BETTER CARE FUND: PERFORMANCE REPORT (APRIL - MAY 2015)

Relevant Board Member(s)	Councillor Ray Puddifoot MBE Councillor Philip Corthorne Dr Ian Goodman
Organisation	London Borough of Hillingdon
Report author	Paul Whaymand, Finance Tony Zaman, Adult Social Care Kevin Byrne, Policy and Partnerships
Papers with report	Appendix 1) BCF Monitoring report - Month 1 - 2: April - May 2015 Appendix 2) BCF metrics scorecard

HEADLINE INFORMATION

Summary	This report provides the Board with the first update on the delivery of Hillingdon's 2015/16 Better Care Fund.
Contribution to plans and strategies	The Better Care Fund is a key part of Hillingdon's Joint Health and Wellbeing Strategy and meets certain requirements of the Health and Social Care Act 2012.
Financial Cost	This report sets out a proposed monitoring approach to managing the BCF pooled funds of £17,991k for 2015/16.
Ward(s) affected	All

RECOMMENDATIONS

That the Health and Wellbeing Board:

a. **notes the content of the report; and**
b. **instructs officers on any future reporting requirements.**

INFORMATION

1. In March 2015, Cabinet and Hillingdon Clinical Commissioning Group's (HCCG) Governing Body approved the agreement under section 75 of the National Health Service Act, 2006, that formally established the financial arrangements for Hillingdon's Better Care Fund (BCF) Plan for 2015/16, which is focused on delivering better outcomes for older people. Under this agreement the Council hosts the BCF pooled budget.

2. **Appendix 1** of this report describes progress against the agreed plan, including expenditure. **Appendix 2** is the BCF performance dashboard which provides the Board with a progress update against the six key performance indicators (KPIs).

3. The key headlines from the monitoring report are:

- The month 2 budget monitoring for the BCF has been undertaken jointly by the partners in accordance with the requirements set out in the S75 for the management of the pooled funds. There is currently a pressure against both the Council and CCG's shares of the pooled funds which relates to the supply of equipment and adaptations to residents. This is a reflection that more people with complex needs are being supported in the community in line with agreed priorities. Both the Council and CCG are working together to look at ways of improving efficiency and effectiveness that will enable the existing equipment budget to go further and potentially reduce the pressure.

- The Q4 2014/15 emergency admissions target was not achieved but April activity (896) was slightly below the ceiling of 906. May and June's data is required in order to identify the extent to which admissions avoidance initiatives are having an effect.

- The delayed transfer of care target for Q4 was achieved and the data for M1 indicates that it is on track.

- The measure for testing the ease with which residents managed to access information and advice was also achieved in Q4. This will be re-tested in Q4 2015/16.

- There is evidence of much closer working between partners across health and social care to produce better outcomes for residents, e.g., the multi-disciplinary team (MDT) process. This entails staff across professions and voluntary sector partners meeting together to identify ways of improving or maintaining the independence of older residents with complex needs.

- There has been considerable progress towards joining up IT systems in order to reduce the number of times residents with care needs have to repeat their information.

- Tasks within the scope of scheme 3: *rapid response and joined up intermediate care* and scheme 6: *care home initiative* are near completion.

Financial Implications

4. The budget monitoring report, attached as Appendix 1, sets out the financial position on each scheme within the BCF for 2015/16. As at Month 2, there is a variance of £201k against expenditure profiles which are analysed in the monitoring report. It is currently forecast that outturn will be on budget.

EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

5. The monitoring of the BCF will ensure effective governance of delivery via the Health and Wellbeing Board.

Consultation Carried Out or Required

6. None.

Policy Overview Committee comments

7. None at this stage.

CORPORATE IMPLICATIONS

Corporate Finance comments

8. The Director of Finance at the London Borough of Hillingdon confirms that the financial forecasts for the Council's expenditure against the approved BCF pooled budget are produced on the same basis as the Council's other expenditure reported to Cabinet each month. They take into account a detailed analysis of the actual expenditure incurred to date and an informed estimate of likely expenditure to the financial year end.

9. The Deputy Chief Financial Officer at Hillingdon CCG confirms that the majority of the CCG's BCF contributions relate to fixed contract payments as part of their block contract with CNWL, which is why there are no expected variances from plan. There are some potential variable amounts, e.g., Community Equipment, Integrated Care Programme (ICP), but there is no basis yet for anticipating any variances from plan so early in the financial year.

Hillingdon Council Legal comments

10. As is indicated in the body of the report, the statutory framework for Hillingdon's Better Care Fund is Section 75 of the National Health Service Act 2006. This allows for the Fund to be put into a pooled budget and for joint governance arrangements between the Governing Body of Hillingdon's CCG and the Council. A condition of accessing the money in the Fund is that the CCG and the Council must jointly agree a plan for how the money will be spent. This report provides the Board with progress in relation to the plan.

BACKGROUND PAPERS

NIL.

Appendix 1

BCF Monitoring Report

Programme: Hillingdon Better Care Fund	
Date: 25th June 2015	**Period covered:** April - May 2015 - Month 2
Core Group Sponsors: Ceri Jacob /Tony Zaman /Paul Whaymand/Jonathan Timms/ Kevin Byrne	
Programme Lead: Gary Collier	

1. Summary and Overview	**Plan RAG Rating**	**Green**
	a) Finance	**Green**
	b) Scheme Delivery	**Green**
	c) Impact	**Green**

A. Financials

Key components of BCF Pooled Fund 2015/16 (Revenue Funding unless classified as Capital)	**Approved Pooled Budget**	**Spend at Month 2**	**Variance as at Month 2**	**Variance as at Month 1**	**Movement from Month 1**	**Forecast Outturn**
	£000's	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**
HCCG Commissioned Services funding (including non elective performance fund)	10,032	1,718	0	0	0	10,032
Care Act New Burdens Funding	838	139	0	0	0	838
LBH - Protecting Social Care Funding	4,712	785	(35)	0	(35)	4,712
LBH - Protecting Social Care Capital Funding	2,349	225	(166)	0	(166)	2,349
BCF Programme management	60	10	0	0	0	60
Overall BCF Total funding	**17,991**	2,867	(201)	0	(201)	17,991

- The Council hosts the management of the pooled funds with the Corporate Director of Finance undertaking the financial duties and responsibilities as set out in the Section 75 agreement.

- Detailed budget monitoring of each scheme will be undertaken and reported monthly to the Core Group of officers responsible for the implementation of the BCF plan with quarterly reports to the HWBB. The HCCG financial contributions set out above are nearly all commissioned from a range of providers including CNWL, Age UK, GP networks, Medequip etc. The Council's financial input includes contributions to the funding of the reablement service, hospital and mental health social workers, the running costs of telecare service, the provision disabled facilities grants to support major adaptations to help residents remain in their homes and the costs of implementing the new responsibilities under the Care Act.

B. Plan Delivery Headlines

- The month 2 budget monitoring for the BCF has been undertaken jointly by the partners in accordance with the requirements set out in the S75 for the management of the pooled funds. There is currently a pressure against both the Council and CCG's shares of the pooled funds which relates to the supply of equipment and adaptations to residents. This is a reflection that more people with complex needs are being supported in the community in line with agreed priorities. Both the Council and CCG are working together to look at ways of improving efficiency and effectiveness that will enable the existing equipment budget to go further and potentially reduce the pressure.

- The Q4 2014/15 emergency admissions target was not achieved but April activity (896) was slightly below the ceiling of 906. May and June's data is required in order to identify the extent to which admissions avoidance initiatives are having an effect.

- The delayed transfer of care target for Q4 was achieved and the data for M1 indicates that it is on track.

- The measure for testing the ease with which residents managed to access information and advice was also achieved in Q4. This will be re-tested in Q4 2015/16.

- There is evidence of much closer working between partners across health and social care to produce better outcomes for residents, e.g. the multi-disciplinary team (MDT) process. This entails staff across professions and voluntary sector partners working together to identify ways of improving or maintaining the independence of older residents with complex needs.

- There has been considerable progress towards joining up IT systems in order to reduce the number of times residents with care needs have to repeat their information.

- Tasks within the scope of scheme 3: *rapid response and joined up intermediate care* and scheme 6: *care home initiative* are near completion.

C. Outcomes for Residents: Performance Metrics

This section comments on the information summarised in the Better Care Fund Dashboard.

- **Emergency admissions target (known as non-elective admissions)** - The target or maximum for Q4 2014/15, which was used by NHSE to set the baseline for 2015/16, was 2,616 admissions but there were 2,755 emergency admissions, which means that the target was missed. There has been an improvement in performance and in April 2015 there were 896 emergency admissions against the ceiling of 906. Once May and June's data is available it will be possible to identify the extent to which admissions avoidance initiatives are having the desired effect.

- **Delayed transfers of care (DTOC) target** - This is an all adults target rather than it being restricted to the 65 and over population. Good performance means that there is a low number of DTOCS. The 2014/15 target or maximum was achieved as the actual number of days that people who were medically fit for discharge were delayed in hospital was 234 below the target. The DTOC ceiling for Q1 is 533 days and in April there 134 delayed transfers. If this level was maintained during Q1 this would result in a DTOC level of 402 days (134 x 3), which would be 131 days below the ceiling figure and suggest that Hillingdon was on track to achieve the 2015/16 target.

- **Care home admission target** - The 2014/15 outturn shows 155 admissions against a target or maximum of 104, which means that the target was missed. Factors that have contributed to this include:
  - Number of new referrals of older with complex needs, e.g. people with multiple conditions, which accounts for approximately 35% of new placements;
  - Number of short-term placements that have been converted into permanent placements due to frailty and complexity of need issues;
  - Current lack of alternative options for people with high levels of frailty and multiple needs (this will be addressed through proposals for the more effective use of existing extra care provision and new supply when this comes on stream); and
  - Target was predicated on delivery of 50 unit extra care scheme provided by a housing association in Yiewsley, which did not happen.

The target for 2015/16 is 104 permanent placements. April and May data shows that 23 permanent placements have been made and if this trend continued then it would suggest that the annual target would be missed by 34. Although this would be an improvement on 2014/15, it would mean that the 2015/16 ceiling would be exceeded. The possibility of revising the target has been explored with NHSE and a response is awaited.

- ***Reablement proportion of older people still at home 91 days after discharge target*** - The target was 91.2% and 85.6% was achieved. The sample taken was of people referred to Reablement between 1/10/14 and 31/12/14, which reflects national practice. The factors that have contributed to the target being missed include:
  - Readmissions during the 91 day period, including those due to premature discharge or other medical reasons (25);
  - People dying before the 91 days post discharge (2);
  - The target was actually increased at the request of NHSE.

This metric will be retested in Q4 with a sample of people referred to Reablement between 1/10/15 and 31/12/15. The level of frailty of the client group means that this is a challenging target.

- ***Resident experience metric*** - The Adult Social Care Survey tested whether survey users found it easy or difficult to find information and advice about support services or benefits. 74% of service users completing the appropriate survey question responded positively against a target of 72.4%, which means that the target was exceeded.

- ***Social care quality of life target*** - The target was 18.7% responding positively to the quality of life questions but the outturn was 18.1%. A contributing factor to the outturn is likely to be that the survey, which is a national survey, was undertaken at a time when the transfer of home care providers was in progress and some service users were unhappy with this.

2. Scheme Delivery

Scheme 1: Early identification of people susceptible to falls, dementia and/or social isolation.	**Scheme RAG Rating**	**Green**
	a) Finance	**Green**
	b) Scheme Delivery	**Green**

Scheme 1 Funding	**Approved Budget**	**Spend at Month 2**	**Variance as at Month 2**	**Variance as at Month 1**	**Movement from Month 1**	**Forecast Outturn**
	£000's	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**
HCCG Commissioned Services funding (including non elective performance fund)	180	30	0	0	0	180
Total Scheme 1	**180**	30	0	0	0	**180**

- Current spent is in line with CCG profiled budget.

- Hillingdon4All Health and Wellbeing Gateway business case finalised to be considered by HCCG Governing Body in August 2015. The Gateway proposal is intended to provide support to older people with one or more long-term conditions with a lower level of need with the intention of preventing deterioration leading to loss of independence requiring increased intervention from the statutory agencies. The Gateway would be the referral point for people identified as being at risk.

- Dementia Working Group undertook an analysis of the current dementia pathway compared to the ideal and identified gaps. The gaps identified that come within the remit of the BCF plan include:
  - Unclear referral routes for people who may be showing signs of dementia and their carers.
  - Fragmented interface across health and social care.

An action plan to address these issues has been developed by the Dementia Working Group, which is a multi-agency task and finish group.

- Work to develop a workforce development plan being led by Public Health with the intention of delivering the principle of 'making every contact count' (MECC) is being brought together with BCF scheme 1. The plan will lead to staff who visit people in their own homes being trained in how to identify risk factors that can lead to hospital admission and loss of independence. Priorities for staff training will be decided in consultation with stakeholders and is subject to referral points being clarified. It is proposed that the plan will be delivered in Q3 and Q4 2015/16.

Scheme Issues

- Progress in delivering this scheme is dependent on having a referral point for staff visiting people in their own home who identify that they may be at risk. Should the Hillingdon4All Gateway proposal not be approved by HCCG then an alternative referral point (or points) will need to be identified. Once there is clarity about this, training for appropriate staff can be undertaken.

- The HCCG Governing Body may only consider funding an initial pilot in the north of the borough as a test of concept. The timing of the Gateway funding decision means that it is unlikely that it will be possible to undertake any meaningful evaluation during 2015/16 and any decision about rolling out the model to the rest of the borough may be delayed into 2016/17 as a consequence.

Scheme 2: Better care at the end of life	**Scheme RAG Rating**	**Green**
	a) Finance	**Green**
	b) Scheme Delivery	**Green**

Scheme 2 Funding	**Approved Budget**	**Spend at Month 2**	**Variance as at Month 2**	**Variance as at Month 1**	**Movement from Month 1**	**Forecast Outturn**
	£000's	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**
HCCG Commissioned Services funding (including non elective performance fund)	100	17	0	0	0	100
Total Scheme 2	**100**	17	0	0	0	100

- Current spend is in line with CCG profiled budget.

- A contract has been put in place for 2015/16 with a local third sector provider to provide a specialist care service for people at end of life**.** This service will be evaluated over a six month period and procurement options will then be developed for consideration by the Council.

- Mapping of services for people at end of life is in progress and will be completed in June 2015.

Scheme 3: Rapid response and joined up intermediate care.	Scheme RAG Rating	Green
	a) Finance	Green
	b) Scheme Delivery	Green

Scheme 3 Funding	Approved Budget	Spend at Month 2	Variance as at Month 2	Variance as at Month 1	Movement from Month 1	Forecast Outturn
	£000's	£000's	£000's	£000's	£000's	£000's
HCCG Commissioned Services funding (including non elective performance fund)	4,099	683	0	0	0	4,099
LBH - Protecting Social Care funding	686	114	0	0	0	686
Total Scheme 3	**4,785**	797	0	0	0	**4,785**

- The Council's share of the funding of this scheme relates mainly to the cost of placements in particular bed based intermediate care. This is currently forecast to be on target.

- CCG spend is in line with planned activity.

- In Q4 the CCG approved a business case to secure additional consultant geriatrician capacity to support the management of the needs of frail older residents in the community. Hillingdon Hospital is now in the process of recruiting to this post. It is likely to be late autumn before the recruitment process is completed.

- It was mutually agreed between the Council and the CCG that direct referrals from Reablement to Rapid Response would be inappropriate due to clinical risk issues, e.g. staff being qualified to identify when a resident is suitable for a referral to Rapid Response rather than to A & E. Reablement will either refer people to the appropriate GP practice or to A & E depending on the nature of the problem faced by the resident. The Rapid Response Team is able to make referrals direct to the Reablement Team.

- 5 beds were commissioned by the CCG in Franklin House to support residents who are likely to be non-weight bearing for at least 3 weeks. In-reach is provided from the Community Rehab Team to support residents with the intention of them either going home or to the Hawthorn Intermediate Care Unit (HICU). This new service helps to avoid hospital admission or an increased length of stay in hospital for a person already admitted.

Scheme 4: Seven day working.	Scheme RAG Rating	Green
	a) Finance	Green
	b) Scheme Delivery	Green

Scheme 4 Funding	Approved Budget	Spend at Month 2	Variance as at Month 2	Variance as at Month 1	Movement from Month 1	Forecast Outturn
	£000's	£000's	£000's	£000's	£000's	£000's
LBH - Protecting Social Care funding	754	124	(1)	0	(1)	754
Total Scheme 4	**754**	**125**	**(1)**	**0**	**(1)**	**754**

- The list of 7-day working priorities have been agreed and these include, for example, earlier in the day confirmation of a package of care being identified; being able to discharge to nursing care homes on a Saturday and Sunday; having 7-day GP practice cover; being able to discharge patients with wound care needs following planned hospital procedures; and an improved fast track discharge process.

- Residential and Nursing Care Home Provider Forum on 26/05/15 asked to identify factors inhibiting seven day admission. Factors identified included GP cover, availability of discharge summary information, provision of medication and late notice discharge. These are issues being addressed by the Seven Day Working Group.

- Approval was given by the Council and the CCG to establish an integrated appraisal team comprising of social work, Hospital and CCG staff. This team will be working in the Acute Medical Unit (AMU) at the Hospital to speed up the discharge process. Recruitment of staff is currently in progress and the team will be fully operational by October 2015.

Scheme 5: Review and realignment of community services to emerging GP networks	Scheme RAG Rating	Green
	a) Finance	Green
	b) Scheme Delivery	Green

Scheme 5 Funding	Approved Budget	Spend at Month 2	Variance as at Month 2	Variance as at Month 1	Movement from Month 1	Forecast Outturn
	£000's	£000's	£000's	£000's	£000's	£000's
HCCG Commissioned Services funding (including non elective performance fund)	5,605	934	0	0	0	5,605
LBH - Protecting Social Care funding	3,272	511	(34)	0	(34)	3,272
Total Scheme 5	**8,877**	1,445	(34)	0	(34)	8,877

- The key LBH variance for the scheme relates to a forecast underspend on the TeleCareLine service. Work is underway to review the current service and identify opportunities to expand the service for use by other client groups other than the over 80's and identify any innovations which would allow residents to remain in the community for a longer period.

- CCG expenditure is in line with planned activity.

- Work on transitioning the Integrated Care Pilot to the GP networks continued, including care planning and care coordination and an initial pilot comprising of six practices in the north of the borough started on 1st April. This will be rolled out to the rest of the borough from the 1st July 2015.

- Work on developing a care planning template (known as the Integrated Care Record), running multi-disciplinary team (MDTs) meetings to consider complex cases and secure better outcomes for residents has continued into Q1. This is an iterative process and will evolve as more practical experience is gained.

- This scheme includes the CCG's community equipment budget. Apart from £125k included in this scheme, the Council's community equipment budget (£486k) is outside of the BCF section 75. Subject to Cabinet and HCCG Governing Body approval, it is the intention of officers to bring all of the Council's community equipment budget into the BCF later in the year.

Scheme 6: Care home initiative	**Scheme RAG Rating**	**Green**
	a) Finance	**Green**
	b) Scheme Delivery	**Green**

Scheme 6 Funding	**Approved Budget**	**Spend at Month 2**	**Variance as at Month 2**	**Variance as at Month 1**	**Movement from Month 1**	**Forecast Outturn**
	£000's	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**
HCCG Commissioned Services funding (including non elective performance fund)	48	8	0	0	0	48
Total Scheme 6	**48**	8	0	0	0	48

- CCG expenditure is in line with planned activity.

- The Council's Inspection Team and the Community Matrons and Rapid Response Team employed by CNWL have continued to provide support to care homes. Feedback from the Residential and Nursing Care Home Provider Forum on 26/05/15 showed how much this support is valued by providers.

- Medical support for care homes is being considered by individual GP networks. Exactly what this will look like across the borough will vary from network to network depending on the number of care homes in the area of the respective network. Evaluation of the models of support currently in place will take place in July with the intention of informing discussions with other networks in Q3.

- A new chairman from Coppermill Care Home was identified to provide leadership for the Older People's Residential and Nursing Care Provider Forum. This will help to improve communication between providers and the statutory agencies and also between providers with the intention of improving standards for care home residents.

Scheme Risks/Issues

- The implications of expanding the scope of this scheme could be considered in-year as actions within its current scope are nearing completion. Additions to the scope could include the following:
    - mapping the need for bed based services for older people across health and social care as part of the development of a three year older people care home plan that would also include identification of GP cover;
    - developing options to address the need for care home provision to address the needs of older people with challenging behaviours; and
    - supporting people in extra care to prevent A & E attendance and admission that is avoidable.

Scheme 7: Care Act implementation	**Scheme RAG Rating**	**Green**
	a) Finance	**Green**
	b) Scheme Delivery	**Green**

Scheme 7 Funding	**Approved Budget**	**Spend at Month 2**	**Variance as at Month 2**	**Variance as at Month 1**	**Movement from Month 1**	**Forecast Outturn**
	£000's	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**
Care Act New Burdens Funding	838	139	0	0	0	838
Total Scheme 7	**838**	139	0	0	0	838

- The expenditure on delivering the responsibilities under the Care Act is currently on target supporting the implementation of a strengthened Adult Safeguarding structure, providing carers' assessments and funding their resultant care and support needs and IT development.

- The number of private and voluntary sector providers registered on the resident portal Connect to Support increased from 85 at 31/03/15 to 135 at 17/06/15.

- Connect to Support was launched on the 1st April with the completed information and advice pages.

- Work was undertaken to develop an online social care and financial assessment facility on Connect to Support. This will go live on the 30th June 2015. An online assessment facility for carers will go live at the end of July.

- A contract with Hillingdon Carers for them to complete carers' assessments on behalf of the Council in compliance with Care Act requirements was put in place.

- Staff training on new policies and procedures continued, including tailored sessions for mental health staff. Training will continue until the end of June 2015.
- A new independent chairman for the statutory Adults' Safeguarding Board was appointed.

Financial Costs not in schemes						
	Approved Budget	**Spend at Month 2**	**Variance as at Month 2**	**Variance as at Month 1**	**Movement from Month 1**	**Forecast Outturn**
	£000's	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**
Disabled Facilities Grant (Capital)	1,769	225	(70)	0	(70)	1,769
Social Care Grant (Capital)	580	0	(97)	0	(97)	580
BCF Programme Management	60	10	0	0	0	60
Total	2,409	235	(167)	0	(167)	2,409

- There is currently an underspend in month 2 pending the award of Disabled Facilities Grants, although for the year this is forecast to be on target. There is also a capital grant of £580k within the pooled fund which has been held to contribute to the funding of a dementia resource centre in the borough.

3. Key Risks or Issues

- *IT interoperability* - IT interoperability is a key enabler to delivering integrated care. This will be developed incrementally, with the ultimate goal of each partner involved in a resident's care being able to update individual care plans to reflect their intervention, realistically, being some way into the future. M1 and 2 has seen the following progress:
  - A list of information to be shared between ASC and GPs has been developed following consultation with social care managers and GPs. The next steps are to identify what is technically possible in the short-term and to complete the information sharing agreement (ISA).
  - The Council's social care database provider, Liquidlogic, has identified Oct 2015 as completion date for implementation of live access to the NHS spine, which will permit near real time verification of NHS numbers as the universal identifier. Electronic transfer of hospital discharge notices should also be achievable from October 2015.
  - Involvement of the Council in the development of the Care Information Exchange, which will join up IT systems across different organisations, should enable Hillingdon to reach the point where residents only have to give their information once within approximately two years. External funding has been given to Hillingdon for a pilot project starting with six GP practices which will link up IT systems across partners. The pilot is due to start in September.