

Better Care Fund Quarterly Report – Q4 2015/16

APPENDIX 2

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 4 2015/16 (January - March 2016) was submitted to NHS England on the 27th May 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 all of the national conditions are in place, as per the final BCF plan, except 7 day services, which has made good progress in 2015/16 with the following in place: 7 day a week reablement ; 7 day a week night sitting service in development; 7 day a week physio services; 7 day a week 'communications hub'; 7 day a week GP; 7 day a week Crisis Response service; District nurses; Wightcare; respite services; rehabilitation beds.

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 Q4 were actually 3,099 against a planned target of 3,026. There is no payment for performance fund associated with this target.

INCOME & EXPENDITURE

- The total amount of the BCF Fund is £22,040,239.
- Financial Performance this Quarter, and for the year.

	Q4 2015/16	Annual Total
Plan	£5,806,147	£22,040,239
Forecast	£5,683,896	£22,040,239
Actual*	£5,573,662	£21,259,197

This represents satisfactory progress against plan. Underspend on the pooled fund of £781,042 due to slippage in schemes largely associated with delays in staff recruitment, resulting in an underspend against plan of 3.5% through 2015/16.

BCF METRICS

- Progress against Permanent Admissions to Residential Care metric
 - On track to meet target. Permanent residential admissions continue to be closely monitored and managed to maintain performance levels and to continue to meet the target.

- Progress against Reablement metric
 - On track to meet target. The reablement measure only reports on the individuals who receive this service on discharge from hospital. This measure continues to perform well and remains on track to meet the target. However, this is only part of the reablement story and there is a high level of provision of successful reablement through cases referred from the community.

- 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, Q3 and Q4 2015/16

Performance improved during period of investment to within target parameters. Unable to sustain target parameters due to capacity under demand. Some reduction in pressure on capacity through implemented new ways of working. But as no new investment to enable capacity to match growing demand (and complexity of demand) waiting times have increased.

- 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 data for 2015/16 has been submitted to the HSCIC. The data is currently restricted from publication by the HSCIC however, we can advise that the reported figures show that measure is on track to meet the target for 2015/16 and we will be able to publish the full results when the restriction is removed.

YEAR END FEEDBACK

Statement:	Response:
1. Our BCF schemes were implemented as planned in 2015-16	Neither agree nor disagree
2. The delivery of our BCF plan in 2015-16 had a positive impact on the integration of health and social care in our locality	Agree
3. The delivery of our BCF plan in 2015-16 had a positive impact in avoiding Non-Elective Admissions	Agree
4. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Delayed Transfers of Care	Neither agree nor disagree
5. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Agree
6. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Permanent admissions of older people (aged 65 and over) to residential and nursing care homes	Agree
7. The overall delivery of our BCF plan in 2015-16 has improved joint working between health and social care in our locality	Agree
8. The implementation of a pooled budget through a Section 75 agreement in 2015-16 has improved joint working between health and social care in our locality	Agree
9. The implementation of risk sharing arrangements through the BCF in 2015-16 has improved joint working between health and social care in our locality	Neither agree nor disagree
10. The expenditure from the fund in 2015-16 has been in line with our agreed plan	Neither agree nor disagree

NEW INTEGRATION METRICS

- Integrated Digital Records** – NHS Number being used as primary identifier in all settings. 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. We currently have 28 personal health budgets in place, of which 100% are in receipt of NHS Continuing Healthcare.
- 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 throughout 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 Vanguard for the New Models of Care. The BCF is not being treated as a separate programme but is incorporated within the wider integration agenda. However, the national reporting requirements around BCF have resulted in the setting up of dual bureaucracy. 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, but some system issues such as DTOC's still need to be addressed to improve the current position, although benchmarking to other areas remains good. DTOCs are being addressed through a comprehensive System Resilience plan and new DTOC policy.
