Health and Wellbeing Board Tuesday 13 December 2016	Tower Hamlets Health and Wellbeing Board
Report of Tower Hamlets Clinical Care Group	**Classification:** Unrestricted
Better Care Fund Quarter 2 Monitoring Return, 2016-17	

Lead Officer	Denise Radley, Director of Adults' Services, LBTH Simon Hall, Acting Chief Officer, Tower Hamlets CCG
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Executive Key Decision?	No

Summary

The purpose of this report is to provide the Health and Wellbeing Board with a summary of the Quarter 2 monitoring return that has been submitted to NHS England for the Tower Hamlets Better Care Fund (BCF) programme. The submission is attached as an Appendix to the report

Recommendations:

The Health & Wellbeing Board is recommended to:

- Note progress with the BCF programme in 2016-17, as set out in the Quarter 2 monitoring return that has submitted to NHS England (Appendix 1).

1. REASONS FOR THE DECISIONS

1.1 The Government's Better Care Fund (BCF) policy framework makes BCF resources available to areas across the country to help deliver significant improvements in the integration of local health and social care systems. The resources are to be spent in accordance with a local 2016/17 BCF plan, which has been developed by health and social care partners and approved by NHS England.

1.2 Health and Wellbeing Boards (HWBBs) are formally responsible for the oversight of BCF programmes. In Tower Hamlets, the lead role for overseeing the programme is now being undertaken by the new Joint Commissioning Executive (JCE) on behalf of the HWBB. The role of the JCE includes compiling and monitoring quarterly returns to NHS England on progress with the BCF programme.

1.3 At its 18 October 2016 meeting, the HWBB agreed to delegate responsibility for the sign-off of the quarterly monitoring returns to the LBTH Director of Adults' Services and the Acting Chief Officer of the CCG. Returns are reported to the next meeting of the Board for information and comment.

2. BACKGROUND

2.1 The aim of the Better Care Fund (BCF) is to deliver better outcomes and secure greater efficiency in health and social care services through better integration of provision. The BCF programme is agreed jointly by the council and Tower Hamlets CCG. A pooled fund for the jointly agreed programme is incorporated in a formal agreement under Section 75 of the NHS Act 2006.

2.2 Greater integration is seen as a way of using resources more efficiently - in particular, by reducing avoidable hospital admissions and facilitating early discharge. The local vision for health and social care services is concerned with implementing the NHS Five Year Forward View and moving towards integrated health and social care services by 2020.

2.3 Tower Hamlets' 2016-17 BCF programme is summarised below:

	Scheme description	Lead Provider	BCF Allocation (£)
Integrated Community Health Team	The focus of the service is primarily related to preventing the highest risk groups from requiring health interventions, particularly acute and secondary health services, and providing personalised, co-ordinated care in the community. The service offers a comprehensive range of specialities within one multi-disciplinary team, including nursing, therapies, social care, mental health and case management.	CCG	7,336,499

Primary Care Integrated Care Incentive Scheme	The introduction of the Integrated Care Network Improvement Scheme (NIS) aims to incentivise an integrated care approach for patients in the top risk levels in Tower Hamlets. The ICNIS contributes towards the delivery of the Integrated Care Strategy as a whole.	CCG	1,200,000
RAID	Rapid Assessment Interface and Discharge (RAID) is a service open to all patients with mental health and drug and alcohol problems over the age of 16 presenting at Health sites in Tower Hamlets. The model emphasises rapid response, with a target time of one hour within which to assess referred patients who present to A&E and 24 hours for seeing referred patients on inpatient wards.	CCG	2,106,420
Reablement Team	Reablement services aim to help people with illness or disability cope better by learning or re-learning skills necessary for daily living. These skills may have been lost through deterioration in health and/or increased support needs.	Council	2,413,871
7 Day Hospital Social Work Team	The scheme operates 7 days per week (from 9am to 8pm, Monday to Friday, and 10am to 8pm on Saturdays and Sundays). The scheme provides timely multidisciplinary assessments, which avoid unnecessary admissions to acute wards, and manages/facilitates speedier discharges in a seamless fashion.	Council	1,230,800
Assistive Technology team	The Assistive Technology (AT) Team provides training and support to social care and health professionals, as well as piloting and implementing new initiatives and projects.	Council	287,000
Community Health Team (Social Care)	The scheme seeks to improve the experience and outcomes for those with long term conditions, at the highest risk of hospital admission or readmission. The service works with those who are in the Integrated Care Pathway (ICP) target cohort; their families and Carers.	Council	895,500
Adult Autism Diagnostic Intervention Service	The service provides a high quality diagnostic and intervention service for high functioning adults (aged 18 years and over) with suspected Autism Spectrum Disorder (ASD) in Tower Hamlets. It also sub contracts a local Third Sector provider (JET) to provide a range of support options for people diagnosed with Autism Spectrum Disorder, and facilitate appropriate referral and signposting to other services where needed.	Council	330,000
7 Day Community Equipment Provision team	Community Equipment Service will provide services over a 7 day week. Staff will be available to receive requisitions for simple aids to living and complex pieces of equipment, via dedicated secure electronic faxes, telephone calls and secure emailing.	Council	154,985
Dementia café	The Alzheimer's Society provides a fortnightly, inclusive Dementia Café, run in English, for people with dementia and their carers in Tower Hamlets, including people from the black and ethnic communities and, a fortnightly Bangladeshi (Sylheti language) Dementia Café, for Bangladeshi carers and people with dementia.	Council	55,000

Community outreach service	The BME Inclusion service provides community-specific input to BME communities in order to support people to understand dementia, break down stigma and access services. Working with GP practices with high patient numbers from Bangladeshi and other BAME communities where there is a lower than expected dementia diagnosis rate.	Council	25,000
Social Worker Input into the Memory Clinic	The Diagnostic Memory Clinic is proposing a new pathway for 16/17 that puts more focus on the screening of referrals and early triage of service users, and a social work perspective on this is key to its success.	Council	50,000
Assistive Technology additional demand	Scheme enables vulnerable people who require support to remain living independently in their own homes, by providing specialist/assistive technology and utilising Telecare and Telehealth solutions.	Council	362,000
Carers	The strategic objective of the scheme is to help carers to care effectively and safely – both for themselves and the person they are supporting. It will focus on care packages, Carers' Hub and ensuring the necessary infrastructures are in place for information, advocacy and guidance.	Council	1,430,000
Local incentive scheme	The incentive scheme is intended to encourage and reward joint working that achieves the aims of the Tower Hamlets Integrated Provider Partnership.	CCG	1,000,000
Enablers	BCF programme management and coordination in the Council	Council	208,000
Falls prevention	The proposal is to implement an education programme which will provide skills and confidence to care home and domiciliary staff	CCG	68,000
Community Geriatrician Team	Funding is planned to increase the capacity of the existing community geriatrician team (part of the Integrated Community Health Team) to enable additional caseload and more effective Multi Disciplinary Team working.	CCG	115,000
Personalisation	The Personalisation Programme supports greater person-centred care, as part of Tower Hamlets' agenda on delivering Integrated Care.	CCG	212,000
Mental Health Personal Commissioning	This initiative aims to increase the capacity of the Barts Health, Health Psychology Team, by employing 2 additional psychologists that will be based in primary care and focus on the management of patients with LTCs and depression and anxiety.	CCG	300,000
Mental Health Recovery College	The Recovery College model complements health and social care specialist assessment and treatment, by helping people with mental health problems and/or other long term conditions to understand their problems and to learn how to manage these better in pursuit of their aspirations.	Council	110,000

Disabled Facilities Grant	The council has a statutory duty to provide Disabled Facilities Grants (DFGs) to eligible disabled residents for the adaptation of their home environment to enable them to continue to live as independently and safely as possible. DFGs are mandatory for necessary aids, equipment's and adaptations to provide better movement in and around the home and access to essential facilities.	Council	1,572,542

3. KEY FEATURES OF THE QUARTER 2 RETURN

3.1 The quarterly monitoring return provides performance information against six metrics: reablement, admissions to residential care, a national indicator concerned with non-elective admissions, a local indicator concerned with non-elective admissions to hospital, a local indicator concerned with patient experience and delayed transfers of care (DTOC).

3.2 Overall, the quarterly monitoring return indicates that:

- Performance on non-elective admissions and re-ablement is on track to meet the respective targets, which provides an indication of the effectiveness of our models of primary and community multi-disciplinary teams.
- Admissions of over 85s to residential and nursing care are too high and an audit is being carried out to identify the causes and issues associated with this.
- A continued focus is needed on delayed transfers of care and our enhanced discharge to assess model will achieve further improvement and better outcomes for people leaving hospital.

3.3 Further detail on performance against each of the metrics is available below:

- **Reablement (on track):**

- The Q2 performance was 89%. This compares to 2015/16 outturn position of 79%. Therefore the trend is towards an improvement in performance.

- **Admissions to residential care (off track):**

- The Q2 performance has not met the target. Overall, there appear to be an increasing number and rate of over 85s being admitted to nursing and residential care (32 in Apr-Sept 2016, compared to 21 people in Apr-Sept 2015) with a reduction in the 65-74 age group (5 in the period Apr-Sept 2016, compared with 10 during Apr-Sept 2015). Case auditing is taking place to better understand the context for placements being made.

- **A national indicator concerned with non-elective admissions (on track):**

- The Q2 performance data indicates non-elective admissions levels at 5,338 against a plan of 5,469.

- **A local indicator concerned with non-elective admissions to hospital - Month on Month Rate per 1000 of the risk bands 1 & 2 (on track):**

- The local target for non-elective admissions is aiming to achieve a 15% reduction in non-elective admissions for the target population, and was agreed with THT providers as part of the Single Incentive Scheme for 2016-17. The metric calculates the rate of emergency and unplanned admissions per 1,000 patients in the very high and high risk bands (i.e. having been identified as at very high/ high risk of admission to hospital). The Q2 performance rate has been estimated at 58.04 per 1,000, against a plan of 55.6 per 1,000. This is a slight deterioration from quarter 1 (rate of 55.6 per 1,000). However, this correlates with fluctuations in 2015/16, where quarter 2 saw the highest non-elective admissions rate, in comparison to the rest of the year. As such, we anticipate a similar pattern in 2016/17, with the target being met at year end.

- The Q2 performance rate has been estimated at 58.04, against a plan of 55.6. This is a slight deterioration from quarter 1 (rate of 55.6). However, this correlates with fluctuations in 2015/16, where quarter 2 saw the highest non-elective admissions rate, in comparison to the rest of the year. As such, we anticipate a similar pattern in 2016/17, with the target being met at year end.

- **An indicator concerned with patient experience (not possible to track at this point):**
- There has been a delay in the production of a local patient experience questionnaire by the Picker Institute. This has now been resolved and the questionnaire is expected to be released imminently. The CCG will then begin to negotiate reporting and targets with the relevant providers.

- **Delayed transfers of care (off track):**
- The Q2 performance indicated a rate of 702.3 against a plan of 590.9. This is an improvement from Q1 (rate of 756.7), as well as Q2 in the previous year (rate of 775.5).
- The plan was set based on the 2014/15 baseline for this metric. We believe that there were previous recording issues on DTOCs driven by data quality problems which have since been resolved. Our improvements quarter on quarter suggest the work underway to manage DTOC pressures is effective.
- The primary issue with DTOCs relates to delayed assessments and placements for complex neuro-rehabilitation patients. NHSE is responsible for the commissioning of these services and it is an issue across London. NHSE has initiated a pan-London review to look into the matter. Neuro-rehabilitation patients excepted, although there are fluctuations, we largely meet the DTOC target and have put in place a number of measures to facilitate discharge, which are summarised in the appendix.

4. CONCLUSIONS

4.1 As the concluding narrative to the Quarter 2 return indicates, overall, the BCF programme remains on track and is an important part of the borough's integration and joint commissioning arrangements. Performance on non-elective admissions is good, and this provides an indication of the effectiveness of our models of primary and community multi-disciplinary teams. A continued focus is needed on delayed transfers of care, though, as noted above, a significant element of current delays relates to delayed assessments and placements for complex neuro-rehabilitation patients. This is a London-wide problem that is under review by NHS England. The borough's enhanced discharge to assess model will achieve further improvement and better outcomes for people leaving hospital. Admissions of over 65s to residential and nursing care are too high and an audit is being carried out to identify the causes and issues associated with this. Reablement performance is good.

4.2 BCF planning for 2017-18 is well underway and plans will be reported to a future meeting of the HWBB. The Health and Well-Being Board is asked to:

- Note progress with the Better Care Fund (BCF) programme in 2016-17, as set out in the Quarter 2 monitoring return submitted to NHS England, and this associated report.

Linked Reports, Appendices and Background Documents

Linked Report

- None

Appendices

- BCF Quarterly Reporting Template for Quarter 2, 2016-17

Local Government Act, 1972 Section 100D (As amended)
List of "Background Papers" used in the preparation of this report

- None

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