

REPORT TO:	Adult Social Services Review Panel - 5th July 2016
AGENDA ITEM:	9
SUBJECT:	Better Care Fund Plan 2016/17
LEAD OFFICER:	Pratima Solanki, Director, Adult Social Care and All Age Disability
CABINET MEMBER:	Louisa Woodley, Cabinet Member for Families, Health and Social Care
WARDS:	ALL

CORPORATE PRIORITY/POLICY CONTEXT:

Croydon Council and Croydon Clinical Commissioning Group (Croydon CCG) are required to produce and implement a joint plan for the delivery of an integrated approach in transforming health and social care services to be delivered in the community (the Better Care Fund – or BCF- Plan) using pooled funds (the BCF) transferred from Croydon CCG’s revenue allocation and the Council’s capital allocation. The initial joint plan gained approval from NHS England (NHSE) in January 2015, and a revised plan for 2016-17 has been prepared.

FINANCIAL IMPACT

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

FORWARD PLAN KEY DECISION REFERENCE NO: N/A

1. RECOMMENDATIONS

1.1 The Panel is recommended to note the report.

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2. EXECUTIVE SUMMARY

2.1 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.

2.2 A previous report on the Croydon Better Care Fund Plan was presented to the Adult Social Services Review Panel on 9th February 2016.

2.3 The BCF plan comprises a wide range of schemes across health and social care which are delivering against 6 key metrics. .

2.4 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.

3. BCF 2014-16

- 3.1 BCF schemes for 2015/16 were planned to deliver benefits through
- 3.1.1 Improved self-management by providing individuals the support they need to stay at home
 - 3.1.2 Improved primary and secondary prevention through better co-ordination of care for people with long term conditions through MDTs and access to a single point of assessment
 - 3.1.3 Better management for people with ambulatory care sensitive conditions with rapid response services available
 - 3.1.4 Increased integration and care co-ordination through both the single point of assessment and MDT meetings
 - 3.1.5 Reducing emergency activity by better management of care and directing patients to the best available services
- 3.2 The 6 nationally reported indicators for Croydon's BCF are:
- Non-elective admissions
 - Permanent admissions of older people to residential and nursing care homes
 - Proportion of older people still at home 91 days after discharge from hospital into reablement/rehabilitation services
 - Delayed transfers of care from hospital
 - Discharges over the weekend for Croydon Healthcare Service (Croydon local metric).
 - Social care-related quality of life

4. BCF PLAN FOR 2016/17

- 4.1 The Comprehensive Spending Review (25 November 2015), confirmed that the Better Care Fund will continue into 2016-17 – with a mandated minimum of £3.9 billion (nationally) to be deployed locally on health and social care through pooled budget arrangements between local authorities and Clinical Commissioning Groups.
- 4.2 The BCF 2016-17 policy framework was published on Fri 8th Jan and can be found here: <https://www.gov.uk/government/publications/better-care-fund-how-it-will-work-in-2016-to-2017>
- 4.3 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 (DTOC), including locally agreed targets. The existing DTOC 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.

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

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

4.5 The narrative plan, as submitted to NHSE on 15th June 2016, is attached as a supporting document to this report, enclosure A. The content of this plan is focussed on new requirements for 2016/17 and incremental change since Dec 2014. As such, extensive references are made to previous (Dec 2014) BCF plan and other supporting documents, but content from these other documents is not reproduced here.

4.6 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

4.7 Our 2016/17 BCF portfolio builds strongly on our 2015/16 delivery, but based on our review of 2015/16 activity, some adjustment to schemes and funding has taken place to increase investment in:

- GP roving services – extending to weekends and care and nursing homes
- End of life care – sitting service in care homes and at service user’s homes
- Enhanced care co-ordination for frail and vulnerable patients – greater support to MDTs and improved sharing of care plans

5. PLAN ASSURANCE

5.1 A first draft narrative plan was submitted to NHSE on 21st March 2016.

5.2 Following 2 rounds of assurance feedback from NHSE, corresponding changes have been incorporated into the attached plan which was submitted on 15th June 2016. All changes have been points of elaboration or clarification rather than changes in meaning or intent.

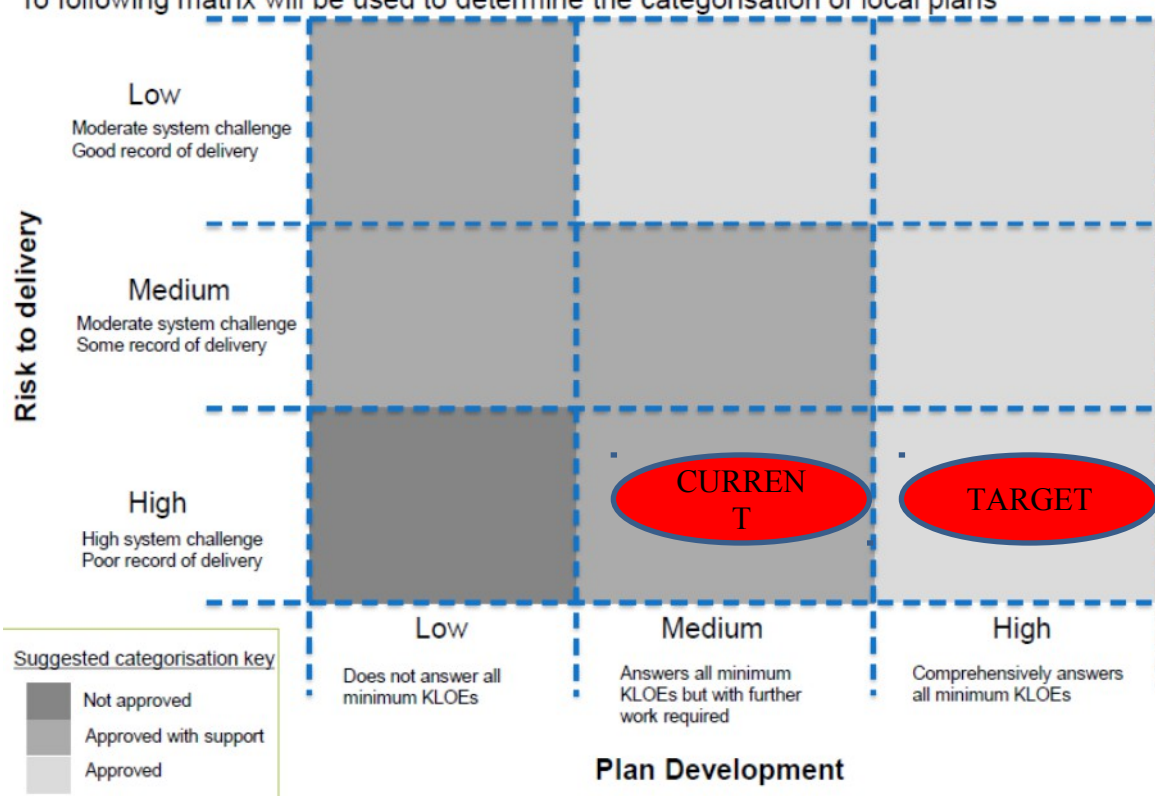
5.3 The major point of challenge from NHSE related to Croydon’s approach to risk share and contingency, and the corresponding section (section 7) of the plan was extensively updated in to set out Croydon’s rationale for absence of a pay-for-performance element of funding. In brief, this is because Croydon have 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. Our understanding is that all areas choosing not to apply a pay-for-performance risk share have been similarly challenged by NHSE.

- 5.4 The provisional assurance rating based on previous draft narrative plan was “Approved with support”. With the changes that we have now made in response to the feedback, we anticipate a final assurance rating of “Approved”. The moderation matrix and assurance categories for the BCF plans are shown in the diagram below, with Croydon’s current and target assurance statuses marked. NHSE advise that Croydon is rated HIGH RISK for delivery due to the financial state of our local health economy. Therefore, to achieve the required rating of “Approved”, our plan must comprehensively answer ALL of the minimum key lines of enquiry (KLOE) of the assurance process - approximately 100 minimum KLOEs.
- 5.5 NHSE anticipate completing the assurance process and communicating final assurance ratings in late June/early July.

Moderation matrix and assurance categories

The following matrix will be used to determine the categorisation of local plans



6. ENGAGEMENT

- 6.1 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.

6.2 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. Examples of public engagement during 2015 on OBC include:

- Have held a public discussion and feedback event in Fairfield Halls 24th June with 50 people attending
- Attended and gained feedback from the CCG's PPI Reference Group 25th June
- Attended and distributed leaflets at Croydon's Ambition Festival 25th July
- Met with community leaders/ groups including PPG Groups, Cultural Groups, Carer Groups, Lunch Clubs and Community Panels, Day Centres, and the general public
- Public event, held on 19th October at Fairfield Halls
- OBC survey designed and online (both websites): closed 16th October (56 responses as at 12th October)
- Continuing to update web pages to show what engagement has taken place and how it's informed the development of the future model:
- <http://www.croydonccg.nhs.uk/get-involved/Pages/Outcomes-based-commissioning.aspx>
- <https://www.croydon.gov.uk/healthsocial/adult-care/outcome-based-commissioning>
- Creation of the OBC Service User Engagement Specialist group that will inform the OBC Programme Board

7. EQUALITIES IMPACT

7.1 Equalities Impact assessment where it has been assessed as being required.

8. ENVIRONMENTAL IMPACT

8.1 There are no environmental sustainability impacts arising from this report.

9. CRIME AND DISORDER REDUCTION IMPACT

9.1 There are no crime and disorder implications arising from this report.

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BACKGROUND DOCUMENTS

Croydon BCF plan 2016/17 as submitted 15/06/16