



right care
right place
right time
right outcome



MERTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

Date of Meeting: 27th July 2017

Agenda No: 9.1

Attachment: 10

<p>Title of Document: Merton Better Care Fund Update</p>	<p>Purpose of Report: Update</p>
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<p>Executive Summary:</p> <p>This report provides an update to Merton CCG's Governing Body regarding the 2016/17 year end position in relation to performance of the Better Care Fund (BCF) and outlines the plans for 2017-19 and progress against those plans.</p> <p>The key priority for integration in 2016/17 BCF was to strengthen the relationships and collaboration between providers in Merton with the aim of:</p> <ul style="list-style-type: none"> • Reducing the growth of emergency admissions • Reducing length of hospital stay • Reducing permanent admissions to care homes • Improving service user and carer experience. <p>Although the Integration and BCF Policy Framework was published on 31st March 2017, the national planning guidance for BCF was only published on 4th July 2017, so further work is required to finalise plans and agree targets in advance of the submission deadline of 11th September 2017.</p> <p>Health and Wellbeing Boards have overall responsibility for signing off the BCF Plan for their area. A paper detailing the achievements within the BCF and proposals for 2017/18 was presented to Merton Health and Wellbeing Board on 20th June 2017, where it was agreed that the joint chairs of the board would sign off the plan once agreed.</p>	
<p>Key sections for particular note (paragraph/page), areas of concern etc: 3.4 Development of BCF for 2017/19.</p>	
<p>Recommendation(s): To note the achievements in 2016/17 and the progress to date in plans for 2017-19.</p>	

<p>Committees which have previously discussed/agreed the report: Merton Health and Wellbeing Board received an update on 20th June 2017.</p>
<p>Financial Implications: See 3.2 Better Care Fund Budget</p>
<p>Implications for CCG Governing Body: For note.</p>
<p>How has the Patient voice been considered in development of this paper: As described in section 3.3.1 a presentation and discussion regarding patient input took place at the Merton Patient Engagement Group held on 24th May 2017.</p>
<p>Other Implications: (including patient and public involvement/Legal/Governance/Risk/Diversity/ Staffing) See above.</p>
<p>Equality Assessment: Please state if an equality analysis (EA) has been completed for this paper – Yes/No (please tick). If yes, please attach EA as an appendix to your paper and summarise findings in terms of positive, negative and neutral impact. If No, please briefly state why. An EA has been undertaken to reflect the overall initiatives proposed within the document.</p>
<p>Information Privacy Issues: A privacy impact assessment has been undertaken to reflect the overall initiatives proposed within this document.</p>
<p>Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution) A communications plan has been undertaken to reflect the overall initiatives proposed within this document.</p>

MERTON BETTER CARE FUND UPDATE

1. EXECUTIVE SUMMARY

This report provides an update to Merton CCG's Governing Body regarding the 2016/17 year end position in relation to performance of the Better Care Fund (BCF) and outlines the plans for 2017-19 and progress against those plans.

Although the Integration and BCF Policy Framework was published on 31st March 2017, the national planning guidance for BCF was only published on 4th July 2017, so further work is required to finalise plans and agree targets in advance of the submission deadline of 11th September 2017.

Health and Wellbeing Boards have overall responsibility for signing off the BCF Plan for their area. A paper detailing the achievements within the BCF and proposals for 2017/18 was presented to Merton Health and Wellbeing Board on 20th June 2017, where it was agreed that the joint chairs of the board would sign off the plan once agreed.

2. BACKGROUND

The Better Care Fund (BCF) is a programme spanning both the NHS and local government which was announced by the government in 2013 with the aim of improving the lives of some of the most vulnerable people in our society, by placing them at the centre of their care and support, providing them with integrated health and social care. In order to support this aim, a Better Care Fund Plan has been developed and agreed across health and social care.

The key priority for integration in 2016/17 BCF was to strengthen the relationships and collaboration between providers in Merton with the aim of:

- Reducing the growth of emergency admissions
- Reducing length of hospital stay
- Reducing permanent admissions to care homes
- Improving service user and carer experience.

3. DETAILS

3.1 Performance 2016/17

Metric	Q4 Performance	Commentary
Non-elective admissions	The annual target of 18,819 for this performance measure has not been achieved for the 2016/17 reporting period with a year-end outturn of 19,900 for London Borough of Merton.	Factors for this variation include challenges early in the year regarding vacancies within community services which have now been addressed. Part of the additional growth was also found to be inappropriate short stay admissions (0-1 day LOS) at St George's

		following a clinical audit. Commissioners have applied challenges to the Trust contract in order to mitigate this behaviour. The CCG continue to work and manage the situation with our acute providers.
Permanent admissions to residential care	This target has been achieved, with an end of year out-turn of 104 against a target of 105.	Data will be validated by NHS Digital during July/August 17
Re-ablement activity	149 reablement services were offered to customers aged 65+ during October to December, which was an increase from 2015/16 but did not achieve the proposed target	Data will be validated by NHS Digital during July/August 17. It was not possible to include the data from Intermediate care services, which has reduced the expected position. Work to rectify this is taking place.
Delayed Transfers of care	The 2016/17 annual target of 2,799.1 per 100,000 population has now been met with a 2016/17 year end outturn of 2,622.6 per 100,000 population reported for London Borough of Merton.	The CCG and Local Authority have jointly monitored and managed this performance measure throughout 2016/17 which has helped deliver performance levels consistently below the London average.
Social care-related quality of life This measure is an average quality of life score based on responses to the Adult Social Care Survey.	This target has not been achieved with an end of year out-turn is 18.5, against a plan of 18.8.	London Borough of Merton outturn shows a marginal decrease in reported levels of quality of life from the 2015/16 score of 18.6. Data will be validated by NHS Digital during July 17, following which benchmarking will be possible. A review will take place to understand this further.

3.2 Better Care Fund Budget

The BCF is a pooled budget of which £5.5m is transferred from Merton CCG to London Borough of Merton. In addition to this, iBCF funding of £2.745m has been allocated to London Borough of Merton, the spending of which forms part of the BCF agreement, along with Disabled Facilities Grant. Discussions have taken place regarding the allocation of the iBCF, with NHS expectations of an impact on hospital admissions/ discharges, alongside challenges from social care in relation to provider expectations to make good previous year's fee restrictions.

A risk sharing agreement for 2017/18 is under discussion between London Borough of Merton and Merton CCG.

3.3 Proposed Targets and Trajectories for 2017/18

The BCF policy framework establishes that the national metrics for measuring progress of integration through the BCF will continue as they were set out for 2016-17, with only minor amendments to reflect changes to the definition of individual metrics, with quarterly metrics for non –elective admissions and delayed transfers of care and annual metrics for admissions to residential and care homes and effectiveness of reablement. However since the national planning guidance for BCF has been published, further amendments in the recording of these measures has been made so discussions are taking place to agree the targets and trajectories for 2017/18.

For delayed transfers of care, London target reductions had been proposed, however following publication of final planning guidance, the reduction proposed is much more significant with an overall expectation that delayed transfers of care (DTOCs) should equate to no more than 3.5% of overall hospital beds by September. We believe some of this is as a result of data issues in the reporting of DTOC levels in the final quarter of 2016/17 and are working with the national team to resolve.

For Merton, we are in discussion regarding what this means across health and social care delays, as this could represent as much as a 55% reduction in days delayed for social care over the winter period, and as much as a 33% reduction in days delayed due to the NHS which will be a challenge.

Work is in progress that we expect will help us achieve a performance improvement. This includes local implementation of the 'High Impact Changes for Managing Transfers of Care'.

3.4 Development of BCF for 2017/19

As outlined at the Health and Well Being Board in March, following the publication of the South West London Sustainability and Transformation Plan (STP), multi-agency task and finish groups have been established to deliver this work, which is expected to have a significant and positive impact on the delivery of the BCF objectives. These plans will form a significant part of the BCF plan going forward, with the priorities for 2017/19 focussing on:

- Integrated locality teams including support for complex patients, roll out of frailty work and case management support, end of life care, dementia and falls.

- Intermediate care and re-ablement, rapid response and discharge to assess.
- Enhanced support to care homes.

The task and finish groups report into Merton Integrated Delivery Group who will report into the Merton Joint Commissioning Group once established from a joint commissioning perspective and through to Right Care Best Setting and the Emergency Care Delivery Board to provide assurance regarding delivery of the STP.

These schemes contribute to the savings identified within the complex patients QIPP proposal where we aim to reduce emergency admissions by 573 in 2017/18 resulting in a gross saving of £1.2 million.

A summary of the schemes and progress to date is outlined below:

3.4.1 Integrated Locality Teams

A multi-agency group has been established to further develop current multi-disciplinary working across health and social care to proactively support keeping people well at home and avoid unnecessary emergency admissions to hospital. This group has reviewed current arrangements and developed a proposed model going forward which has been presented and support by Merton Clinical Reference Group. An implementation plan has been developed which the group has agreed and actions are being undertaken to achieve the agreed aims and objectives of the teams. This group will also oversee a range of other schemes, including the roll out of the frailty pilot undertaken and a project manager has been recruited to support the delivery of this scheme. Engagement with patients and the voluntary sector has started, with a view to maximising the impact of this work. Presentations have been given to Merton Patient Engagement Group and Merton INVOLVE meeting with the voluntary sector.

3.4.2 Intermediate Care, Re-ablement, Rapid Response and Discharge to Assess.

A multi-agency group has been established to improve capacity and access to enable more people to go home sooner from hospital where possible and avoid unnecessary admission to hospital so that more people are able to remain independent in their own home.

Significant improvements have been put in train over the last year, with the focus of this work stream maximising the impact of services that have already been commissioned and identifying and addressing outstanding gaps. As part of this, a gap analysis has been undertaken and an action plan drawn up. This includes building on the co-location of services already undertaken and supporting joint assessment, care planning and service delivery as well as supporting joint training and team building.

Improved relationships are facilitating the bridging of gaps in care provision to prevent unnecessary hospital admission and facilitating a reduction of hospital length of stay.

Work is taking place to make the process of discharge for hospital teams as simple as possible and enable the most effective use of available capacity.

3.4.3 Enhanced Support to Care Homes

The aim of this work stream is to provide enhanced support to care homes in order to provide improved quality, help people access the right care and support and provide more care out of hospital. This builds on learning from the National Vanguard Programme and in particular the successes from the work undertaken by the Sutton Vanguard. It includes review and development of the support available to residential and nursing homes (including enhanced primary care support and MDT working), development of care home workforce and a Joint Intelligence Group has been established to identify where particular support may be required. Improvements in the hospital transfer pathway are planned with the use of the 'Red Bag' initiative undertaken in Sutton as well as work to support more joined-up commissioning and collaboration between health and social care. Recruitment is underway for a commissioning manager post, and this will form one part of their work area.

4. RECOMMENDATION

To note the achievements in 2016/17 and the progress to date in plans for 2017-19.

Annette Bunka, Senior Commissioning Manager, 18th July 2017.