

## Better Care Fund Quarterly Report – Q2 2016/17

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 2 2016/17 (July - September 2016) was submitted to NHS England on the 25<sup>th</sup> November 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:

#### Tab 2 BUDGET ARRANGEMENTS

BCF Funds have not yet been pooled via a s75 pooled budget.

#### Tab 3 NATIONAL CONDITIONS

Eight National Conditions are to be reported against:

- i. Plans to be jointly agreed
- ii. Maintain provision of social care services
- iii. 7 Day Services
- iv. Data Sharing
- v. Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional
- vi. Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans
- vii. Agreement to invest in NHS commissioned out of hospital services, which may include a wide range of services including social care
- viii. Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan

We can confirm that all of the national conditions are in place, as per the final BCF plan, except the **Protection of Adult Social Care Services**, and **7 day services**:

- **PROTECTION OF ADULT SOCIAL CARE SERVICES**

In 2015/16 the CCG was able to contribute to the Local Authority £3.513m which was the allocation for the NHS Support to Social Care i.e. the CCG's allocation for NHS Support to Social Care. As well as this, the CCG was in a position to provide an additional £3.1m (of which £2.1m was non-recurrent) to support the Local Authority's £3.1m gap in social care funding.

Despite the very difficult position of the CCG in 2016/17, set out in the BCF Plan Case for Change, the CCG provided the Local Authority with £1m (in addition to the £3.573m allocation for support to social care) and £711k slippage from the 2015/16 BCF has been carried forward to support 2016/17. This therefore leaves a social care funding gap of £1.4m which needs to be addressed in order for the Council to remain within its allocated budget as agreed by members in February 2016. In 2016/17 the CCG has also provided £441k for the Care Act as required by NHS England.

At the Council's Executive meeting, members reinforced the Council could not spend more than its allocated budget and both organisations needed to work together to identify how the £1.4m gap will

be resolved and risks managed (see BCF Plan Narrative, page 26, Risk). This was discussed at the HWB on the 28<sup>th</sup> September 2016. The CCG is awaiting a letter from the Council to move this towards resolution.

## 7 DAY SERVICES

Good Progress has been made although some 7 day services are still in development. Services 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. While some of the necessary support services are in place 7 days a week, others are requiring further development in line with the implementation of 7 day services across health and social care. Further 7 day services will be in place by March 2017.

## Tab 4 INCOME & EXPENDITURE

- The BCF Pooled Fund for 2016/17 is £31.332m, this is a 42% increase on 2015/16
- Financial Performance this Quarter, and for the year.

	Q1 2016/17	Q2 2016/17	Annual Total
Plan	£7,833,099	£7,833,099	£31.332m
Forecast	£8,870,352	£7,209,311	£30.666m
Actual*	£8,448,544	£6,702,206	

There is now a significant underspend forecast within the budget relating to savings directed by the NHS Turnaround Board.

## Tab 5 SUPPORTING METRICS

### • NON-ELECTIVE ADMISSIONS (NEAs)

The non-elective activity for general and acute (G & A) specialities specifically at the IOW Trust has been reducing from a peak in 2012/13. Contributing to this achievement has been the innovative initiatives and developments delivered locally in line with delivering the national strategies agenda. Through the BCF activity we aim to continue this trend and as such we are introducing a 1% stretch target to negate the population growth impact identified for 2016/17 and hold the current levels of activity. This represents the equivalent of preventing 120 admissions.

There is no payment for performance fund associated with this target.

Non Elective Admission performance for Quarter 2 shows that we are 180 admissions and 2.1% above target (3.1% against stretch target).

- **PROGRESS AGAINST DELAYED TRANSFERS OF CARE METRIC**

- On track to meet target.

2016/17 Q2: Overall there has been a sustained downward trend from Q1 to Q2 for combined acute and MH days. Data received shows that while the overall target for acute days was not met 520 actual vs 489 target, combined acute and MH has exceeded the target by 23 days, 947 actual vs 970 target.

- **PROGRESS AGAINST PERMANENT ADMISSIONS TO RESIDENTIAL CARE METRIC**

- No improvement in performance.

Current data relating to the permanent admissions to residential care indicates the figure is increasing against Q4 and is above target for Q2. Work is being done to ascertain whether this is expected to be an ongoing trend or limited to the first part of the financial year. Funding panel remains in place for all packages over £150 per week and so all placements are carefully assured and monitored.

- **PROGRESS AGAINST REABLEMENT METRIC**

- On track to meet target.

Performance increased from Q1 dip back to previous excellent levels, exceeding target for Q2. Increased level of need across the service area will require ongoing joint working to maintain provision of appropriate reablement services to those who will benefit from receiving this type of service to maximise independence.

- **PROGRESS AGAINST LOCAL METRIC - OCCUPATIONAL THERAPY (OT) WAITING TIMES:**

- On track to meet target.

Waiting list handed over to Council under section 75 information sharing agreement. Additional capacity purchased during quarter to reduce waits. Waiting time has reduced to within target levels.

- **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.

Outturn result for 2015/16 saw an increase to 73% - which shows excellent progress during a difficult and challenging period for social care. The annual survey result for 2016/17 will not be issued until Jan 2017 so actual results will not be available until end of 31 March 2017 at the earliest. .

## Tab 6 ADDITIONAL MEASURES - 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** – We currently have 38 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.

## Tab 7 NARRATIVE

### HIGHLIGHTS & SUCCESSES

- There have been no major changes in Q2. During this quarter various initiatives have been consolidated and are becoming embedded within the locality services. An example of this is Local Area Coordination (LAC) where there is clear evidence of positive outcomes at individual, family and community levels following the employment of 6 LACs, who take an inclusive approach to supporting families and individuals and help them find solutions to any issues in a non-statutory way.
- Following agreement of our Rehabilitation Strategy we have now developed a model for out-of-hospital provision which will be aligned to our localities. There will be full consultation on this model in Q3 as this shift beds from an acute hospital setting to the community, utilising nursing homes and greater rehabilitation support in the home, linked to our community crisis response service.
- We have been undertaking a small pilot with technological solutions in care homes with patients being monitored across 3 GP practices. Early indications showed avoidance of admission to hospital and improved outcomes from residents. Further evaluation is being undertaken, with a view to embedding and extending the scheme, if savings are identified to offset the costs.

### CHALLENGES & CONCERNS

Our non-elective admissions are 2.1% above target at Q2, despite the services put in place through the BCF such as crisis response and local area coordination. We know the acuity of these patients is going up and that an increasing number of the more easily preventable admissions are being prevented. We have calculated that nearly 900 emergency admissions have been avoided to date in 2016/17, in comparison to what the numbers would have been without these services in place (both within and outside the BCF), including the increased use of 111, crisis team, care navigators and LACs.

Our biggest challenge is that the BCF Section 75 remains unsigned as the CCG cannot offer the additional level of support to social care to bridge their funding gap, however, this is not stopping us from continuing to implement our BCF Plans. Further detail is outlined under Tab 3 - National Conditions 2) Maintain Provision of Social Care Services.

## Better Care Fund Quarterly Report – Q3 2016/17

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 2016/17 (October - December 2016) was submitted to NHS England on the 3<sup>rd</sup> March 2017. 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 Cllr. Richard Priest and John Rivers. This document provides the content of the Quarterly Report spreadsheet which was submitted to NHS England in a readable and printable format.

### Tab 2 BUDGET ARRANGEMENTS

BCF Funds are not being pooled in 2016/17 due to the shortfall in funding, however funds have been used in an aligned way. We have secured the services of a Better Care Advisor (Andrew Cozens) to help us move forward in developing pooled arrangements for 17/19.

### Tab 3 NATIONAL CONDITIONS

Eight National Conditions are to be reported against:

- i. Plans to be jointly agreed
- ii. Maintain provision of social care services
- iii. 7 Day Services
- iv. Data Sharing
- v. Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional
- vi. Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans
- vii. Agreement to invest in NHS commissioned out of hospital services, which may include a wide range of services including social care
- viii. Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan

We can confirm that all of the national conditions are in place, as per the final BCF plan, except the **Protection of Adult Social Care Services**, and **7 day services**:

- **PROTECTION OF ADULT SOCIAL CARE SERVICES**

In 2015/16 the CCG was able to contribute to the Local Authority £3.513m which was the allocation for the NHS Support to Social Care i.e. the CCG's allocation for NHS Support to Social Care. As well as this, the CCG was in a position to provide an additional £3.1m (of which £2.1m was non-recurrent) to support the Local Authority's £3.1m gap in social care funding.

Despite the very difficult position of the CCG in 2016/17, set out in the BCF Plan Case for Change, the CCG provided the Local Authority with £1m (in addition to the £3.573m allocation for support to social care) and £711k slippage from the 2015/16 BCF has been carried forward to support 2016/17. This therefore leaves a social care funding gap of £1.4m which needs to be addressed in order for the Council to remain within its allocated budget as agreed by

members in February 2016. In 2016/17 the CCG has also provided £441k for the Care Act as required by NHS England.

At the Councils Executive meeting, members reinforced the Council could not spend more than its allocated budget and both organisations needed to work together to identify how the £1.4m gap will be resolved and risks managed (see BCF Plan Narrative, page 26, Risk).

## 7 DAY SERVICES

i) Seven Day Services: This has commenced with the introduction of four priority standards which are being rolled out across the country. The Island has offered to be in the second cohort to implement these standards. Good Progress has been made although some 7 day services are still in development and will take a longer timeframe to be fully established. Services 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.

We will continue to review and evaluate the introduction of 7 day services in the hospital and community.

ii) Some necessary support services are in place 7 days a week. Others are requiring further development in line with the implementation of 7 day services across health and social care. We anticipate that further support services will be in place by March 2017.

## Tab 4 INCOME & EXPENDITURE

- The BCF Aligned Fund for 2016/17 is £31.332m, this is a 42% increase on 2015/16
- Financial Performance this Quarter, and for the year.

	Q1 2016/17	Q2 2016/17	Q3 2016/17	Annual Total
Plan	£7,833,099	£7,833,099	£7,833,099	£31.332m
Forecast	£8,870,352	£7,209,311	£7,293,188	£30.666m
Actual*	£8,448,544	£6,702,206	£6,915,998	

There is still a significant underspend forecast within the budget relating mainly to planned CCG savings to support the CCG predicted financial deficit.

## Tab 5 SUPPORTING METRICS

- **NON-ELECTIVE ADMISSIONS (NEAs)**

- No improvement in performance.

Non Elective admissions for Quarter 3 were 7.3% above trajectory in the quarter driven largely by significant over performance in December (183 admissions). The underlying causes for this are being explored through the System Resilience (A&E Delivery) Board and initial analysis has identified a stepped increase in emergency admissions following an A&E attendance. This increase is disproportionate to the level of total accident and emergency attendances, which has decreased. The increase seen is mainly for short stay admissions with a primary diagnosis of pneumonia, COPD, MIs (myocardial infarction) or lower respiratory. This will be investigated further.

- **PROGRESS AGAINST DELAYED TRANSFERS OF CARE METRIC**

- No improvement in performance.

Concern has been expressed about accuracy of the data and further work is being undertaken to ensure that we have robust data collection and validation systems. The recent visit (22 and 23 February 2017) of ECIP examined patient streaming, patient flow and discharge in detail. Although we await the report, their feedback reiterated our own concerns with the accuracy of the data, especially pertaining to the absence of any DTOCS jointly attributable to health and social care in December 2016; the inclusion of people who were medically unfit for discharge; and the inclusion of self-funders.

- **PROGRESS AGAINST PERMANENT ADMISSIONS TO RESIDENTIAL CARE METRIC**

- No improvement in performance.

The number of permanent residential placements is still increasing. Work has been undertaken through Q3 to address the number of residential placements that are recorded as short term but subsequently become permanent. This is because, whilst medically fit for discharge, these people are leaving hospital still very unwell and in need of intensive convalescence – but during this convalescence period they are not receiving the rehabilitation and reablement they require. Recent work through the Council’s Single Point of Commissioning and social work teams has resulted in the review of all short term placements – and this is why there has been such a marked “spike” in the numbers admitted. Henceforth, reviews for all short term placements will take place within one week – and we are addressing the level of care home inreach that community nursing, rehabilitation and reablement teams can provide to those people on short term orders. Work continues through commissioning to identify and source alternatives to residential care but these will be delivered in the longer term. Funding panel remains in place to ensure all placements are essential.

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- **PROGRESS AGAINST REABLEMENT METRIC**
  - On track to meet target.
 

Performance dipped this quarter to 91.7% due to the increased level of need across the service area which will require ongoing joint working to maintain provision of appropriate reablement services to those who will benefit from receiving this type of service to maximise independence. A new longer term home care service is being introduced which will free capacity in the current reablement team who are currently having to hold long term cases they would not normally support, due to other external providers not taking on longer term care in hard to reach areas or with very complex needs.
  
- **PROGRESS AGAINST LOCAL METRIC - OCCUPATIONAL THERAPY (OT) WAITING TIMES:**
  - On track to meet target.
 

Waiting times were mostly maintained in quarter 3, increasing to 10.3 weeks from 8.6 weeks. Still well below trajectory of 36 weeks.
  
- **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.
 

Outturn result for 2015/16 saw an increase to 73% - which shows excellent progress during a difficult and challenging period for social care. The annual survey result for 2016/17 will not be sent out until Jan 2017 so actual results will not be available until end of 30 April 2017 at the earliest.

#### **Tab 6 ADDITIONAL MEASURES - 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.
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- **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 through some parts of the Health and Wellbeing Board area.



## Tab 7 NARRATIVE

### HIGHLIGHTS & SUCCESSES

There have been no major changes in Quarter 3.

- Integrated Locality Service - During this quarter agreement was reached that the Integrated Locality Service (ILS) would be rolled out in North East locality in the first instance, as there is already a working base for colocation. This provides the opportunity to take the lessons learnt from the initial roll-out to ensure the success of future roll-outs in Central & West and South localities. Significant work has been undertaken during the quarter to allow the North East Integrated Locality Service to go live on the 27 February 2017.
- LD Services – The LGA undertook a peer review of learning disabilities in late January 2017 and their report was received on the 28 February 2017. The report provides for a comprehensive programme for reform whereby we need to: develop alternative community options to residential care (including supported living); promote community inclusion options including employment opportunities; and embed more personalized approaches. A bid for £475k in Housing Technology funding has been successful and will be used to support increased take up in assistive technology, safeguard some housing units and develop home ownership options (including shared equity) for people with a learning disability in conjunction with local housing trust.
- Prevention – At the end of Q3 6 Local Area Coordinators are working alongside 487 people. Agreement was reached in Q3 to recruit further 3 Local Area Coordinators as per Better Care Fund schedule, to cover Newport and surrounding areas to start 9th January 2017. An expression of interest has been accepted to work as one of 9 areas nationally with the New Care Models Team Empowering People and Communities work stream.

### CHALLENGES & CONCERNS

Our biggest challenge is that the BCF Section 75 will not be signed as the CCG cannot offer the additional level of support to social care to bridge their funding gap, however, this is not stopping us from continuing to implement our BCF Plans and we are working with an aligned budget.

We have secured the services of a Better Care Advisor (Andrew Cozens) to help us move forward in developing pooled arrangements for 17/18.

Further detail is outlined under Tab 3 - National Conditions 2) Maintain Provision of Social Care Services.