**Report for:** Adults & Health Scrutiny Panel, 5 October 2015

**Item number:** **9**

**Title:** Haringey Better Care Fund (BCF) Plan Update

**Report authorised by :** Beverley Tarka, Director of Adult Social Services

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**Ward(s) affected:** All

**Report for Key/ Non Key Decision:** Non Key Decision

## 1. Describe the issue under consideration

1.1. This report is an update on progress with the implementation of the Better Care Fund in Haringey.

## 2. Recommendations

2.1. The Adults Health & Scrutiny Panel is asked to note the following updates on the Haringey Better Care Fund (BCF):

- The Haringey BCF, and its associated services, is making steady progress with implementation according to its assigned budget
- The governance of the Haringey BCF is established and includes a range of stakeholders in health and social care
- Quarter 1 (April – June 2015) data is available on a number of outcomes, however it is still too early to draw conclusions on the effectiveness of the Haringey BCF

## 3. Reasons for decision

3.1. The Better Care Fund (BCF) is a transformation programme for complex system integration. Progress has been made to develop collaborative working between the health and social care sector. The following paper outlines how: the BCF budget has been assigned; the main target of a reduction in emergency hospital admissions is progressing; outcomes are progressing; the public are being engaged; national conditions are being met; key milestones are being delivered; risks and issues have been identified; and the BCF programme is being governed. The information presented should give the Adults Health and Scrutiny Panel the assurance that the Haringey BCF is make steady progress with implementation.

## 4. Alternative options considered

4.1. Not applicable

## 5. Background information

5.1. The vision for the Haringey Better Care Fund (BCF) is that by April 2019, we want people in Haringey to be healthier and to have a higher quality of life for longer. We want everyone to have more control over the health and social care they receive, for it to be centred on their needs, supporting their independence and provided locally wherever possible.

5.2. This will be achieved by a reorientation of health and social care provision from reactive and fragmented care (mainly provided in acute and institutional settings) to proactive and integrated care (mainly provided in people's homes and by primary, community and social care). We will not define people by their disabilities, but by their abilities, their potential and what they can do for themselves, with and without support.

**Budget**

5.3. The Haringey BCF Plan was submitted to NHS England on the 19th September 2014. Following a national assurance process the Haringey BCF plan was formally approved by NHS England on 7th January 2015. The pooled budget for the Haringey BCF in 2015/16 is £22m, with £16.4m from Haringey CCG and £5.6m from LBH.

5.4. The BCF is expected to deliver fewer emergency hospital admissions (Non-ELective admissions or NELs) over 2015/16. In order to deliver a reduction in this performance related target, the initial focus of the Haringey BCF is on services for older people (65+), as the group most at risk of a non-elective admission. £1.26m has been held back as a contingency fund in the event that the NEL target is not met. If the NEL target is met the contingency fund can be released to pay for any further out of hospital services that will contribute to reducing the number of emergency hospital admissions.

5.5. Haringey CCG and LBH have approved plans for the use of the £22m BCF budget (2015/16) to review and deliver up to 20 different services organised into four schemes:

| Scheme | Service | 2015/16 |
|---|---|---|
| **Scheme 1: Admission Avoidance** (this will deliver services that will prevent health conditions from escalating to a crisis where emergency services are needed) | **Locality Team** – Focused around GP practices, patients at risk of an emergency hospital admission will be supported by a multi-disciplinary team to identify health and social care goals that promote self-care and self-management to improve health and well-being. | **£13.5m** |
| | **MDT** - is a weekly Multi-Disciplinary Team (MDT) teleconference meeting involving representatives from primary, secondary, community, mental health and social care to discuss Haringey's most vulnerable patients (aged over 65) who are at risk of an emergency hospital admission. | |

| Scheme | Service | 2015/16 |
|---|---|---|
| | **Lymphedema** - provides advice, treatment and support for patients with lymphedema/chronic oedema of any body part. | |
| | **Rapid Response** – determining a community health and social care response in people's homes, within 2 hours, to prevent a hospital attendance. | |
| | **Overnight District Nursing Service** – provides district nursing from 10pm to 8am. | |
| | **Dementia Day Centre** – provides social, intellectual and physical stimulation to aid the well-being of people with dementia. | |
| | **Recovery College (incl. MH Employment) -** Clarendon Recovery College offers social, educational and work opportunities for people who are recovering from severe and enduring mental illness. | |
| | **Falls Prevention** – provides a strength and balance exercise programme to prevent falls in older people. | |
| **Scheme 2: Effective Hospital Discharge** (this will deliver services that will facilitate discharge from hospital as quickly, safely and effectively as possible) | **Reablement -** provides health and social care expertise to help people learn or re-learn the skills necessary to self-manage in their own homes. | **£3.9m** |
| | **Step Down** – provides temporary, non-acute step-down placements made for patients who have received hospital treatment but cannot be discharged home due to a delayed transfer of care. | |
| | **Home From Hospital – provides** a home accompaniment and visiting service to patients discharged from hospital. | |
| **Scheme 3: Promoting Independence** (this will deliver services that build community capacity to reduce isolation and improve health and wellbeing) | **Neighbourhood Connects (incl. Info & Advice)** – identifies residents who are socially isolated and through community development and motivational interviewing links them into the community. | **£0.6m** |
| | **Palliative Care** - increases access and advanced care planning for people at the end of life. | |
| | **Supported Self-Management (Generic)** – group support, such as the Expert Patient Programme, for people with Long Term Conditions to better manage their condition. | |
| | **Supported Self-Management (Diabetes)** – group support, such as the Expert Patient Programme, for people with Diabetes to better manage their condition. | |

| Scheme | Service | 2015/16 |
|---|---|---|
| **Scheme 4: Integration Enablers** (this will deliver services that support the implementation of the first three schemes) | **Interoperable IT** – scoping the requirements that will support safe and confidential data sharing to improve patient care. | **£2.6m** |
| | **Workforce Development (incl some service delivery)** – developing the workforce culture to support health and social care integration and deliver 7 day provision. | |
| | **Disabled Facilities –** provides financial help for the cost of essential adaptation work to make a house suitable for a disabled person to live in. | |
| | **Care Act Responsibilities** – increases the assessment of carers and provides additional support and resources to improve health and well-being for carers. | |
| | **Contingency** – linked to achievement of NELs | **£1.26m** |
| | **TOTAL** | **£22m** |

5.6. The BCF services undergo a business case/service review process to ensure that BCF investment is being used on evidence based services that will deliver improvements to public and service user outcomes in the most efficient and cost effective way.

5.7. The BCF budget has a planned phasing according to the start date of the BCF services. The BCF budget is currently being spent according to plan with no overspends predicted.

**Non-elective admissions (NELs)**

5.8. Haringey CCG measures hospital activity on Non-ELective Admissions (NELs) using Secondary Uses Service (SUS) data which is the single, comprehensive repository for healthcare data in England. SUS data for Total NELs has approximately 1000 specialties (e.g. trauma and orthopaedics; neurosurgery; palliative medicine). NHS England recommended using a subset of NELs for the BCF. This recommended subset excludes a number of specialties including well-babies and oral surgery. Haringey CCG and LBH have decided to adopt this definition so that it more closely aligns to the BCF programme of work for 2015/16. This is summarised as follows:

| Total NELs | = | BCF NELs | + | Additional NELs (additional specialties e.g. well-babies, oral surgery) |
|---|---|---|---|---|

5.9. Haringey has set its own ambition for the reduction in BCF NELs in 2015/16, which has been calculated as follows:

| | | | | |
|---|---|---|---|---|
| LBH/CCG Target<br>**Haringey Ambition**<br>3.4% Reduction<br>705 NELs | = | NHS England Target<br>**National Target**<br>1.5% Reduction<br>341 NELs | + | LBH/CCG Target<br>**Haringey Stretch Target**<br>1.9% Reduction<br>364 NELs |

5.10. The Haringey BCF reports on the Haringey Ambition and the National Target. NHS England measure the National Target from 1 January 2015 to 31 December 2015, the Haringey Ambition is measured from 1 April 2015 to 31 March 2016.

5.11. Performance for Quarter 1 (April – June 2015) on these targets is as follows:

| NELs | Q1 15/16 |
|---|---|
| Baseline | 5934 |
| Actual | 5684 |
| Variance | 250 |
| % Reduction | 4.21% |

5.12. From these figures Haringey is meeting both the Haringey Ambition and the National Target, which should trigger the release of a portion of the contingency fund which can go towards out of hospital services that could further prevent emergency hospital admissions. However there has been material growth in Total NELs in Haringey over 2015/16 combined with uncertainties in data quality with a number of acute providers for Haringey (largely Royal Free London and to a lesser extent Whittington Health) to give assurance that the contingency fund could be released.

5.13. Following a meeting of the Haringey BCF Finance and Performance Partnership Board (see Governance below) on 17 September 2015, both CCG and LBH members agreed that £315,000 would be released from the contingency to contribute to the cost generated by the growth in Total NELs.

**Outcomes**

5.14. In addition to Non Elective Admissions the Haringey BCF is measured according to the following five outcomes, which includes the data for Quarter 1 (April – June 2015):

| Performance Measure | Age | | Q1 15/16 |
|---|---|---|---|
| Permanent admissions of older people to residential and nursing care homes, per 100,000 population. | 65+ | Target | 105.4 |
| | | Actual | 136.5 |
| Proportion of older people who were still at home 91 days after discharge from hospital into Reablement/rehabilitation services. | 65+ | Target | |
| | | Actual | |
| Delayed transfers of care (delayed days) from hospital per 100,000 population | All Ages | Target | 1780 |
| | | Actual | 1792 |
| Injuries due to falls in older people per 100,000 population. | 65+ | Target | 111 |
| | | Actual | 136 |
| GP Patient Survey: In the last 6 months, has the Service User received enough support from local services (not just health) to manage their long term health condition(s)? | All Ages | Target | 57.5% |
| | | Actual | 56.84% |

5.15. The data for Q1 is not available for the Reablement Outcome as this is measured over January 2016 to March 2016 in line with national definitions. Delayed Transfers of Care is 1% over target (which is within a 10% tolerance). Both the Care Home Outcome (30% over target) and the Falls Outcome (23% over target) are significantly over target. The factors that can contribute to these outcomes are varied and complex and so it has been agreed to undertake a more thorough analysis (deep dive) to examine a range of supporting data to determine if an appropriate response can be explored.

**Public and Service User Priorities**

5.16. In addition to the BCF outcome measures, Haringey has surveyed over 200 local people and service users and has summarised their priorities as follows. Integrated services will (be):

- **Easy to access**, through a single point of access
- **Well managed** and provided by competent professionals and staff
- **Person Centred** and personalised to the experiences and views of people who use them
- **Provide good and timely information**, from a variety of sources including the voluntary and community sector
- **Enable individuals to do things for themselves** through prevention , self-management and reablement

- **Work together as one team**, including the patient/service user, with clear and constant communication
- **Promote wellbeing and reduce loneliness** through community capacity building.

5.17. Services will be expected to demonstrate progress against these public defined outcomes and will be supported by public health to use the most effective method for measurement.

5.18. Haringey continues to engage local people in the further development and implementation of the BCF. In 2015/16 there was a launch event on 4 June 2015 to detail how the Public and Service User Priorities were met by the BCF plans. This was followed on 16 September 2015 by an event focused on Loneliness in the community which linked to all the services in the Promoting Independence Scheme. Feedback was very positive from both events. Due to this positive feedback a public BCF event is planned for every two months focused on a different theme connected to the BCF. The next event will be in November and will focus on the services in the Effective Hospital Discharge Scheme.

**National Conditions**

5.19. As well as setting a NEL Target and a further five outcomes, NHS England have also set six national conditions for the BCF. The following table summarises Haringey's progress according to these national conditions:

| National Condition | Progress |
|---|---|
| 1) Are the BCF plans jointly agreed between the CCG and Council? | Yes, as part of Integrated Governance (see below) |
| 2) Are Social Care Services (not spending) being protected? | Yes, Haringey CCG is meeting its financial commitment to invest in social services aligned to the NEL target |
| 3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering? | Yes, a number of BCF health and social care services operate 7 days a week |
| 4) In respect of data sharing - confirm that: | |
| i) Is the NHS Number being used as the primary identifier for health and care services? | Yes, including on social care systems |
| ii) Are you pursuing open APIs (i.e. systems that speak to each other)? | Yes, all providers are aware of plans regarding data sharing |
| iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2? | Yes, all providers operate under these controls |
| 5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional? | No – in progress. Moving from small pilots to a pan Haringey response as part of the Locality Team (see below) |
| 6) Is an agreement on the consequential impact of changes in the acute sector in place? | Yes, acute sector has been made fully aware of the BCF and are part of the BCF Governance (see below) |

**Milestones**

5.20. Up to October 2015 progress has been made on implementing the BCF services and programme:

| Service | Progress |
|---|---|
| **Locality Team** | Implemented a Locality Team Test and Learn Pilot with two GP practices (Lawrence House and Morris House)<br>Supported implementation of the Unplanned Admissions Enhanced Service to identify and support the top 2% of patients in GP practices at risk of an emergency health admission<br>Worked with GP Collaboratives on initiatives to co-ordinate the care of older people with frailty<br>Developed the Locality Team model based on evidence from the Value Based Commissioning (VBC) workshops<br>Developed and agreed a Locality Team business case using local and national evidence for care co-ordination<br>Launched the Locality Team Incentive Scheme for GPs to expand the coverage to all GP practices in Haringey |
| **MDT** | Continued the use of MDT Teleconferences<br>Agreed to expand the MDT teleconferences to discuss Locality Team service users |
| **Lymphedema** | Continued to deliver and monitor these services<br>Explored options for these services as part of community healthcare |
| **Rapid Response** | |
| **Overnight District Nursing Service** | |
| **Dementia Day Centre** | Continued to deliver and monitor these services |
| **Recovery College (incl. MH Employment)** | |
| **Falls Prevention** | Procured this service from Whittington Health from 1st April 2015 |
| **Reablement** | Continued to deliver and monitor these services<br>Initiated a review of these services as part of the LBH Transformation Programme<br>Initiated the development of an Intermediate Care Strategy to develop options for the delivery of intermediate care including the Effective Hospital Discharge services. |
| **Step Down** | |
| **Home From Hospital** | Continued delivery of this service via Living Under One Sun up to 31 August 2015<br>Procured this service from the Bridge Renewal Trust from 1 September 2015 |
| **Neighbourhood Connects (incl. Info & Advice)** | Procured this service from HAGA for the East and Central Haringey and Groundworks for the West Haringey from 1 January 2015 |
| **Palliative Care** | Continued to deliver and monitor these services |
| **Supported Self-Management (Generic)** | Procurement of service initiated to start from October 2015 |
| **Supported Self-Management (Diabetes)** | Purchased diabetes DVD resources (in different community languages) and access for local people to a diabetes support website<br>Procurement of self-management service initiated to start from October 2015 |

| Service | Progress |
|---|---|
| **Interoperable IT** | Agreed to develop requirements for interoperable IT across adults, children's and mental health. |
| **Workforce Development (incl some service delivery)** | Delivered 10 listening events to over 100 staff to understand what was needed to support the development of integrated health and social care<br>Delivered several workshops in response to the themes that emerged from the listening events:<br>Understanding Professional Roles and Building Relationships<br>Skills for Leading Change<br>Joint Assessment & Care Planning<br>Continued to deliver 7 day social working |
| **Disabled Facilities** | Continued to deliver and monitor these grants |
| **Care Act Responsibilities** | Delivered a number of engagement and co-production workshops with carers<br>Agreed a Carers Business Case to support the assessment and support of carers |

**Risks and Issues**

5.21. Several risks have been identified for the delivery of the BCF Plan. The highest risk is that emergency hospital admissions will not be reduced. This is the main target for the BCF and the release of the contingency fund is dependent on this performance. To mitigate this risk modelling within the Haringey BCF has been used to determine the deliverability of the NEL targets. The best local and national evidence has been used in this modelling; however the modelling does come with a number of assumptions. The first year of implementation of the BCF will be to test a number of these assumptions as local circumstances can impact on the implementation of evidence based practice.

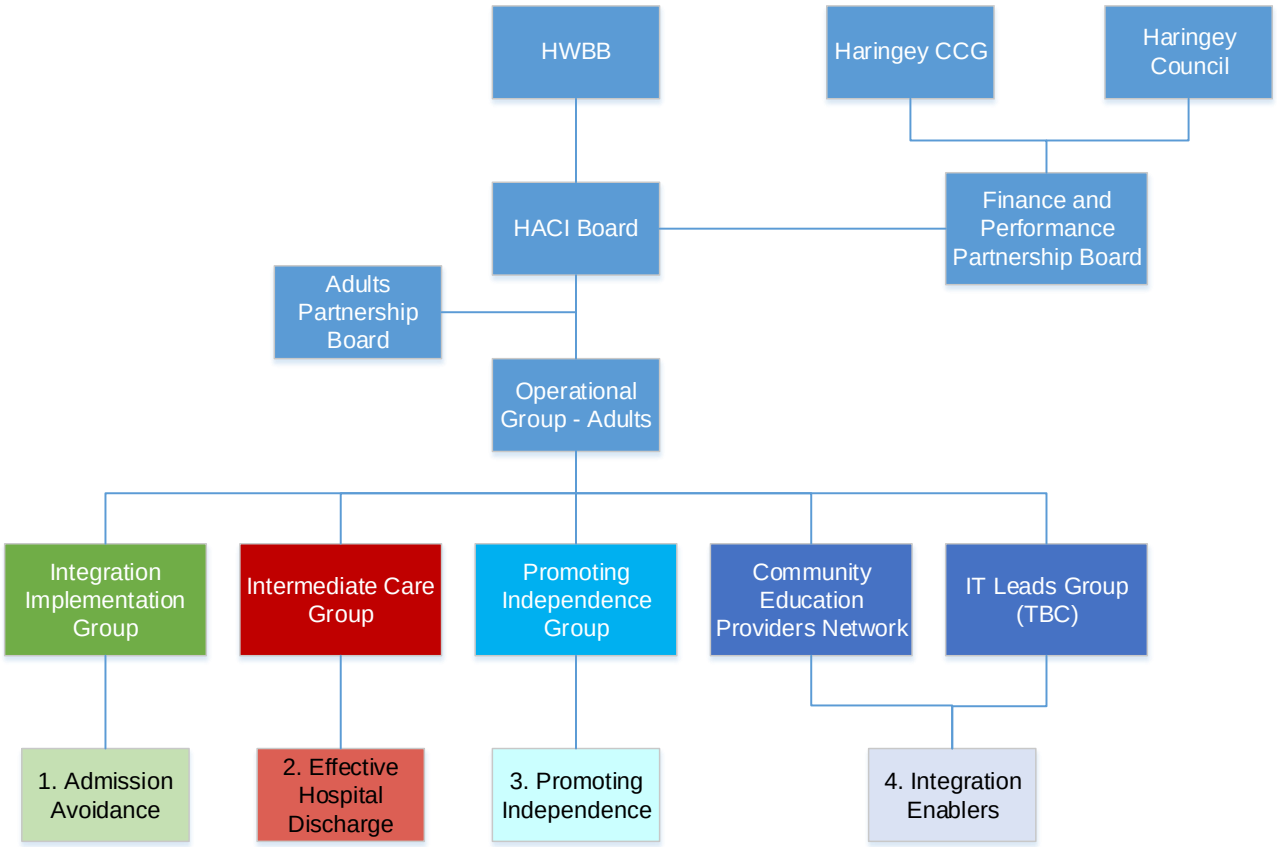
5.22. A number of the other risks identified have some shared cross cutting themes:

- Joint working structures and arrangements are immature which may cause delays in implementation, reduce the effectiveness of partnerships and case duplication of effort. To mitigate this structures will need to be reviewed in six-months to ensure reporting is embedded and delivery is being clearly led.
- The future budget and targets for the BCF have not been confirmed by NHS England beyond April 2016 leading to short term contracts and uncertainty amongst providers. This is mitigated by Haringey CCG and LBH stating their commitment to the continued integration of health and social care, but being open with providers that the scope of these commitments may change in light of national announcements.
- Data quality and sharing issues are barriers to integration amongst providers. This is mitigated through the provision of some support by NHS England to Haringey to explore the issues and develop some potential solutions which can be implemented locally.
- The existing culture of the workforce in health and social care providers can be a barrier to integration and access of services. This will be mitigated through the development of frontline 'integration champions' to

fully understand and co-produce local plans and services and be the bridge between strategy and delivery.

**Governance**

5.23. The BCF has an established governance structure as follows:




5.24. Each BCF Scheme links to a working group. These working groups have membership from commissioners and BCF health and social care service providers including Haringey CCG and LBH. The working groups all report to the Operational Group – Adults which also has membership from: Haringey CCG; LBH; HAVCO; Healthwatch; North Middlesex Hospital Trust; and Whittington Hospital Trust. Any issues from this group are escalated to the Health and Care Integration (HACI) Board which reports to the Health and Well-being Board. Once a quarter all finance and performance is overseen by the Finance and Performance Partnership Board. The HACI Board and the Finance and Performance Partnership Board are the only meetings that are exclusively for senior managers in LBH and Haringey CCG.

## 6. Contribution to strategic outcomes

6.1. The BCF is one of the key plans for the London Borough of Haringey (LBH) and Haringey CCG. In particular it supports:

- 2014/19 North Central London 5-Year Plan
- 2014/19 Haringey CCG 5-Year Plan
- 2015/16 Haringey CCG Operating Plan
- LBH (2012) Joint Health and Well-being Strategy

6.2. The BCF is helping to deliver Priority 2 (Healthy Lives) of LBH's Priorities 2015/16 and Priority 2 (Integration) of Haringey CCG's Priorities 2015/16.

6.3. In line with national guidance, a Section 75 (S75) agreement has been signed by LBH and Haringey CCG. S75 of the NHS Act 2006 gives powers to local authorities and clinical commissioning groups to establish and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise of prescribed local authority functions and prescribed NHS functions. The Haringey BCF S75 Agreement establishes a pooled fund for the BCF and sets out the key principles and processes for any BCF budget changes and decisions.

6.4. As part of the S75 a Finance and Performance Partnership Board has been created to note the financial position of the BCF, with any underlying rationale demonstrated by performance, raise any risks or issues relating to finance and performance and to make decisions on any under/over spend. This ensures that both partners are fully involved in and sighted on any decisions that affect integrated services.

## 7. Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)

7.1. Finance and Procurement

7.1.1. This report is for noting only and there are no financial implications arising directly out of this report. There are also no procurement issues arising.

7.1.2. The expenditure plan for the Better Care Fund is set out above after paragraph 6.5. The plan is fully funded in this financial year. The contingency budget forms part of the allocation and so the release of one quarter's funding referred to in paragraph 6.13 does not create any new financial burdens. If performance improves in future months then the remaining fund will be available for investment in new services.

7.2. Legal

7.2.1. There are no legal implications arising from the recommendations in the report

7.3. Equality

7.3.1. An Equalities Impact Assessment (EIA) was completed for the whole BCF Programme in December 2014. The overall outcome was to continue with the programme as there were a number of perceived benefits to people with protected characteristics. The assessment highlighted a particularly positive impact on older people (over 65), disability (including mental health), gender, religion/belief, marriage, human rights, socio-economic group, social inclusion and community cohesion. These positive impacts were mainly due to: the cohort of patients and services users that will be the main beneficiaries; the delivery of services in people's homes; working in a service user centred way to define health and social care goals; and the intention to improve health and well-being. No negative impacts were highlighted.

## 8. Use of Appendices

8.1. Not Applicable

## 9. Local Government (Access to Information) Act 1985

9.1. The original BCF plans and papers, including the equality impact assessment, can be found on the following web-link:

http://www.haringeyccg.nhs.uk/about-us/better-care-fund.htm