

URGENT BUSINESS:

Reason for urgency: The Health and Wellbeing Board agreed the Better Care Fund plan on 11 September 2014. Good governance requires annual reporting of progress against the Better Care Fund plan to the board.

REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) 21 October 2015
AGENDA ITEM:	4
SUBJECT:	Update on Better Care Fund and Performance
BOARD SPONSOR:	Paula Swann, Chief Officer, NHS Croydon Clinical Commissioning Group
BOARD 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 BCF Plan) using pooled funds (the BCF) transferred from Croydon CCG's revenue allocation and the Council's capital allocation. The joint plan gained approval from NHS England (NHSE) in January 2015 The report acts as an up-date to the Health and Wellbeing Board on key issues and the performance in regards the implementation of the plan and key metrics	
FINANCIAL IMPACT: N/A	

1. RECOMMENDATIONS

This report recommends that the Health and Wellbeing Board:

- 1.1 Note progress made in implementing the Better Care Plan
- 1.2 To note the mitigations on performance identified in Section 6.1

2. EXECUTIVE SUMMARY

- 2.1 The Better Care Fund (BCF) is a national initiative which introduces the potential for a pooled budget between NHS Clinical Commissioning Groups (CCG) and Local Authorities to provide an opportunity to transform local services so that people are provided with better integrated care and support. The BCF 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. In order to achieve this the BCF enables local authorities and CCGs to focus on both physical and mental health needs in their BCF plans.

- 2.2 A previous report on the Croydon Council and Croydon CCG Better Care Fund Plan 2014-16 was presented to the Health and Wellbeing Board on 11th September 2014.
- 2.3 As with other boroughs, Croydon CCG and Croydon Council continue to face the challenges of a growing and ageing population, increasing hospital admissions, and increasing numbers of people living with long term conditions such as diabetes, heart and lung conditions. Initiatives such as the Transforming Adult Community Services programme (part of the Croydon BCF), and the Outcome Based Commissioning Framework being employed by Croydon are supporting Croydon in addressing these challenges.
- 2.4 The transforming adult community services programme has successfully supported the delivery of integrated care in Croydon over the past year, with patients being cared for outside of a hospital environment. This has enabled people to be seen in the best place for their care, reducing the need for inappropriate high-cost hospital care for those patients.
- 2.5 In 2014/15 the programme contributed savings of £2.2m towards the £11.0m Quality, Innovation, Productivity and Prevention (QIPP) efficiency savings achieved by Croydon CCG.
- 2.6 Croydon CCG and Croydon Councils Outcome Based Commissioning Framework for people over 65 years will further strengthen partnership working among our key Health and Social Care providers to deliver services that meet the needs of people.

3. DETAIL

- 3.1 The Croydon CCG and Croydon Council vision is to ensure that the services we commission and provide to our population are of the highest quality care, delivered at the right time and in the right place appropriate to their needs.
- 3.2 Croydon CCG, Croydon Council, and health providers have worked together since 2011 on a number of joint initiatives through the Council's Reablement and Discharge Programme, and the Croydon CCG's Strategic Transformation Programme, to jointly deliver innovative community-based patient/client-focused services. The BCF provided the momentum to continue integrated working, on-going joint service innovation, and to facilitate the cultural change that would ensure that integration is sustained and continues to deliver the best outcomes for patients.
- 3.3 The Croydon BCF Plan focuses on delivery of improved integrated community services that enabled patients to receive the care they needed at or close to home and in doing so reducing the demand on acute health services.
- 3.4 The Croydon CCG and Croydon Council proposed Model of Integrated Care in Croydon for over 65s, describes how Croydon will be moving forwards in implementing this vision with all partners (statutory, voluntary and community) coming together to provide high quality, safe, efficient, coordinated, seamless care to the people of Croydon and users that is proactive, focused on prevention, supports people to stay well and independent and is delivered as far as possible in the community.

- 3.5 In line with the Better Care Fund (BCF) initiative, Croydon CCG (the 'CCG') and Croydon Council (the 'Council') have created a local single pooled budget to incentivise both parties to work more closely together around the provision of health and care services.
- 3.6 The BCF is governed by a section 75 arrangement whereby it has been agreed the CCG will host the pooled budget arrangements. Quarterly reporting on the financial performance has been agreed under these arrangements.
- 3.7 In January 2015 full approval was received for the Better Care Plan

4. GOVERNANCE

The BCF Executive Group acts as the principle body to ensure the Better Care Fund with its Primary Purpose to:

“Monitor the delivery, performance and effectiveness of the Croydon Better Care Fund Plan to ensure that it meets national conditions and metrics, and remains aligned with the strategic plans for health and social care integration in Croydon”

4.1 Accountability







The members of the BCF Executive Group are accountable to their organisations through their respective governance arrangement, either:

- Croydon Council Cabinet
- Croydon CCG Governing Body




The Group Reports to:

- Croydon Health and Wellbeing Board

5. PERFORMANCE SUMMARY

REF	Indicator	2015/16 Target	2015/16 (to date)	RAG rating and trend
BCF1 	Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population	18,104 (Q1 15/16)	18,753 (Q1 15/16)	R
BCF2 	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	158.3 (end Aug 15)	168.5 (end Aug 15)	R
BCF3 	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	88%	91.8% (Jan-Mar 15)	G
BCF4 	Delayed transfers of care (delayed days) from hospital per 100,000 population (average per month)	145.7 (Oct 2015)	154.5 (Jul 15)	R
BCF5 	Local Performance Metric '% of discharges over the weekend for Croydon Healthcare Service'.	20%	18.1%	R
BCF6 	Patient/Service User Experience Metric Social Care related quality of life (ASCOF 1A)	19	18.4 (Mar 15)	R

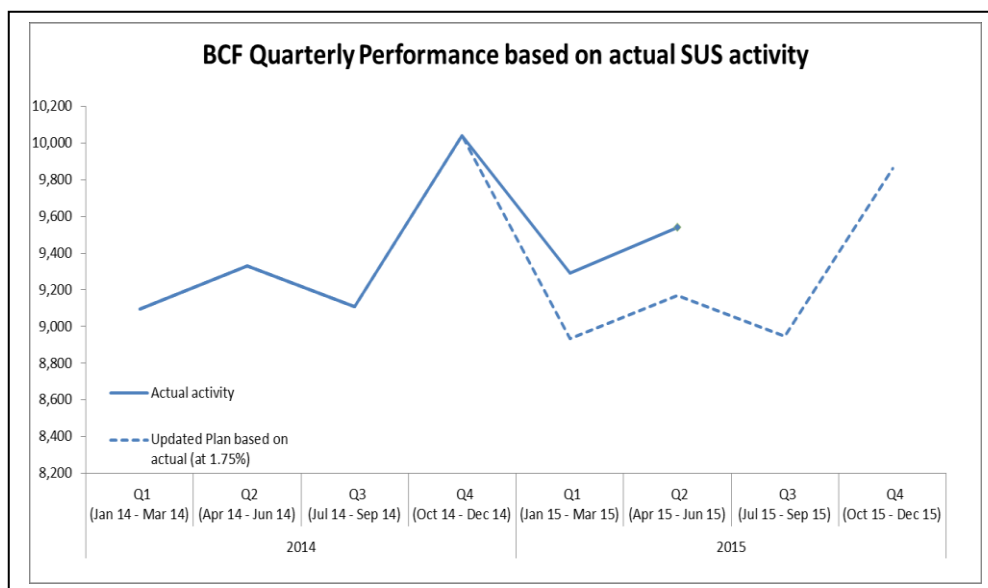
Key:

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
R	Deterioration on baseline		Performance from the last two data points indicates a negative direction of travel

6. KEY PERFORMANCE ISSUE

In summary although the BCF has not reached its ambitious performance targets it is on an upward trajectory. However the key performance target on non-elective admissions although improving further consideration is needed.

BCF1 – Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population



6.1 Key Issues

- Overall performance is above the planned baseline.
- Q1 2015/16 is the second quarter of the pay for performance period. The target was not delivered therefore no pay for performance is due.

To mitigate this performance the BCF Exec are considering:

Service Development and implementation

- Development of a Rapid Assessment Medical Unit (RAMU) to reduce admissions through clearer assessment of 'at risk' patients referred by A&E, Urgent Care Centre, GPs and London Ambulance Service
- Review of further enhancements to the rapid response and Intermediate service to support a 10% increase in referrals to RAMU. This will reduce the number of patients entering into A&E and instead patient will be seen rapidly in an out-patient setting and assessed by a Senior Medical practitioner.
- Focus on a Roving GP that will see patients urgently that are at risk of being admitted to acute hospital but with immediate access to a GP medical opinion will allow the patient to remain at home or be placed into a community bed (Step Up Beds).
- Focus on Nursing and Care Homes Workplan that will co-ordinate services supporting Nursing and Care Homes improving on current patient care plans

7. FINANCE

The BCF is governed by a section 75 arrangement a breakdown of the pooled funds is highlighted below:

Current Funding Source	BCF Pooled Budget Lead Organisation	Allocation 2015/16 £m
Disabled Facilities Grant	LBC	1.110
Adult Social Care Capital Grants	LBC	0.780
NHS transfer (S.256) – Investment in Social Care for Health Outcomes	NHS	6.423
Transfer of additional NHS funding – currently committed in CCG budgets (including historical funding for Carers and Reablement).	NHS	15.075
Total		23.388

In addition to these recurrent funds, £0.8million arising from slippage on the former reablement funds has also been brought into the pooled fund

The BCF plan included £3.7m of uncommitted recurrent funds out of the total BCF pooled budget. The current proposals against these funds are outlined below. The final decision on specific allocation of resources will be made at the October 2015 BCF Executive meeting, subject to robust business cases:

	Proposed Utilisation of Recurrent Uncommitted funds £000s
Uncommitted Recurrent Funds (per plan)	<u>3,740</u>
TACS - Nursing Homes	200
TACS - GP Roving Service	200
TACS - ACE +	500
Care Act	845
Social Care Pressures	1,239
FYE of Social Care Schemes from 13/14	452
Uncommitted (recurrent)	304

Added Reablement Funds (Non Recurrent) 754

Total Uncommitted 1,058




It should be noted that the uncommitted recurrent funds incorporates the performance fund of up to £980K which has not achieved to date (refer to para 11).

7.1 Finance Summary

Month 5 () = Adverse	2015/16 plan to date £000s	Variance to date £000s	2015/16 full year plan £000s	Forecast variance £000s	RAG rating and trend
Step Down & Convalescence Beds	208	-	500	-	A
TACS - Social Work Input	188	-	450	-	A
Mental Health - OA Dementia	83	-	200	-	A
End of Life - social care	146	-	350	-	A
Fall & Bone Health	90	-	215	-	A
Mental Health - Reablement	83	-	200	-	A
Mental Health - Packages of Care	125	-	300	-	A
A&E Triage	73	-	175	-	A
Hospital Discharge	73	-	175	-	A
IAPT - Long Term Conditions Pilot	73	-	175	-	A
Early Intervention & Reablement	422	-	1,013	-	A
Prevent return to acute / care home	198	-	475	-	A
Extended Staying Put	50	-	120	-	A
Care Support Team nurses	52	-	125	-	A
Alcohol Diversion	25	-	60	-	A
Medicines Optimisation - Community	42	-	100	-	A
Specialist Equipment e.g. Telehealth / Telecare	77	-	185	-	A
Data sharing	19	-	45	-	A
Demographic pressures - package of care	843	-	2,023	-	A
Care Act	352	-	845	-	A
Social Care Pressures	516	-	1,239	-	A
Sub-Total	3,738	-	8,970	-	A
CHS Acute Services	142	-	340	-	G
CHS Community Services	1,157	-	2,776	-	G
Intermediate Care - Beds	200	-	480	-	G
End of Life Care GSF (ST CHRISTOPHER'S HOSPICE)	119	-	286	-	G
Marie Curie	27	2	65	-	G
Integrated Stroke Service	27	-	64	-	G
Age Uk -Integrated Falls Service	13	2	30	-	G
Fall & Bone Health Communications	4	4	10	10	G
ST CHRISTOPHER'S HOSPICE - Palliative Care	564	(6)	1,354	-	G

CROSSROADS - Palliative Care	51	-	121	-	G
Diabetes LES	40	-	96	-	G
Basket	190	4	455	-	G
PDDS excluding Prescribing Incentive Scheme	829	-	1,990	-	G
Diabetes Pathway Redesign	417	-	1,000	-	G
S London and Maudsley FT SLA (non block - tbc)	774	-	1,857	-	G
Care UK - Amberley Lodge	250	79	600	200	G
TACS - GP Roving Service	83	-	200	-	G
TACS - ACE +	208	-	500	-	A
Balance Recurrent Uncommitted	127	-	304		A
Adjustment for Performance Fund based on current performance				(980)	
Sub-Total	5,220	82	12,528	(770)	A
Grand Total	8,958	82	21,498	(770)	A

Key:

Rating	Thresholds	Trend	Meaning
G	In line with plan. Costs are at or below budget or savings are at or above forecast.		Performance from the last two months indicates a positive direction of travel
A			Performance from the last two data points indicates no change
R	Below plan. Costs are above budget or savings.		Performance from the last two data points indicates a negative direction of travel

8. PEER REVIEW

To increase learning and to improve performance the CCG and Local Authority have engaged in the Local Authority BCF Peer Review process. The Peer Review will take place between the 4th and 6th November 2015 and will focus on 4 Key Themes:

1. Lead and manage better care implementation
2. Bring budgets together and use them to develop co-ordinated care provision
3. Work together across healthcare and beyond
4. Understand and measure impact

9. CONSULTATION

- 9.1 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.
- 9.2 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.

10. SERVICE INTEGRATION

- 10.1 Croydon Council, Croydon CCG, and Croydon Health Services have a history of close partnership working since 2011, and have worked together on a number of joint initiatives through the Council's Reablement and Discharge Programme and the CCG's Strategic Transformation Programme to jointly deliver innovative community-based patient/client-focused services. The BCF provides the momentum to continue this development, enable on-going joint service innovation, and facilitate the cultural change that will ensure that integration is sustained and continues to deliver the best outcomes for patients.

11. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

The level of non-elective admissions is in excess of the planned levels. The BCF guidance indicates that in this situation the performance fund contribution (up to £980K) to the pool should not be released, unless the parties explicitly agree otherwise.

As part of the final deliberations at the next BCF Executive Meeting, the commitment to investments will be balanced against the forecast performance of non-elective admissions

The forecast outturn for 2015/16 currently shows the worst case scenario where all the funds are committed and the performance fund is withheld. The BCF Executive decisions will need to mitigate this worst case scenario

12. LEGAL CONSIDERATIONS

[N/A]

13. EQUALITIES IMPACT

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

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BACKGROUND DOCUMENTS: None