *Exploring feasibility of the Council being included within NHS nursing home any qualified provider (AQP) framework and benefits of doing so:* Discussions between the Council and the NHS London Procurement Partnership that undertakes procurement activity on behalf of NHS organisations in London have clarified that it is not possible for this mechanism to meet the Council's demand for nursing home placements. The Council and the CCG will explore options for taking an integrated approach to ensuring sufficient supply to meet local need.
 - *Implementing Hospital Discharge Grant using DFG flexibilities:* The pilot is intended to cover adaptations such as the installation of a ramp and a basic stair lift as well as minor works such as home deep clean or fumigation, home or garden clearance and furniture removals to make a person's home habitable where these will demonstrably expedite a person's return home following a hospital admission. This started in November 2018 and has expedited the discharge of 5 older people with complex needs from Hillingdon Hospital.

23. The following milestone is still in progress but has not yet been fully achieved:

- *Develop a prevention strategy, including approach to delivering health checks:* The early intervention, prevention and self care working group has made good progress with a programme to review our approaches across partners. This covers a number of projects and is set out in the Joint Health and Wellbeing Strategy performance update on Board's agenda; and
- A new approach to delivering NHS health checks with GPs, is also being established.

Successes and Achievements

24. Key successes and achievements for Q3 can be summarised as follows:

- ***Discharge to Assess (D2A):*** Target of achieving 65 discharges per week via D2A pathways was achieved in November.
- ***Discharge process improvements:*** Discharge letters about D2A process were implemented across wards to support the standard discharge booklet funded through BCF Small Grants. This means that more people admitted to Hillingdon Hospital are better informed at a much earlier stage about what is likely to happen to them and reduces the scope for disputes at point of discharge that can lead to people staying in a

hospital bed longer than medically necessary.

- **Training for care home staff:** Falls champion training was completed leading to 46 staff from care homes receiving a falls champion certificate. Recognising and acting on signs of deterioration training was also delivered to staff in targeted care homes.

Key Issues for the Board's Attention

25. **Hospital Discharge Model:** Funding for an extension of the Bridging Care Service contract commissioned by the Council on behalf of HCCG has been agreed.

26. **Post-April 2019 BCF Plan:** The latest information from NHSE's Better care Support Team and London ADASS suggests that the policy framework and statutory guidance for the next iteration of the BCF plan may well have been published by the time of the next Board meeting. It has been confirmed that there will be a one year plan for 2019/20 and that details concerning the post-April 2020 requirements will be published in the autumn of 2019 following the 2021/24 Spending Review announcement. It is understood that this will coincide with publication of the outcomes of the Government's review of the BCF that is currently in progress.

27. At the Board's December meeting officers proposed the development of a three year plan but it is now suggested, in view of the above, that the ambition for 2019/20 be limited to meeting the requirements for the single year plan. In accordance with what is understood about likely requirements for 2019/20, it is proposed the next iteration of plan will include an update on the existing six schemes and the addition of a seventh scheme to incorporate integrated therapies for children and young people that was referred to in the BCF update reports to the Board in September and December 2018. The current six schemes are:

- Scheme 1:* Early intervention and prevention
- Scheme 2:* An integrated approach to supporting Carers
- Scheme 3:* Better care at end of life
- Scheme 4:* Integrated hospital discharge
- Scheme 5:* Improving care market management and development
- Scheme 6:* Living well with dementia

28. This pragmatic approach would enable partners to focus attention during 2019/20 on the development of a longer-term plan to meet the health and care needs of Hillingdon's residents, which would then put partners in a good position to meet the Government's post-April 2020 requirements. This would also reflect requirements concerning the implementation of the NHS Long Term Plan.

29. It is likely that there will be a six week period in which to complete and submit the 2019/20 plan. Board approval of the submitted plan will be one of the national requirements that will have to be satisfied in order to secure formal approval by NHSE, which will technically be required to enable the funding within the BCF to be spent. On the basis that the assumptions about the requirements for the 2019/20 plan described above are correct, the Board is asked to delegate approval authority to the Chairman, the Chairman of HCCG's Governing Body and Chairman of Healthwatch Hillingdon. Should these assumptions not be correct then the Chairman could direct that approval be considered by the next full meeting of the Board.

30. **Extra Care Housing and GP Registration:** The opening of the Grassy Meadow Court (88

flats) and Park View Court (60 flats) extra care housing schemes presents pressures on the local GP practices that have these schemes within their catchment area at a time when all practices are stretched. The Council is working collaboratively with local practices, the GP Confederation, HCCG and NHSE to ensure that tenants are able to register with a local GP whilst avoiding this additional demand falling on one or two practices near the respective schemes.

Financial Implications

31. The total value of the BCF section 75 in 2018/19 has increased by £239k following approval of a recommendation to the Leader of the Council and Cabinet Member for Social Care, Housing, Health and Wellbeing under delegated authority to reflect the cost of the Hospital Discharge Bridging Care Service. The variation was also agreed by the CCG's Governing Body in November 2018.

32. Table 8 below summarises the 2018/19 financial position to the end of M9.

Table 8: BCF Financial Summary 2018/19							
Key Components of BCF Pooled Funding (revenue unless classified as Capital)	Approved Pooled Budget 2018/19	Revisions to Budget	Revised Budget 2018/19	Forecast Outturn at 31/12/18	Variance as at Q3	Variance as at Q2	Movement from Q2
	£,000's	£,000's	£,000's	£,000's	£,000's	£,000's	£,000's
Hillingdon CCG - Commissioned Services	26,770	239	27,009	27,913	904	1,062	(158)
LB Hillingdon - Commissioned Services	23,105	0	23,105	23,529	424	239	184
LB Hillingdon - Commissioned Capital Expenditure	4,174	0	4,174		0	0	0
Overall Totals	54,049	239	54,288	55,616	1,328	1,301	26

33. There is a net increase in forecast against the overall BCF of £26k. The forecast for the CCG is an overall pressure of £904k. This has improved by £158k since Quarter 2 and this largely relates to Scheme 5 (*Integrated Approach to Market Management and Development*) where there has been a reduction in forecast spend for Palliative Care Services.

34. The forecast for the Council is an overall pressure of £424k and increase in pressure of £184k since Quarter 3. This increase largely relates to Schemes 4 (*Integrated Hospital Discharge*) and 5 where the forecast for care home placements has increased.

EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendations?

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

36. ***Approach to 2019/20 plan*** - This will ensure compliance with national requirements and avoid the unnecessary commitment of resources at a time of considerable uncertainty about future obligations.

37. ***2019/20 plan approval arrangements*** - Proportionate approval arrangements that involve partners will be in place to enable nationally set timescales to be achieved in the event that they are considered reasonable by the Board.

Consultation Carried Out or Required

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

Policy Overview Committee Comments

39. None at this stage.

CORPORATE IMPLICATIONS

Corporate Finance Comments

40. Corporate Finance has reviewed the report, noting that a net overspend of £424k is projected against the Council managed elements of the pooled Better Care Fund Budget an adverse movement of £184k from Q2. There are no direct financial implications associated with the recommendation that the board note progress in delivery of the Better Care Fund plan.

Hillingdon Council Legal Comments

41. 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.