

<b>REPORT TO:</b>	<b>HEALTH AND WELLBEING BOARD (CROYDON)</b> <b>8 February 2017</b>
<b>AGENDA ITEM:</b>	<b>7</b>
<b>SUBJECT:</b>	<b>Progress update on the Better Care Fund</b>
<b>BOARD SPONSOR:</b>	<b>Barbara Peacock, Executive Director People, Croydon Council</b> <b>Paula Swann, Chief Officer, NHS Croydon Clinical Commissioning Group</b>
<b>BOARD PRIORITY/POLICY CONTEXT:</b>	
<p>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 administered through a Section 75 Agreement 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 final plan for 2016-17 was submitted.</p>	
<b>FINANCIAL IMPACT:</b>	
<p>BCF funds of £24.5m for 2016/17 are managed via a pooled budget, administered through a Section 75 Agreement and governance arrangements.</p>	

## **1. RECOMMENDATIONS**

This report recommends that the health and wellbeing board:

### **1.1 Note the status of BCF delivery**

## **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. 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
- 2.2 A previous report on the Croydon Better Care Fund Plan was presented to the Health and Wellbeing Board on 19<sup>th</sup> October 2016.
- 2.3 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
- 2.4 The BCF continues in 2016/17, and each Health and Wellbeing Board was required to submit a final plan for 2016/17 by 15<sup>th</sup> June 2016. This was submitted by Croydon on 15<sup>th</sup> June 2016.
- 2.5 April – October 2016 performance against the BCF performance metrics is positive with achievement of the target in 4 out of the 6 indicators.

### 3. BCF PLAN FOR 2016/17

3.1 The table below sets out the performance against the reported BCF metrics

Performance trend	Indicator	2016/17 YTD Target	2016/17 YTD Actual	Baseline (2015/16 YTD actual)	RAG rating and trend
BCF1 ↑	Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population	21,916	21,492	21,968	G
BCF2 ↑	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	210.0	152.0	237.2	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%	90.5%	89.8%	G
BCF4 ↓	Delayed transfers of care (delayed days) from hospital per 100,000 population (average per month)	165	253.7	157.0	R
BCF5 ↑	Local Performance Metric: ' % of discharges over the weekend for Croydon Healthcare Service'.	20%	20.6%	17.6%	G
BCF6 ↑	Patient/Service User Experience Metric  Social Care related quality of life (ASCOF 1A)  <i>N.B. figures are annual and show 2015/16 achievement</i>	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
R	Deterioration on baseline	↓	Performance from the last two data points indicates a negative direction of travel

- 3.2 Performance for April – October 2016 is positive with the targets being met for the BCF 1, 2, 3, and 5 indicators.
- 3.3 Performance against BCF4 (Delayed transfers of care (delayed days) (DTOCs) from hospital per 100,000 population) is negative and exceeding the target threshold. This is a London wide issue and not limited to Croydon.
- 3.4 Current mitigating actions include:
- Weekly meetings at Croydon University Hospital to review any barriers to discharge – ongoing
  - Greater direct liaison between Croydon University Hospital and Croydon Council Housing Needs team to arrange temporary emergency accommodation. – ongoing
  - Undertaking further mapping of current discharge/patient flow work-in-progress to identify any need for greater co-ordination across the patient flow/discharge activity (perfect journey programme led by Croydon Health Services) – programme ongoing
  - Closer scrutiny of recording to ensure Delayed transfers of care are correctly captured – ongoing
  - Assessing options for increasing enhanced shared lives provision for mental health service users – February 2017
  - Weekly Delayed transfers of care teleconference with SLAM and Local Authority to review any barriers to discharge – ongoing
  - Fortnightly Task and Finish Group meetings with key stakeholders to address systemic issues affecting length of stay and discharge planning within the Mental Health System. – ongoing
- 3.5 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.

#### **4. BCF PLAN FOR 2017/18**

- 4.1 The BCF planning guidance for 2017/18 was due to be released in December 2016, but has been postponed to end of January 2017.
- 4.2 There is an expectation that CCGs and Councils will then have about 5-6 weeks after publication to draft their 2017/18 plans
- 4.3 The BCF Executive Group is therefore undertaking further reviews of current schemes and funding to inform discussions on priorities and options for 2017/18.
- 4.4 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.
- 4.5 Further priorities and options for beyond 2017/18 will be determined following the release of the 2017/18 guidance.

#### **5. CONSULTATION**

- 5.1 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.
- 5.2 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.

#### **6. SERVICE INTEGRATION**

- 6.1 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.

#### **7. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS**

- 7.1 BCF funds of £24.5m for 2016/17 are managed via a pooled budget.
- 7.2 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.

## **8. EQUALITIES IMPACT**

- 8.1 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**