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

Relevant Board Member(s)	Councillor Ray Puddifoot MBE Councillor Philip Corthorne Dr Ian Goodman
Organisation	London Borough of Hillingdon
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Papers with report	Appendix 1 - BCF Monitoring report - Month 1 - 3: April - June 2015 Appendix 2 - BCF metrics scorecard

HEADLINE INFORMATION

Summary	This report provides the Board with the second 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 contents of the report.**
b. **approves the increase in the permanent admission to care homes target for 2015/16 from 104 to 150.**
c. **instructs officers on any future reporting requirements**

INFORMATION

1. This is the second performance report to the Health and Wellbeing Board (HWBB) on the delivery of Hillingdon's Better Care Fund (BCF) Plan for 2015/16 and the management of the pooled budget hosted by the Council. The plan and its financial arrangements are set out in an agreement established under section 75 of the National Health Service Act, 2006 and approved in March 2015 by both Cabinet and Hillingdon Clinical Commissioning Group's (HCCG) Governing Body.

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 those of the six key performance indicators (KPIs) for which data is available.

3. The key headlines from the monitoring report are:

- The month 3 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.

- During Q1 2015/16 there were 2,663 emergency admissions against a projected ceiling of 2,719, which indicates that admission prevention initiatives are having a positive impact.

- In Q1 2015/16 there were 2,502 falls-related emergency admissions, which represents a reduction on the same quarter 2014/15 of 76. If this rate was replicated for the rest of the year then the number of admissions would reduce by 304. The falls-related admission reduction target for 2015/16 is 175.

- The number of delayed transfers of care (DTOC), which is measured on the number of delayed days before discharge was slightly higher than the BCF ceiling for Q1 of 533 days. During Q1 there were actually 538 delayed days and 75% (403) of these concerned people with mental health needs. 81% (328 days) of the delayed days were due to the lack of availability of secure rehabilitation beds.

- During Q1 there were 36 permanent placements. If replicated during the whole of 2015/16 this would suggest a total of 144 placements. The report to the Board in July reported the circumstances that made the target agreed by NHSE unachievable, e.g. the current lack of alternative options for people with high levels of frailty and multiple needs. These circumstances have not changed and are unlikely to do so until the new extra care schemes approved by Cabinet in June 2015 come on stream. A revised target of 150 is therefore being suggested to the Board, which will allow for increased levels of frailty presenting during the winter pressure period.

- In Q1 42 people aged 60 and over were assisted to stay in their own homes through the provision of disabled facilities grants (DFGs), which represented 68% of the grants provided.

- Progress continues with joining up IT systems in order to reduce the number of times residents with care needs have to repeat their information. A small number of residents should start to see the benefits of this work in the autumn with an increasing number of older people and other adults from the spring of 2016. If successful this work should also release staff time to attend to the care and support needs of residents.

- In July 2015, the Government announced that implementation of the care costs cap which would mean that no one over the age of 65 would have pay more that £72k towards their care costs would be postponed until 2020. The increase in capital limits will also be postponed. This means that anyone with capital or savings of £23,250 or more will continue to fully fund their care.

Financial Implications

4. The attached budget monitoring report attached as Appendix 1 sets out the financial position on each scheme within the BCF for 2015/16. As at Month 3 there is a variance of £23k against expenditure profiles which are analysed in the monitoring report.

EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendations?

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

6. A revision to the permanent admissions to care homes target reflects what is achievable during 2015/16 in view of the factors that prevented the target being achieved in 2014/15.

Consultation Carried Out or Required

7. The BCF Plan was developed with key stakeholders in the health and social care sector and through engagement with residents. HCCG and Hillingdon Hospital have been consulted in the drafting of this report.

Policy Overview Committee comments

8. None at this stage.

CORPORATE IMPLICATIONS

Corporate Finance comments

9. The Director of Finance LB 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. The financial pressure on the Care Act budget arises from the additional demands from carers and is fully covered by other Council contingency funds and does not pose any risk to the financial position of the BCF.

10. The Deputy Chief Financial Officer, HCCG, 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. The main variances outside of this are Community Equipment and pressure relieving mattresses due to higher than expected activity for Month 3.

Hillingdon Council Legal comments

11. 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 HCCG and the Council. A condition of accessing the money in the Fund is that the

HCCG 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: 21st August 2015	**Period covered:** April - June 2015 - Month 3
Core Group Sponsors: Ceri Jacob /Tony Zaman /Paul Whaymand/Jonathan Tymms/ Kevin Byrne	
Finance Leads: Paul Whaymand/Jonathan Tymms	

Key: RAG Rating Definitions and Required Actions		
	Definitions	**Required Actions**
GREEN	The project is on target to succeed. The timeline/cost/objectives are within plan.	No action required.
AMBER	This project has a problem but remedial action is being taken to resolve it OR a potential problem has been identified and no action may be taken at this time but it is being carefully monitored. The timeline and/or cost and/or objectives are at risk. Cost may be an issue but can be addressed within existing resources.	Escalate to Core Officer Group, which will determine whether exception report required. Scheme lead to attend Core Officer Group.
RED	Remedial action has not been successful OR is not available. The timeline and/or cost and/or objectives are an issue.	Escalate to Health and Wellbeing Board and HCCG Governing Body. Explanation with proposed mitigation to be provided or recommendation for changes to timeline or scope. Any decision about resources to be referred to Cabinet/HCCG Governing Body.

1. Summary and Overview	Plan RAG Rating	Amber
	a) Finance	Amber
	b) Scheme Delivery	Amber
	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 3	Variance as at Month 3	Variance as at Month 2	Movement from Month 2	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	2,605	27	0	27	10,227
Care Act New Burdens Funding	838	420	211	0	211	1,686
LBH - Protecting Social Care Funding	4,712	1,067	(110)	(35)	(75)	4,641
LBH - Protecting Social Care Capital Funding	2,349	436	(151)	(166)	15	2,349
BCF Programme management	60	15	0	0	0	60
Overall BCF Total funding	**17,991**	**4,543**	**(23)**	**(201)**	**178**	**18,963**

1.1 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.

1.2 Detailed budget monitoring of each scheme is 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 of 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.

1.3 The Council's contribution to the community equipment contract currently sits outside of the BCF section 75.

B. Plan Delivery Headlines

1.4 The month 3 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.

1.5 During Q1 2015/16 there were 2,663 emergency admissions against a projected ceiling of 2,719, which indicates that admission prevention initiatives are having a positive impact.

1.6 The number of delayed transfers of care (DTOC), which is measured on the number of delayed days before discharge from was slightly higher than the BCF ceiling for Q1 of 533 days. During Q1 there were 538 delayed days and 75% (403) of these concerned people with mental health needs. The main cause of the delayed discharge was difficulties in accessing secure rehabilitation placements.

1.7 In Q1 2015/16 there were 2,502 falls-related emergency admissions, which represents a reduction on the same quarter 2014/15 of 76. If this performance is maintained throughout the year then the falls-related emergency admissions reduction target of 175 would be exceeded.

1.8 Progress continues with joining up IT systems in order to reduce the number of times residents with care needs have to repeat their information.

C. Outcomes for Residents: Performance Metrics

1.9 This section comments on the information summarised in the Better Care Fund Dashboard (Appendix 2).

1.10 **Emergency admissions target (known as non-elective admissions)** - During Q1 2015/16 there were 2,663 emergency admissions against a projected ceiling of 2,719 and Q4 2014/15 position of 2,754, which indicates that admission prevention initiatives are having a positive impact. The positive trend can also be shown by the fact that in Q1 2014/15 there were 2,818 emergency admissions. However, Q2 2014/15 saw a considerable increase in activity and the extent to which this will be replicated in 2015/16 and the resilience of the admissions avoidance measures will be clearer by the time of the performance report to the Board in December 2015.

1.11 **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. In Q1 there were 538 delayed days against a ceiling of 533. The table below summarises the identified source of the delay.

Delay Source	Acute	Non-acute (CNWL)	Total
NHS	106	328	434
Social Care	9	75	84
Both NHS & Social Care	0	20	20
Total	115	423	**538**

1.12 79% (423) of the delayed days concerned people with mental health needs and of these 81% (328) arose due to the lack of availability of beds in a secure rehabilitation unit. The 75 days attributed to social care arose because of issues with securing appropriate packages of care (15 days) and also regarding agreement of service users and/or their families with care arrangements (60 days). Disputes over funding responsibility contributed to the 20 delayed days attributed both to the NHS and social care. This issue should not arise again as agreement has now been reached with the CCG on the funding of after care arrangements provided under section 117 of the 1983 Mental Health Act (MHA) to people who have been, for example, discharged from hospital following a period of detention under the MHA.

1.13 *'Acute NHS'* in the table above includes Hillingdon Hospital, London North West Hospitals (Northwick Park and Ealing Hospitals) and Imperial College Hospital, London. Of the 115 days attributed to acute trusts, 26 days relate to Hillingdon Hospital and 5 were the responsibility of social care and arose because of service user/family agreement issues.

1.14 **Care home admission target** - The factors that contributed to the 2014/15 target being missed and which still apply included:

- Number of new referrals of older with complex needs, e.g. people with multiple conditions;
- 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 and will not be delivered in 2015/16.

1.15 During Q1 there were 36 permanent placements. If replicated during the whole of 2015/16 this would suggest a total of 144 placements. A revised target (original target was 104) of 150 is recommended to allow for increased levels of frailty presenting during the winter pressure period.

1.16 It should be noted that the new permanent admissions figure in paragraph 1.15 above is a gross figure that does not reflect the fact that 57 people also left care homes during Q1. As a result at the end of Q1 there were 460 older people living in care homes (240 in residential care and 220 in nursing care). This figure also includes people who reached their sixty-fifth birthday in Q1 and were, therefore, counted as older people.

2. Scheme Delivery

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

Scheme 1 Funding	Approved Budget	Spend at Month 3	Variance as at Month 3	Variance as at Month 2	Movement from Month 2	Forecast Outturn
	£000's	£000's	£000's	£000's	£000's	£000's
HCCG Commissioned Services funding (including non elective performance fund)	180	45	0	0	0	180
Total Scheme 1	**180**	**45**	**0**	**0**	**0**	**180**

Scheme Financials

2.1 Current spend is in line with HCCG profiled budget, which relates to value contracts (Age UK's Falls Prevention Service and GP networks) that are evenly phased (divided equally over 12 months).

Scheme Delivery

2.2 Hillingdon4All (H4A) Health and Wellbeing Gateway: HCCG's Governing Body has made an additional £100k available to enable start-up work to be undertaken. A final additional funding decision will be made at the Governing Body's September meeting. If the funding is approved implementation of the service will start from the 1st October 2015.

2.3 The content of the training to be delivered to visiting staff to 'make every contact count' (MECC) is on track to be drafted in Q3. The training programme will be delivered in Q4. The programme will be informed by the results of a questionnaire to be issued by Public Health to front line staff in Q3 regarding their knowledge, understanding and concerns about engaging with residents about the options available to them to support their health and wellbeing. There will also be an event for frontline LBH staff on 2nd November that will make them aware of the voluntary and community organisations available in the borough to sign-post residents to.

2.4 The Dementia Working is developing the health and social care pathway for Hillingdon residents who have or may have dementia and this follows discussions about what the ideal pathway should look like.

2.5 HCCG's Governing Body approved a business case to establish a fracture liaison nurse role based at Hillingdon Hospital and the Trust is currently in the process of recruiting. This post will support people who have attended hospital for the first time with low level fractures, e.g. people who may have fallen from standing height or less, and may be living with osteoporosis (bone thinning). The intention behind the role is to provide more intensive support at this early stage to prevent more severe fractures as a result of more serious falls later on, as there is an evidence base that low level factures are a risk factor for more serious factures that can subsequently lead to nursing home admissions.

2.6 Approval was also given to increase capacity of the community falls service provided by Hillingdon Hospital and supported by CNWL with therapy input so that four clinics a month can be held rather than the current three. This is intended to reduce waiting times to one and half weeks from three weeks. The clinics would be expected to see up to six new patients per clinic as well as three follow-up patients.

2.7 During 2014/15 there were 10,591 emergency admissions as a result of falls at a total cost of £2.9m. The target for 2015/16 is to reduce the number of falls-related admissions by 175. In Q1 2015/16 there were 2,502 falls-related emergency admissions, which represents a reduction on the same quarter 2014/15 of 76. If this rate was replicated for the rest of the year then the number of admissions would reduce by 304. However, delivery of this level of performance is very dependent on the severity of the winter months.

Scheme Risks/Issues

2.8 The delivery of this scheme is RAG rated as amber because of uncertainties and risks associated with the H4A Gateway. Progress in delivering this scheme remains dependent on having a referral point for staff visiting people in their own home who identify that they may be at risk. Should the H4A 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. However, this does not prevent visiting staff being made aware of what services are available in the borough to sign-post residents appropriately and this is something that the event on 2nd November will address.

2.9 The demand on existing third sector services as a result of new needs identified through the H4A Gateway will be reviewed jointly by the Council and HCCG six months following the implementation of the service and after a year. The reviews will consider the extent to which current service arrangements are fit for purpose.

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 3	Variance as at Month 3	Variance as at Month 2	Movement from Month 2	Forecast Outturn
	£000's	£000's	£000's	£000's	£000's	£000's
HCCG Commissioned Services funding (including non elective performance fund)	100	25	0	0	0	100
Total Scheme 2	**100**	**25**	**0**	**0**	**0**	**100**

Scheme Financials

2.10 Current spend is in line with HCCG profiled budget, which relates to a value contract that are evenly phased (divided equally over 12 months).

Scheme Delivery

2.11 Mapping of services for people at the end of life was completed during Q1 and the results will be presented to the End of Life Forum in September. Services will either be added to the resident portal, Connect to Support or the NHS Directory of Services, depending on whether residents or professionals are the intended recipients of the information.

2.12 The end of life pathway, i.e. how people identified as being at end of life are supported and where they are referred to, is being mapped for agreement by the multi-agency End of Life Forum in November.

Scheme Risks/Issues

2.13 The Council and HCCG are working together to develop a solution to the disruption in service that can arise when the needs of a resident at the end of life deteriorate to the point where they need to be supported by a health professional rather than social care. This can lead to a change of provider as well as uncertainties about funding responsibility. The numbers involved are small, e.g. less than 20 a year, but the impact on the person at end of life and their family can be considerable at a very distressing time. A solution could include:

- Contracting with a single provider (or providers to reflect the size of the borough) to avoid the disruption of a change of provider at a critical time;
- Waiving the charge associated with social care funded care and support. This could help to avoid the complexities and potential disputes that can arise when trying to determine at what point a person's care should be health funded;
- Increasing the value of the BCF pooled budget to reflect social care and HCCG spend on residents at end of life.

2.14 It is the intention of officers to develop this proposed solution further for consideration by future meetings of the Council's Cabinet and the HCCG's Governing Body.

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

Scheme 3 Funding	Approved Budget	Spend at Month 3	Variance as at Month 3	Variance as at Month 2	Movement from Month 2	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	1,107	(13)	0	(13)	4,151
LBH - Protecting Social Care funding	686	173	2	0	2	695
Total Scheme 3	**4,785**	**1,280**	**(11)**	**0**	**(11)**	**4,846**

Scheme Financials

2.15 The Council's share of the funding of this scheme relates mainly to the cost of placements in bed based intermediate care. The outturn forecast is a small overspend against placements offset by a minor underspend in Hospital social workers due to a vacancy.

2.16 The HCCG spend is reflecting the increased cost of pressure relieving mattresses, which is partly due to a change to a new supplier and transitional costs relating to that and also an increase in demand for this type of equipment.

Scheme Delivery

2.17 The additional consultant geriatrician capacity approved by HCCG's Governing in May will support new Care of the Elderly Team (COTE) provided rapid access clinics, which will provide access to an holistic assessment, e.g. consultant, therapy and nursing, and diagnostics, that are currently only available upon admission to the Acute Medical Unit (AMU) at THH. Referrals will be from GP practices and community matrons. There will be two clinics, one operating from THH and starting on 21st August and the second at Mount Vernon and starting on 2nd September. '*Rapid*' means that people will be seen within four days of referral.

2.18 During Q1 the Reablement Team received 272 referrals and of these 64 were from the community; the remainder were from hospitals, primarily Hillingdon Hospital. The community referrals represented potential hospital attendances and admissions that were consequently avoided. During this period, 97 people were discharged from Reablement with no on-going social care needs.

2.19 Scoping discussions between the Council and HCCG about further potential integration between health and social care intermediate care services to improve efficiency and effectiveness have started. The results of these discussions will be taken to a future meeting of the Board for consideration and to Cabinet and HCCG's Governing Body for decision about the use of resources.

Scheme Risks/Issues

2.20 The delivery of this scheme is RAG rated as amber because of the small projected overspends.

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

Scheme 4 Funding	Approved Budget	Spend at Month 3	Variance as at Month 3	Variance as at Month 2	Movement from Month 2	Forecast Outturn
	£000's	£000's	£000's	£000's	£000's	£000's
LBH - Protecting Social Care funding	754	173	(15)	(1)	(14)	747
Total Scheme 4	**754**	**173**	**(15)**	**(1)**	**(14)**	**747**

Scheme Financials

2.21 There are currently minor underspends in staffing costs of both the Reablement Team and mental health social workers.

Scheme Delivery

2.22 The actions to deliver the out of hospital aspect of seven day working have been agreed and these include:

- Ensuring that there is consultant cover seven days a week;
- Scoping hospital transport demand and capacity seven days a week;
- Ensuring discharge coordinators are working seven days a week;
- Development of District Nurse and Rapid Response capacity to support hospital discharge seven days a week;
- Developing complex wound care arrangements in the community;
- Enabling care homes to admit seven days a week, including through provision of GP cover arrangements;
- Allocation of a social worker to each person requiring a supported discharge;
- Ensuring availability of acute mental health beds;
- Establishing direct Hospital access to the third sector provided night sitting service.

2.23 Consultant cover is now available seven days a week in Accident and Emergency, the Acute Medical Unit (AMU) and Paediatric department. The AMU is a 46-bed facility on the Hillingdon Hospital site that is the first point of entry for residents referred to the Hospital by their GPs as emergency cases, as well as those moving from the emergency department. These residents are usually discharged within 72 hours.

2.24 THH has successfully recruited to Discharge Coordinator posts following approval by the Council and HCCG to establish an Integrated Appraisal Team at the Hospital. The team will comprise of social work, Hospital and CCG staff. This team will be working in the AMU to speed up the discharge process.

2.25 Additional funding approved by HCCG's Governing Body has increased the capacity of the Rapid Response Service to support seven day working.

2.26 The night sitting service is commissioned by HCCG from Harlington Hospice and provides care and support to both people and their carers at end of life. The current referral route is through Rapid Response. An application for funding to Hillingdon's Systems Resilience Group (SRG) that will enable the Hospital to make direct referrals during the winter period (December 2015 - April 2016) will, if approved, provide a test of concept. The funding decision will be made in September.

2.27 NHSE directed that Hillingdon's Systems Resilience Group (SRG) assume responsibility for monitoring the delivery of the ten seven day working standards, including the out of hospital standard. Government guidance requires all CCGs to host a multi-agency SRG to ensure that health and care systems are able to cope with local planned and unplanned care demands. Adult Social Care is represented on this group, which is chaired by a local GP and member of HCCG's Governing Body.

Scheme Risks/Issues

2.28 The delivery of this scheme is RAG rated as amber because timescales have not yet been agreed for some actions within the delivery plan. These include:

- Ensuring availability of acute mental health beds;
- Scoping hospital transport demand and capacity seven days a week;
- Quantifying demand for intravenous medication techniques not currently commissioned by HCCG from CNWL.

This should be addressed at the Seven Day Working Group meeting on the 18th September.

2.29 There is an issue about the availability of accommodation at the Hospital to support social care staff being permanently based on site that will inhibit the effectiveness of the Integrated Appraisal Team. The Trust is working with Adult Social Care to find a solution but a general shortage of space at the Hospital is making this a difficult issue to resolve.

2.30 The fact that GP networks are at different stages of maturity means that identification of timely and consistent borough-wide pathways to deliver seven day working, for example, support for care homes, requires further development. The assumption of responsibility for the delivery of seven day working by the Systems Resilience Group should help to address this.

2.31 The Board may also wish to be aware that the seven day working scheme is dependent on the delivery of actions within other BCF schemes. An example of this identification of suitable in-borough care home placements for people with challenging behaviour needs. This is work being undertaken within the remit of scheme 6: *Care home initiative*.

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

Scheme 5 Funding	Approved Budget	Spend at Month 3	Variance as at Month 3	Variance as at Month 2	Movement from Month 2	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	1,416	(14)	0	(14)	5,748
LBH - Protecting Social Care funding	3,272	721	(97)	(34)	(63)	3,199
Total Scheme 5	**8,877**	**2,137**	**(111)**	**(34)**	**(77)**	**8,947**

Scheme Financials

2.32 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 client groups other than older people as well as to identify any innovations which would allow residents to remain in the community for longer.

2.33 The variance in HCCG's expenditure is connected to the overspend against the community equipment budget. The TeleCareLine underspend and the community equipment overspend are the reasons why the finance RAG rating element has been identified as amber.

Scheme Delivery

2.34 The multi-disciplinary team (MDT) approach was extended to cover the whole of the north of the borough, with the intention of this being expanded to other GP networks in the south of the borough in Q2.

2.35 Work continued on developing an agreed integrated care plan template for use across partners, which will assist with care planning and care coordination and reduce the number of times that residents have to repeat their story. The template was completed in Q1 and testing in GP practices in the north of the borough started from the 1st July. The template has now been agreed and the intention is to roll out its use across the borough during September.

2.36 In Q1 42 people aged 60 and over were assisted to stay in their own homes through the provision of disabled facilities grants (DFGs), which represented 68% of the grants provided. 71% (30) of the people receiving DFGs were owner occupiers, 26% (11) were housing association tenants, 2% (1) was a private tenant. The total DFG spend on older people during Q1 was £242k, which represented 68% of the total spend (£358k) in Q1. Remodelling of the DFG process has seen a reduction in waiting times from application to grant approval from 14 months to 25 days.

Scheme Risks/Issues

2.37 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. The Council holds the contract for the community equipment service, which at the end of M3 was overspent by £98k. A project jointly sponsored by the Council and HCCG started in Q2 to identify where savings can be achieved (including through improved prescribing practice) and also to identify the extent to which the overspend is related to more people with complex needs being supported in a community setting rather than in care homes in accordance with national and local priorities.

2.38 In order to rationalise governance and risk management arrangements officers intend to seek Cabinet and HCCG Governing Body approval to bring the Council's equipment contract budget into the BCF pooled budget in the autumn. The recommendations made to Cabinet and HCCG's Governing Body will be informed by the results of the project work now being undertaken.

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

Scheme 6 Funding	Approved Budget	Spend at Month 3	Variance as at Month 3	Variance as at Month 2	Movement from Month 2	Forecast Outturn
	£000's	£000's	£000's	£000's	£000's	£000's
HCCG Commissioned Services funding (including non elective performance fund)	48	12	0	0	0	48
Total Scheme 6	**48**	**12**	**0**	**0**	**0**	**48**

Scheme Financials

2.39 HCCG expenditure is in line with planned activity.

Scheme Delivery

2.40 Following the Board meeting in July work has now started on:

- 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 development of the medical model of care;
- Developing options to address the need for care home provision for older people with challenging behaviour needs

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

Scheme 7 Funding	Approved Budget	Spend at Month 3	Variance as at Month 3	Variance as at Month 2	Movement from Month 2	Forecast Outturn
	£000's	£000's	£000's	£000's	£000's	£000's
Care Act New Burdens Funding	838	420	210	0	210	1,686
Total Scheme 7	**838**	**420**	**210**	**0**	**210**	**1,686**

Scheme Financials

2.41 The expenditure on delivering the responsibilities under the Care Act is currently showing a pressure due to the cost of providing carers' assessments and funding their resultant care and support needs. The financial pressure on this budget arising from the additional demands from carers is fully covered by other Council contingency funds and does not pose any risk to the financial position of the BCF. The remaining areas are on target, e.g. supporting the implementation of a strengthened Adult Safeguarding structure, addressing needs and IT development.

Scheme Delivery

2.42 The number of private and voluntary sector providers registered on the resident portal Connect to Support increased from 85 at 31/03/15 to 154 at 01/07/15.

2.43 During Q1 over 2,100 people accessed Connect to Support and completed over 3,300 sessions, which included reviewing the information & advice pages and/or details of available services and support.

2.44 Work was undertaken to develop an online social care and financial self-assessment facility on Connect to Support that went live on 01/07/15.

2.45 A programme of staff training on new policies and procedures continued until 30/06/15.

2.46 The social care pathway has been remodelled to ensure compliance with the Care Act. All new referrals will be provided with an indicative allocation prior to support planning and have a confirmed personal budget at the end of the process. The Council has reduced handoffs and ensured that the timeliness of decisions about budget allocation have been greatly improved.

Financial Costs Not in Schemes						
	Approved Budget	**Spend at Month 3**	**Variance as at Month 3**	**Variance as at Month 2**	**Movement from Month 2**	**Forecast Outturn**
	£000's	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**
Disabled Facilities Grant (Capital)	1,769	436	(6)	(70)	(70)	1,769
Social Care Grant (Capital)	580	0	(145)	(97)	(48)	580
BCF Programme Management	60	15	0	0	0	60
Total	**2,409**	**451**	**(151)**	**(167)**	**16**	**2,409**

2.47 There is currently an underspend in month 3 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 is currently being held to contribute to the funding of a dementia resource centre in the borough.

3. Key Risks or Issues

Joined-up IT Systems

3.1 Joined-up and inter-connected IT systems are key enablers to delivering integrated care.

3.2 A pilot with the care information exchange platform called Patients Know Best (PKB) funded for two years from the Imperial College Charitable Partnership Fund, which will enable different IT systems to be linked up and the information from them accessed through a single web-based portal, is due to start in October. This will be piloted initially with a small number of older residents based at a GP practice in the north of the borough. The pilot will provide practical experience of sharing information across organisations involved in addressing the health and social care needs of residents. Subject to the outcome of the pilot, this will then be rolled out to a broader range of practices in the north of the borough and then across the borough.

3.3 As the PKB platform will initially only support information sharing in respect of older people, the Council is working with the provider of the GP patient management system called EMIS to enable social workers to access patient/resident information for other older residents and adults who are not part of the pilot and also GPs to access information on Protocol. This will be achieved by April 2016. All the required information sharing agreements to permit what has been described above to take place will be in place by October 2015.

Stakeholder Engagement

3.4 A stakeholder engagement plan is being developed that will:

- Explain what health and social care partners are seeking to achieve for and with residents;
- Explain how integration will help to deliver this;
- Explain the tools for delivering better outcomes for residents through integration;
- Ensure that staff across partner organisations have a clear understanding of the above so that a consistent message can be given to residents;
- Give residents and staff across partner organisations the opportunity to shape future integration plans, subject to HWBB and HCCG Governing Body approval.

3.5 Assuming the publication in the autumn of government guidance on the next stage of the BCF from April 2016, it is proposed to submit a draft plan for the Board and HCCG's Governing Body's consideration in December. Subject to the Board and Governing Body's decisions, it is then proposed to undertake limited consultation with residents in Q4 prior to seeking final Board and HCCG Governing Body approval in March 2016. Approval for any new section 75 arrangements will also be sought from Cabinet and HCCG's Governing Body in March in the event that the post April 2016 plan is approved by the Board and HCCG's Governing Body.