

For General Release

REPORT TO:	Health and Social Care Scrutiny Committee 8 November 2016
AGENDA ITEM:	7
SUBJECT:	Progress update on the Better Care Fund
LEAD OFFICER:	Paula Swann, Chief Officer CCG
CABINET MEMBER:	N/A
PERSON LEADING AT SCRUTINY COMMITTEE MEETING:	Stephen Warren, Director of Commissioning, Croydon CCG,

ORIGIN OF ITEM:	This item has been suggested by the Committee as part of the work programme for 2016/17.
BRIEF FOR THE COMMITTEE:	This paper reflects the progress of the Croydon Council and Croydon Clinical Commissioning Group (Croydon CCG) Better Care Fund programme
CORPORATE PRIORITY/POLICY CONTEXT:	

1. EXECUTIVE SUMMARY

1.1 The Better Care Fund (BCF) is a national initiative which aims to promote better integration between health and social care to provide a whole system approach to improving patient outcomes through investing in community based services and by doing so reduce demand on acute services. BCF plans must:

- Be jointly agreed
- Maintain provision of social care services
- Include better data sharing between health and social care
- Have a joint approach to assessments and care planning, and an accountable professional where funding is used for integrated packages of care
- Have agreement on the consequential impact of the changes on providers that are predicted to be substantially affected by plans

1.2 The BCF plan comprises a wide range of schemes across health and social care which are delivering against 5 key metrics. These are:

- Admissions to residential and care homes
- Effectiveness of reablement
- Delayed transfers of care
- Patient/service user experience

- Locally proposed metric

1.3 BCF continues in 2016/17, and each Health and Wellbeing Board was required to submit a final plan for 2016/17 by 15th June 2016. This was submitted by Croydon on 15th June 2016.

1.4 Quarter 1 (April – June 2016) performance against the BCF performance metrics is positive with achievement of the target in 4 out of the 6 indicators.

2. BCF PLAN FOR 2016/17

2.1 The BCF 2016-17 policy framework was published on Friday 8th January 2016 and can be found here: <https://www.gov.uk/government/publications/better-care-fund-how-it-will-work-in-2016-to-2017>

2.2 Key points from the document are:

- Mandated minimum funding has increased from £3.8 to £3.9 billion
- The requirement for a pay for performance element of funding linked to non-elective admissions has been removed.
- There is a new requirement to fund NHS-commissioned out-of-hospital services. This is introduced as a new national condition.
- There is a new requirement to develop a clear, focused action plan for managing delayed transfers of care (DTC), including locally agreed targets. The existing DTC BCF metric remains in place, and the requirement for a local action plan is introduced as a new national condition.
- By 2017, plans are to be in place for health & social care integration for 2020 and beyond.
- A lighter touch was anticipated for 2016/17 plans, compared with the 2014 plans.
- Assurance of plans is to be carried out on a regional rather than national level.

2.3 The BCF planning submission for 2016/17 is in 2 parts:

- A numerical planning template return
- A “brief narrative plan”

2.4 The plan has been produced taking into account :

- The need to ensure stability in the local social and health care system
- Delivery against the BCF performance metrics, as well as individual BCF scheme delivery
- Alignment with other plans and strategic initiatives in particular Croydon’s Outcomes Based Commissioning Contract (OBC) for over 65s which is expected to come into effect during 2016/17.
- Revisions to national requirements for 2016/17

2.5 The narrative plan, as submitted to NHS England (NHSE) on 15th June 2016, is attached as a supporting document to this report.

2.6 The first draft narrative plan was submitted to NHSE on 21st March 2016.

- 2.7 Following 2 rounds of assurance feedback from NHSE, corresponding changes were incorporated into the attached plan. All changes were points of elaboration or clarification rather than changes in meaning or intent.
- 2.8 The major point of challenge from NHSE related to Croydon's approach to risk share and contingency. Croydon initially adopted an invest-to-save approach; on the basis that funding is best used on schemes that help reduce non-elective admissions rather than keeping back funding. However Croydon as with all other areas choosing not to apply a pay-for-performance risk share was challenged by NHSE who required plans to reflect an element of pay-for-performance risk share.
- 2.9 Croydon's BCF Executive Group therefore agreed on 6th July 2016 to strengthen the risk share agreement such that the first call on any scheme underspends will be to offset the costs of any over-performance on non-elective admissions. This has been accepted by NHSE.
- 2.10 The section 75 agreement has been subsequently updated to reflect the risk share agreement and was signed and submitted to NHSE on 23rd August 2016.
- 2.11 The provisional NHSE assurance rating based on the submitted narrative plan was "Approved with support". With the changes that we have now made in response to the feedback, we have been advised by NHSE London that they will most likely recommend "Fully Approved". The final decision is expected in October 2016.
- 2.12 Croydon is therefore currently working towards the submitted 2016/17 plan, and a summary of performance against the BCF metrics is given in the following table:

Table 1: BCF indicator performance summary

Performance trend	Indicator	2016/17 Apr-Jun YTD Target	2016/17 Apr – Jun YTD Actual	Baseline (2015/16 Apr – Jun YTD actual)	RAG rating and trend
BCF1	Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population	9,401	9,298	9,462	G
					
BCF2	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	105	72.1	131.8	G
					
BCF3	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	86%	93.4%	87.8	G
					
BCF4	Delayed transfers of care (delayed days) from hospital per 100,000 population (average per month)	165	159.3	166	G
					
BCF5	Local Performance Metric: ' % of discharges over the weekend for Croydon Healthcare Service'.	20%	18.6%	18.2%	A
					
BCF6	Patient/Service User Experience Metric Social Care related quality of life (ASCOF 1A)	19	18.6	18.4	A
					

Key:

Rating	Thresholds	Trend	Meaning
G	Improvement on baseline and target met		Performance from the last two data points indicates a positive direction of travel
A	Improvement on baseline yet below target		Performance from the last two data points indicates no change

	Deterioration on baseline	Performance from the last two data points indicates a negative direction of travel
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2.13 Performance at Quarter 1 (April – June 2016) is positive with the targets being met for the BCF 1 – 3 indicators.

2.14 Performance against BCF4 (Delayed transfers of care (delayed days) (DTOCs) from hospital per 100,000 population) is positive and within the target threshold. This is being driven by ongoing actions to address the high number of delays from the mental health commissioned service provider South London and Maudsley Mental Health Trust (SLaM), which have largely contributed to ongoing delays.

2.15 However the recent Mental Health Diagnostic and bed audit indicates a more significant issue with length of stay and DTOC and consequently a more robust action plan will be needed to improve flow and discharge processes including accommodation needs and more consistent reporting of DTOCs.

2.16 Current actions include:

- Weekly meetings in Croydon University Hospital Trust to review any barriers to discharge
- Closer scrutiny of recording to ensure DTOCs correctly captured including mental health DTOCs.
- Greater direct liaison between the Trust and Council Housing Needs team to arrange temporary emergency accommodation.
- Planning for greater use of the “look ahead” contract to support service users in their own homes.
- Scoping and submission of a bid for enhanced shared lives provision for mental health service users
- Develop a robust action plan to Implement the findings of the MH Diagnostic and Bed audit undertaken jointly with SLAM

2.17 Performance against BCF5 ('% of discharges over the weekend for Croydon Healthcare Service') has improved although is still beyond the target. A number of actions are in place to address this including:

- A regular discharge team in Croydon University Hospital Trust for expediting weekend discharges comprising of a consultant and junior doctor
- Ongoing focus on discharges in the Croydon Accident & Emergency Delivery Board action plan, which is aligned to Croydon University Hospital Trusts' internal perfect patient journey working group

2.18 One factor affecting the discharge performance over the weekend is our success in reducing overall non-elective short-stay admissions. Short-stay admissions have been reduced, and these traditionally would have been more likely to be discharged over a weekend period.

2.19 Performance against BCF6 (Social Care related quality of life (ASCOF 1A)) showed a small improvement from 2014/15 to 2015/16. The next data will be available in July 2017. It is important to note that:

- The surveys consist of a number of pre-set questions which cannot be altered or amended in anyway by Local Authorities
- That in some cases results can be influenced by sample sizes, survey fatigue and the responders interpretation of the question, some of these factors are beyond the control of Local Authorities.

2.20 At the time of preparing the Croydon BCF plan for 2016/17, the Council-reported BCF metrics were given only as provisional targets, as the Council target-setting process for 2016/17 had not yet run. The provisional targets were simply kept the same as the 2015/16 targets, whether or not these had been met. The Council target setting process has now concluded, and the revised targets and rationale ratified by the BCF Executive group, are given in the table below.

Ref	Metric name	2013/14	2014/15	2014/15 London Av.	2014/15 England Av.	2015/16 Target	2015/16 Actual	Revised 2016/17 Target	Comment
1A	(ASCOF Survey) Social-care related quality of life	18.7	18.4	18.5	19.1	19.0	18.6	19.0	Latest performance 2015/16 (provisional outturn) suggests rounded up that Croydon met target. Looking at the historic trend would suggest keeping target at 19.0
2A(2)	Permanent admissions of older people to residential and nursing care homes, per 100,000 population	421.3 Per 100,000	426.0 Per 100,000	491.7 Per 100,000	668.8 Per 100,000	380.0 Per 100,000	438.5 Per 100,000	420.0 Per 100,000	Performance worsened during 2015/16, and a slightly lower target of 420 is set for 2016/17. This requires work to bring about an approx. 5% improvement on 2015/16 out turn, but is considered more realistic than a lower figure.
2B(1)	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (successful reablement)	85.2%	87.8%	85.3%	82.1%	88.0%	84.7%	86%	Year-end performance of this indicator is based on reporting period Oct-Dec (denominator=discharges from hospital) Jan-Mar (Numerator=still at home 91 days). Previous quarters in 2015/16 showed performance levels consistently exceeding 87% however the final quarter showed a drop down to 85%. A target of 86% is still better than the London average and in-line with expected performance levels based on 15/16.
2C(3)	Delayed transfers of care (DELAYED DAYS) from hospital per 100,000 population	162.9 Per 100,000	133.0 Per 100,000	Not yet available	Not yet available	380 Per 100,000	172.3 Per 100,000	165.0 Per 100,000	2015/16 out turn was approx. 30% higher (worse) than 2014/15. A higher target has been set for 2016/17, though this still requires us to reverse the trend of declining performance and achieve approx. 5% improvement on 2015/16 figures.

3. BCF PLAN FOR 2017/18

3.1 The BCF planning guidance for 2017/18 has not yet been released. It is however anticipated that this will provide further guidance on the 2 areas below that are highlighted in the 2016/17 policy guidance.

- The Spending Review sets out an ambitious plan so that by 2020 health and social care are integrated across the country. Every part of the country must have a plan for this in 2017, implemented by 2020
- Areas will be able to graduate from the existing Better Care Fund programme management once they can demonstrate that they have moved beyond its requirements

3.2 The BCF Executive Group will therefore be undertaking further reviews of current schemes and funding to inform discussions on priorities and options for 2017/18.

3.3 New funding initiatives are starting to be developed for 2017/18; however these will need to be considered in a strategic context in line with the released guidance conditions, and Croydon's strategic objectives.

3.4 Further priorities and options for beyond 2017/18 will be determined following the release of the 2017/18 guidance.

4. CONSULTATION

4.1 Both Croydon Council and Croydon CCG are committed to ensuring that there is regular communication and engagement with our population, the wider health and social care community and our local stakeholders to maintain public trust and confidence in services for which we are responsible.

4.2 BCF draws on a range of existing services and work programmes, and receives inputs from consultation and engagement from those services/programmes. Service user and patient participation groups at GP network level and wider public forums, and service user feedback from Friends and Family Test surveys carried out by primary care, community, hospital and mental health services, will help to ensure we continually capture views and suggestions about services and service development.

5. SERVICE INTEGRATION

5.1 Croydon Council, Croydon CCG and Croydon Health Services continue to maintain close partnership working to jointly deliver innovative community-based patient/client-focused services that continue to deliver the best outcomes for patients.

6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

6.1 BCF funds of £24.5m for 2016/17 are to be managed via a pooled budget.

6.2 The signed section 75 partnership agreement includes the risk share agreement notified to NHSE that the first call on any scheme underspends will be to offset the costs of any over-performance on non-elective admissions to a maximum of £900,000.

7. EQUALITIES IMPACT

7.1 Any new initiatives that are commissioned through BCF are subjected to an equalities impact assessment where it has been assessed as being required.

Appendix xx: 2016/17 Final BCF plan as submitted to NHSE on 15th June 2016

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BACKGROUND DOCUMENTS:

None