BETTER CARE FUND: PERFORMANCE REPORT (JANUARY - MARCH 2019)

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

HEADLINE INFORMATION

Summary	This report provides the Board with the seventh and final performance report on the delivery of the 2017/19 Better Care Fund plan. It is the fourth 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 12.
Ward(s) affected	All

RECOMMENDATIONS

That the Health and Wellbeing Board:

a) **notes the progress in delivering the 2018/19 plan.**
b) **notes the update on the development of the 2019/20 plan (paragraphs 22 to 27)**

INFORMATION

1. This is the seventh and final 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 fourth report on the delivery of the second year of the plan, 2018/19 and updates the Board on the position to 31 March 2019. 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 January to March 2019.

National Metrics

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

4. **Emergency admissions target (also known as non-elective admissions): *Achieved*** - There were 11,243 emergency admissions of people aged 65 and over during the April 2018 to March 2019 period. The outturn for the year is therefore below the ceiling of 11,400 emergency admissions.

5. Table 1 below shows the position from 2015/16 with the 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	11,243

6. **Delayed transfers of care (DTOCS): *Not achieved*** - Table 2 below shows that there were 5,324 delayed days in the period April 2018 to March 2019, which is 333 delayed days above the ceiling. 82% of the delayed days were attributed to the NHS and 60% related to acute hospital beds rather than beds in mental health services as has been the case in previous years.

Table 2: DTOC Performance April 2018 - March 2019					
Delay Source	**Acute**	**Non-acute**	**TOTAL**	**2018/19 Ceiling (Delayed Days)**	**Variance**
NHS	2,663	1,714	**4,377**	3,289	1,088
Social Care	549	314	**863**	1,392	- 529
Both NHS & Social Care	0	84	**84**	310	- 226
TOTAL	**3,212**	**2,112**	**5,324**	**4,991**	**333**

7. Table 3 below shows Hillingdon's comparative position with the other 31 London boroughs and the City of London. This shows that there were 13 boroughs with higher DTOC levels than Hillingdon; four CCGs with higher NHS levels; 22 social care authorities and 20 boroughs where responsibility was joint between the NHS and social care.

Table 3: Comparative DTOC Performance	
Delay Responsibility	**London Ranking**
All Hillingdon delayed days	14th highest
NHS attributed delayed days	5th highest
Social care attributed delayed days	23rd highest
Delayed days attributed to NHS & Social Care	21st highest

8. During the period April 2018 to March 2019 nearly 82% (4,343) of delayed days were attributed to four reasons and these were:

- 38% (1,858): Access to care homes; 26% access to nursing care homes.
- 24% (1,270): Further non-acute NHS care, such as access to specialised mental health services, access to end of life hospice care, etc.
- 13.5% (718): Housing, e.g. where there are housing delays relating to people for whom the Council does not have a social care responsibility under the 2014 Care Act.
- 9.3% (497) Patient/family choice, i.e. where a reasonable offer of care to meet assessed needs has been refused.

9. **Permanent admissions to care homes target: *Not achieved*** - There were 185 permanent admissions to care homes in the period April 2018 to March 2019 against a ceiling of 145. 75% (138) 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. During 2018/19 11 people aged 65 and over moved from care homes into extra care. 22 people were also diverted from care home placements into extra care, 4 of which facilitated timely hospital discharges.

11. In setting the target for 2019/20 the following factors will be taken into consideration:

- Delays in the delivery of Park View Court are likely to result in the conversion of some short-term placements into permanent placements of people placed in a care home setting pending the opening of the new extra care scheme. As has previously been reported to the Board, this is due to speed with which older people become institutionalised once placed in a care home;
- Carers of older people who are elderly can often find themselves so relieved by the temporary respite from their caring role that they become overwhelmed at the prospect of having to resume this role and decline to do so, thus leading to a placement becoming permanent;
- Short-term placements are only made where this is the most effective means of addressing the needs of the resident and, where appropriate, their Carer;
- Hillingdon's ageing population and associated levels of complexity of need mean that there will be a continuing demand for care home placements for people who cannot be supported safely at reasonable cost in the community. It should also be noted that this includes people who are in extra care housing whose needs escalate to such an extent that a nursing care home placement becomes the most appropriate setting to address their needs.

Scheme Specific Metric Progress

12. This section provides the Board with the 2018/19 outturn position for scheme specific metrics.

Scheme 1: Early intervention and prevention

13. ***Falls-related Admissions: Not achieved*** - There 921 falls-related emergency admissions during 2018/19 against a ceiling of 880 falls-related admissions. However, it should be noted that the outturn is only 5% from the target.

Scheme 2: An integrated approach to supporting Carers

14. ***Carers' assessments: Achieved*** - There were 984 Carers' assessments undertaken during 2018/19 against a target of 982. Assessments include those undertaken by the Council and by Hillingdon Carers.

15. ***Carers in receipt of respite or other Carer services:*** During 2018/19, 342 carers were provided with respite or another carer service at a cost of £2,176k. This compares to 310 carers being supported at a cost of £2,242k during 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 reduced unit cost in 2017/18 compared to 2018/19 relates to the increased number of carers having their needs met in a more personalised way through Direct Payments (59 in 2018/19 compared to 36 in 2017/18).

Scheme 4: Integrated hospital discharge

16. ***Seven day working:*** Hillingdon Hospital was unable to provide the 2018/19 outturn data in time for the report.

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:	The roll out of criteria-led discharge (CLD) has so far been implemented in four wards. CLD 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 fully implemented across the Hospital.
• Hospital Discharge Coordinators availability at weekends:	Consultation is complete and 7 days service will be provided from 1st June 2019.
• Pharmacy availability:	There is currently no funding available for additional weekend pharmacy provision. The Hospital is exploring options on how to enhance this provision.
• Rapid Response cover for weekend triage and assessment:	Rapid Response staff already work seven days a week but there is currently no funding available to support additional demand arising from Hospital services moving to seven day working. However, health and care partners

are exploring how existing resources can be remodelled to provide necessary supporting capacity.

Scheme 5: Improving care market management and development

18. ***Emergency admissions from care homes: Achieved*** - There were 788 emergency admissions from care homes during 2018/19 which matched the ceiling of 788 admissions. 2018/19 saw a 3% (19) reduction in emergency admissions from care homes to Hillingdon Hospital but a 15% (31) increase to other hospitals, e.g., Northwick Park and Watford General and stroke was the main cause of these admissions.

Key Milestone Delivery Progress

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

- Relaunch and promote the online system, Connect to Support and ensure linkages with the NHS Directory of Services.
- Review the outcomes from the Hospital Discharge Grant pilot. This led to the pilot being extended for a further six months.
- Deliver a communications campaign to schools to raise awareness of Young Carers. This campaign during 2018/19 that concluded in Q4 has contributed to a 27% increase in the number of Young Carers referred to Hillingdon Carers compared to 2017/18.

Successes and Achievements

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

- Extension of the Hospital Discharge Grant pilot - This has supported the discharge of 23 people from Hillingdon Hospital since it was introduced (November 2018). It has identified residents with complex needs living in appalling conditions and alleviated what would otherwise have been very long lengths of stay in Hillingdon Hospital.
- The communications campaign to schools to raise awareness of Young Carers concluded. The intended outcome was to enable teachers and other staff to provide improved support to Young Carers. In 2018/19 referrals of Young Carers to the Hillingdon Carers' Partnership has increased by 27% on 2017/18.

2018/19 BCF Plan Delivery Conclusions

21. The overriding conclusion from the 2018/19 plan is that delivering step-change within a complex and constantly evolving health and care system is very challenging, especially when considering the financial deficits being carried by some partners. In addition, this is all taking place within the context of an uncertain national political landscape. Against this backdrop it is also possible to draw the following conclusions about the impact of the 2018/19 BCF plan and other integration initiatives:

- The reduction of emergency admissions from the 65 and over population is evidence that the roll out of the 15 Care Connection Teams, consolidation of the H4All Wellbeing Service and the associated focus on targeting older people most at risk of escalated needs are having a positive impact.

Care Connection Teams (CCTs) Explained

The CCTs take a more proactive approach to identifying the needs of Hillingdon's older residents who may be at risk of their needs escalating resulting in a loss of independence and increased demand on the local health and care system. Each CCT is comprised of:

a) *Practice GP lead* – They have oversight over the whole care pathway within primary care, with additional time spent with those patients at most risk of becoming unstable;

b) *Guided Care Matron (GCM)* – They are responsible for case management, daily monitoring of patients and referring to other services; in-reach support to care homes and supported housing and linking with Rapid Response for out of hours care.

c) *Care Coordinator (CC)* – They assist the Guided Care Matron in proactive care of patients, pulling practice and system intelligence on patients and updating care plans and communicating with other providers.

- The reduction in the number of emergency admissions from care homes provides evidence that collaborative working between health and social care partners and care home managers are delivering the intended outcome.

- The DTOC position for 2018/19 is mixed. An exacting ceiling was set for Hillingdon that has only just been exceeded and this performance was achieved because of a 44% reduction in the number of non-acute delays (mainly activity in CNWL beds), which is primarily mental health and also a 55% reduction in delays attributed to social care. 82% of delayed days in 2018/19 were attributed to the NHS and not social care as might be expected from the national media. 61% (1,952) of this activity was in an acute setting and concerned people admitted to Hillingdon Hospital. For the Hospital there was actually a 26% (501) increase in the number of delayed days compared to 2017/18. This suggests that there still remain a number of organisational issues to be resolved within the Hospital, a task being embraced by its new management team and reflected in the Hillingdon Hospital Improvement Plan.

- Support for Carers in Hillingdon is an area where there has been some considerable success. For example, at 31st March 2019 there were 7,773 active Adult Carers, i.e. Carers actually providing care on a regular basis, which represented nearly 30% of the number of Adult Carers estimated in the 2011 census against a target of 24% (6,240). 295 new Young Carers have been registered bringing the total number supported in year to 1,112. This is 45% of the census estimated total of Young Carers between 5-24 years old against a target of 24%. This is so important because the first step towards supporting Carers is identifying them. An example of the support provided is the £1.1m in Carer-related benefits secured by the Hillingdon Carers' Advice Team secured in 2018/19. These benefits boost household incomes and are largely spent in the local economy.

    - As GP practices are a key contact point for Carers, it is particularly significant that 39 out of 45 GP practices in Hillingdon have an identified Carers' lead and a guide to supporting Carers in primary care has been developed and circulated to all practices to support leads and their colleagues. This means that Hillingdon has progressed from having limited recognition of the importance of the role of Carers across primary care to there being awareness in most practices.

    - Opportunities for developing and managing a local care market that delivers quality,

value for money services has been illustrated through the integrated brokerage and integrated homecare pilots. There is much scope for developing this further to establish and maintain a stable care market and delivery proposals will be reflected in the 2019/20 plan that, subject to approval, will be implemented in 2020/21.

Key Issues for the Board's Attention

22. ***2019/20 Policy Framework Publication***: The policy framework was published by the Department of Health and Ministry of Housing, Communities and Local Government on 10th April 2019. This sets out the policy background and rules against which the BCF plan will be expected to operate. Planning guidance will be issued by NHSE in due course, which will set out the detailed requirements that will have to be met in order for the 2019/20 BCF plan and associated financial arrangements to be formally approved. The content of the 2019/20 policy framework is the same as that for the 2017/19 plan with the following exceptions:

- ***Narrative plan***: There will be no requirement to submit a separate narrative plan (that to support the 2017/19 plan was 65 pages long) and relevant information about how national and local priorities will be delivered will be captured through a planning template that will be published with the planning guidance in due course with the planning guidance.
- ***Allocations of the improved Better Care Fund (iBCF), Winter Pressure Funding and Disabled Facilities Grant (DFG)***: This funding will be paid directly to the Council through a grant under section 31 of the Local Government Act, 2003. However, its inclusion within the BCF pooled budget is mandatory.

2019/20 BCF Plan

23. The Board's March 2019 meeting agreed a proposal that the next iteration of the BCF plan will include an update on the six schemes within the 2017/19 plan 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 six schemes in the 2017/19 plan were:

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

24. Partners are exploring the possibility of including a further scheme entitled Better Care and Support for People with Learning Disabilities. The key aspect of this scheme would be the development of a model of integration of the case management and commissioning functions that would produce better outcomes for people with learning disabilities. Subject to approval through the usual governance processes, i.e. the Board, Cabinet and the CCG's Governing Body, any agreed integration model would then be implemented from April 2020.

25. The March Board meeting agreed 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. Officers will pursue this agreed sign-off process subject to any unforeseen requirements being

included within the planning guidance that necessitate more detailed discussion between partners. Advice and instruction will be sought from the chairman should this eventuality arise.

26. Some of the key priorities for 2019/20 that will be reflected in the draft plan include:

Scheme 1: Early intervention and prevention

- Establishing a single online directory of services across health and care partners.
- Consolidating alignment between social care and the emerging eight neighbourhood teams.

Scheme 2: An integrated approach to supporting Carers

- Implementing the 2019/20 Carers' Strategy Delivery Plan report to Cabinet in May 2019 and the CCG's Governing Body in June 2019.

Scheme 4: Integrated hospital discharge

- Securing agreement on the long-term discharge pathways from Hillingdon Hospital and the supporting model and implement.

Schemes 3 and 5: Better care at end of life and improving care market management and development

- Establishing an integrated brokerage service across social care and health for children and adults.
- Exploring the feasibility of establishing block homecare provision that can be deployed flexibly , including through the emerging Neighbourhood Teams, in order to prevent hospital admission or to expedite discharge for people who no longer require treatment in a hospital setting.
- Establishing integrated homecare arrangements across social care and health for children and young people that includes addressing the needs of people at the end of life.
- Testing the benefits of integrated procurement of nursing care home beds to meet social care and health needs by establishing a pilot.
- Implementing the Enhanced Support for Care Homes and Extra Care Housing to prevent hospital attendances and admissions that are avoidable.

Scheme 6: Living well with dementia

- Delivering training for care homes on the management of behaviours that challenge.

Scheme 7: Integrated therapies for children and young people

- Delivering the new integrated therapies service model for children and young people.

27. A new section 75 agreement will be required to give legal effect to the details of the plan, including financial arrangements. It will not be possible to take this through local governance processes until the plan has received assurance from NHSE. Once this has been secured approval will be sought from Cabinet and the CCG's Governing Body in accordance with the respective organisation's standing orders.

Financial Implications

28. Table 4 below summarises the financial outturn position for 2018/19.

Table 4: 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**	**Outturn at 31/03/19**	**Variance as at Q4**	**Variance as at Q3**	**Movement from Q3**
	£,000's	***£,000's***	***£,000's***	***£,000's***	***£,000's***	***£,000's***	***£,000's***
Hillingdon CCG - Commissioned Services	26,770	239	27,009	27,623	614	904	(290)
LB Hillingdon - Commissioned Services	23,105	0	23,105	23,902	797	424	373
LB Hillingdon - Commissioned Capital Expenditure	4,174	0	4,174	4,174	0	0	0
Overall Totals	**54,049**	**239**	**54,288**	**55,699**	**1,411**	**1,328**	**83**

29. The overall Pooled Budget was overspent by £1,411k at year end. This is an increase of £83k from the forecast position in Q3. Each party within the Pooled Budget is responsible for its own pressure.

30. The Social Care pressure was £797k at year end, £373k increase in pressure from the forecast in Q3. The pressure, in the main, was from Scheme 5 and particularly increased costs for care home placements. This pressure was contained within the overall Social Care budget.

31. The Hillingdon CCG pressure was £614k at year end, £290k reduction in pressure from the forecast in Q3. The pressure was mainly from Scheme 5, which covers care home placements and homecare.

EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendations?

32. The monitoring of the BCF ensures effective governance of delivery via the Health and Wellbeing Board.

33. The update on the development of the 2019/20 BCF plan provides the Board with the opportunity to feedback to officers about anything that partners may have concerns about in order that these can be addressed ahead of publication of the statutory planning guidance.

Consultation Carried Out or Required

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

Policy Overview Committee Comments

35. None at this stage.

CORPORATE IMPLICATIONS

Corporate Finance Comments

36. Corporate Finance has reviewed the report, noting that a net overspend of £797k is projected against the Council managed elements of the pooled Better Care Fund Budget for 2018/19. This overspend was contained within the Social Care financial outturn position for 2018/19. 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

37. 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.