Better Care Fund Quarterly Report – Q3 2015/16

Clinical Commissioning Groups and Local Authorities are required to submit Quarterly Reports on Better Care Fund (BCF) performance.

The latest BCF Quarterly Report for Quarter 3 2015/16 (October – December 2015) was submitted to NHS England on the 26th February 2016. Due to the timing of this submission, the report was signed off on behalf of the Health and Wellbeing Board (HWB) under chair's action by Steve Stubbings and John Rivers.

Key points within the report:

BUDGET

- BCF Funds have been pooled via a s75 pooled budget.

NATIONAL CONDITIONS

- Six National Conditions were reported against, confirming that most of the national conditions are in place and on track, as per the final BCF plan, with good progress being made against those that aren't fully in place, which include:
    - 7 day services,
    - NHS number as primary identifier (*Detail provided overleaf*).

NON-ELECTIVE ADMISSIONS (NEAs) & PAYMENT FOR PERFORMANCE (P4P)

- The non-elective admission target has been agreed at an increase of 0.3% against 2014. NEAs for Q3 were actually 3,158 against a planned target of 3,062.
  There is no payment for performance fund associated with this target.

INCOME & EXPENDITURE

- The total amount of the BCF Fund is now £22,016,754.
- Financial Performance this Quarter

Plan	£5,806,147
Forecast	£5,683,896
Actual*	£5,499,312

This represents satisfactory progress against plan. Some underspending against plan at end of quarter three mainly relating to staffing underspends due to timing of recruitment.

BCF METRICS

- Progress against Permanent Admissions to Residential Care metric
    - On track to meet target. Continued good performance. Performance in the first three quarters indicates that there is likely to be a reduction in the rate of permanent admissions by the end of the year.

- Progress against Reablement metric
    - On track to meet target. Continued good performance. Performance in the first three quarters indicates that there is likely to be an increase in the proportion of older people who are still at home 91 days after discharge from hospital into reablement/rehabilitation services.

- Progress against local metric - Occupational Therapy (OT) waiting times:
    - better than expected for Q4 2014/15
    - as expected for Q1 2015/16
    - no improvement against performance for Q2 and Q3 2015/16
      Expecting improvement in Quarter 4 performance. Performance improved whilst funding supported additional capacity in the OT team. However, when capacity was not available waiting time returned to previous levels. This will be reviewed and funding reconsidered.

- Progress against Adult Social Care Outcomes Framework (ASCOF) outcome 3A – Overall satisfaction of people who use services with their care and support –
  On track to meet target . This is a national measure - reported annually. The outturn for 14/15 ASCOF outcome 3A has improved this year rising from 68% (2013/14) to 72%, this places satisfaction levels back at the 2012/13 outturn level and represents a higher level of overall satisfaction for people who use care and support, this has reversed the trend for the satisfaction level going down.
  We are unable to complete the request for Q1-Q3 outturn for 15/16 as this is not available.

UNDERSTANDING SUPPORT NEEDS

- Aligning systems and sharing benefits and risks is the area of integration seen as the greatest challenge or barrier to the successful implementation of our Better Care plan
- In terms of understanding support needs, we have responded that *a significant programme of support is being developed internally as part of the Vanguard programme. Plans are currently in development.*

NEW INTEGRATION METRICS

- **Integrated Digital Records** – NHS Number being used as primary identifier in all settings except Social Care, which has begun with Paris implementation in Jan 2016. The digital sharing of relevant service user information is in place via Open APIs some settings. A Digital Integrated Care Record Pilot is being scoped.
- **Personal Health Budgets –** a scoping exercise to understand where personal health budgets would be most beneficial for the local population is in the planning stages.

- **Use and prevalence of Multi-Disciplinary/Integrated Care Teams -** Integrated care teams (any team comprising both health and social care staff) are in place and operating in both the acute and non-acute setting in some parts of the Health and Wellbeing Board area.

NARRATIVE

The BCF as a pooled fund is part of our much bigger system-wide My Life A Full Life Programme, which is one of the Vanguards for the New Models of Care. The BCF is not being treated as a separate programme but is incorporated within the wider integration agenda. The commitment is to have one Island £ by April 2017 incorporating all CCG, social care and public health budgets. Improvements continue to be made on reducing non-elective admissions. Some system issues such as Delayed Transfers of Care still need to be addressed, although benchmarking to other areas remains good.

DETAIL ON NATIONAL CONDITIONS

1. The plans are still jointly agreed.
2. Social Care Services are still being protected.
3. Progress continues with developing **7 Day services** to support patient discharge and prevent unnecessary admissions at weekends, however it has been very difficult to move to full 7 day services due to staffing shortages which are being exacerbated by the cap on health services agency staff.
4. Data Sharing
    i. Progress continues with PARIS implementation due in January 2016 to enable the use of the **NHS Number** as the primary identifier for health and care services. An Audit has been undertaken of all provider's use of NHS number as primary identifier. Primary Care already use the NHS Number as primary identifier. The Acute sector within the Trust uses the NHS Number as the primary identifier as does the ambulance services. The community Services have significantly improved the use of NHS Number through the roll out of a new IT system 'PARIS'. Following this the PARIS system is planned to be in place QTr 4 2015/ 2016 in respect of social care as it rolls out through the Local Authority. This will enable the NHS number to be used as the primary identifier for health and care services. No support is currently deemed as required.
    ii. **Open APIs** are being pursued (systems/platforms that 'speak' to each other)
    iii. Information Governance controls are in place for information sharing in line with Caldicott 2.
5. A **joint approach to assessments and care planning** is in place.
6. An agreement on the consequential impact of changes in the acute sector is in place.
