BETTER CARE FUND: PERFORMANCE REPORT (JULY - SEPT 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 3 - 6: July - Sept 2015 Appendix 2) BCF metrics scorecard Appendix 3) Hillingdon Hospital Discharge Activity Day by Day April - Sept 2015

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 the budget monitoring position of the BCF pooled fund of £17,991k for 2015/16 as at Month 6.
Ward(s) affected	All

RECOMMENDATIONS

That the Health and Wellbeing Board:

a. **notes the contents of the report.**
b. **agrees to delegate to the Chairman and the Chairman of the Governing Body of Hillingdon Clinical Commissioning Group authority to approve a draft Better Care Fund Plan for 2016/17, which will then be consulted on in Q4 with stakeholders before being submitted to the Board for its consideration in March 2016.**
c. **agrees that a report on the draft digital roadmap across health and care partners in Hillingdon be brought to the March Board meeting for consideration.**

INFORMATION

1. This is the second performance report to the 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 6 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. This shows a forecast pressure of £956k against the pooled funding of £17,991k. In accordance with Schedule 4 of the S 75, the individual Partners in their capacity as Lead Commissioners for the delivery of individual schemes, are responsible for managing any overspends that may occur during the year. The pressure of £956k is split £761k as the responsibility of LBH and £195k falling to HCCG. The Council holds a contingency provision to fund pressures relating to the implementation of Care Act responsibilities.

- During Q2 2015/16, there were 2,571 emergency admissions against a ceiling of 2,660 and this continues the positive trend from Q1 and suggests that admissions avoidance initiatives are having a positive effect.

- During Q1 and Q2 2015/16 there were 384 falls-related emergency admissions (198 in Q2), compared to 449 during the same period in 2014/15 (223 in Q2).

- During the period 1 April to 30 September 2015, there were 1,002 delayed days against a ceiling of 1,113 days. There were an additional 464 delayed days in Q2. The main cause of the delayed discharge was difficulties in accessing secure rehabilitation placements for people with mental health needs.

- During Q2, there were 35 permanent placements to care homes. If the Q1 and Q2 admission rates are replicated consistently throughout 2015/16, then this would result in 142 permanent placements. The revised target agreed by the September Board meeting is 150.

- In Q2, 56 people aged 60 and over were assisted to stay in their own homes through the provision of disabled facilities grants (DFGs), which represented 44% of the grants provided.

- Funding for the H4All Health and Wellbeing Gateway was approved by HCCG's Governing Body. The service will become operational in Q4.

- A dementia diagnosis rate of 65.4% was achieved against a target of 67.8%, which is on track to be achieved.

<u>2015/16 Plan Overview: How successful has it been?</u>

4. The 2015/16 BCF plan was agreed to be 'minimalist' in nature and featured pooling only of mandated budgets to meet Government requirements. The plan has provided an opportunity to develop a stronger working relationship between the Council and the CCG whilst minimising the risk to both organisations. This can be seen in the development of the following new workstreams that either would not have happened without the BCF or would not have happened so quickly:

- *Care home market development and management* - The Council and HCCG are engaged in 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. This will enable us to jointly provide the market with details of our current and future needs to shape future provision to address the needs of residents/patients. This work will also lead to the development of procurement options for consideration by the Board and HCCG Governing Body (and Cabinet where appropriate).

- *Model of care development for extra care schemes* – The Council, HCCG, a GP representative and a consultant geriatrician from the Care of the Elderly Team at Hillingdon Hospital are working together to shape the future model of care for existing extra care schemes at Cottesmore House and Triscott House and the two new schemes, Grassy Meadow and Park View that are due to open in early 2018.

5. In terms of outcomes for residents, Q2 data shows that the number of emergency admissions was below the ceiling. This is likely to be the result of a range of contributing initiatives rather than just the BCF plan and it should be noted that a severe winter could have a significant impact on this trend. In addition, initiatives to reduce the number of falls-related admissions are also showing positive results and dementia diagnosis rates have increased in line with agreed targets.

6. Focus groups of Carers will be held before Christmas to get a view as to whether new Council responsibilities under the Care Act are making a difference to the Carer experience. The testing of resident/patient experience will take place in Q4.

<u>Better Care Fund Plan 2016/17</u>

7. In October 2015, the Department of Health and Department of Communities and Local Government confirmed that the BCF would continue into 2016/17. It was also confirmed that the detail about the minimum size of the Fund and the policy framework underpinning it would not be made available until after the announcement of the Comprehensive Spending Review (CSR) on 25 November 2015.

8. As reported to the Board's September meeting, officers have been exploring proposals for the 2016/17 plan and these include some logical extensions of activity undertaken in 2015/16 whilst simultaneously maintaining a cautious and incremental approach to integrated working and the pooling of budgets that minimises the risk to both the Council and HCCG. Proposals under consideration include:

- Extending existing schemes where benefits could be achieved for other adult client groups, e.g., development and management of the care home market that will include all adults;
- Adding funds to the pooled budget where this will have demonstrable benefits for residents/patients, e.g., people at end of life;
- Extending scope of the plan to include new types of activities, e.g., dementia;
- Accelerating benefits through a greater ambition to integrate services across health and social care, building on progress made in 2015/16, e.g., intermediate care; and
- Correcting anomalies from the 2015/16 plan, e.g., bringing the Council's budget for the community equipment contract into the pooled budget with that of the CCG so that the whole budget is under the same governance structure.

9. With the Board's approval, it is proposed that officers finalise a draft plan to reflect Government requirements identified following the CSR announcement and that the Chairman of the Board and the Chairman of HCCG's Governing Body be given delegated authority to approve the draft plan, subject to consultation with stakeholders. If this is agreed then officers would submit the final plan to the March 2016 meetings of the Board and HCCG Governing Body. The Council's Cabinet and HCCG's Governing Body would also be asked at their meetings in March 2016 to approve an updated section 75 (pooled budget) agreement.

Digital Roadmap

10. NHSE is requiring all CCGs to develop local plans for their care communities called digital road maps by April 2016, to detail how they will achieve the ambition of being paper-free at the point of care by 2020. NHSE expects CCGs to engage with partners across health and social care in the completion of these plans; and local digital roadmaps will be considered as part of the CCG assurance framework from 2016/17 onwards.

11. The first stage in the development of the local digital roadmap is the completion of a self-assessment of the digital maturity of Hillingdon's health and care community and an analysis of each organisation's IT strategy against local and national clinical and digital goals. The roadmap will be drafted by the multi-agency Pan-Hillingdon IT Group, which includes representation from the Council's Corporate IT Team and also from Adult Social Care, as well as representatives from local health partners. It is then proposed to submit the draft plan to the Board's March meeting for consideration.

12. The Board may wish to note that collaborative working across health, social care and third sector partners is already advanced in Hillingdon, which means that Hillingdon is in a positive position regarding joining up IT systems and sharing information electronically. This is expanded on further in **Appendix 1,** but it does mean that Hillingdon is better placed to develop and deliver a digital roadmap that will result in better outcomes for residents/patients in the near future than many other health and care communities in London and elsewhere.

13. NHSE has advised that an announcement about additional resources to support the implementation of digital roadmaps is due to be made during 2016.

Financial Implications

14. The BCF monitoring report, attached as Appendix 1, includes the financial position on each scheme within the BCF for 2015/16. This shows a pressure of £956k against the pooled budget of £17,991k.

15. There is a pressure on the Care Act implementation scheme of £783k arising from the cost of providing support and care to Carers. This results from the Council's new responsibilities under the Care Act. The Council holds a contingency provision to fund pressures relating to the implementation of Care Act responsibilities, which are not included within the BCF.

EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendations?

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

17. The proposed approach for the development of a 2016/17 BCF plan will facilitate timely completion of the approval process for the new plan so that efforts can quickly be focused on delivery.

18. The digital roadmap will commit local health and care partners to a plan that will set out how the ambition of becoming paper-free at the point of care by 2020 will be delivered to support better outcomes for residents/patients and release staff time to care.

Consultation Carried Out or Required

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

20. Subject to Board approval of the recommendations, consultation with stakeholders about the proposed 2016/17 plan will be undertaken. It is proposed to seek the views of the multi-agency Older People's Integration Group on the outline proposals within the draft plan in Q3.

Policy Overview Committee comments

21. The draft plan will be discussed with External Services Scrutiny Committee and Social Services, Housing and Public Health Policy Overview Committee.

CORPORATE IMPLICATIONS

Corporate Finance comments

22. Corporate Finance has reviewed the report and concurs with the financial position as set out in the detailed financial analysis against each scheme.

Hillingdon Council Legal comments

23. 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: November 2015	**Period covered:** July - Sept 2015 - Month 6
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	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 6**	**Variance as at Month 6**	**Variance as at Month 5**	**Move-ment from Month 5**	**Forecast Outturn**	**Forecast Variance**
	£000's	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**
HCCG Commissioned Services funding (including non elective performance fund)	10,032	5,143	81	65	16	10,227	195
Care Act New Burdens Funding	838	707	288	240	48	1,621	783
LBH - Protecting Social Care Funding	4,712	2,290	-66	-37	-29	4,690	-22
LBH - Protecting Social Care Capital Funding	2,349	987	-188	-212	24	2,349	0.0
BCF Programme management	60	30	0	0	0	60	0.0
Overall BCF Total funding	**17,991**	**9,157**	**115**	**56**	**59**	**18,947**	**956**

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.

1.3 The Board is reminded that HCCG's 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.

1.4 The month 6 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 shared pressure of £234k 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.

1.5 There is also a pressure of £783k on the Care Act burdens from the cost of providing support and Care to Carers as a new responsibility following the implementation of the Care Act. The Council holds a contingency provision to fund pressures relating to the implementation of Care Act responsibilities. Some of this pressure is offset by underspends on the TeleCareLine service.

B. Plan Delivery Headlines

1.6 The month 6 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.

1.7 During Q2 2015/16 there were 2,571 emergency admissions against a ceiling of 2,660, which indicates that admission prevention initiatives are having a positive impact.

1.8 The number of delayed transfers of care (DTOC), which is measured on the number of delayed days before discharge. During the period 1st April to 30th September 2015 there were 1,002 delayed days against a ceiling of 1,113 days. The main cause of the delayed discharge was difficulties in accessing secure rehabilitation placements.

1.9 During Q1 and Q2 2015/16 there were 384 falls-related emergency admissions (198 in Q2), compared to 449 during the same period in 2014/15 (223 in Q2).

1.10 Progress continues with joining up IT systems in order to reduce the number of times residents with care needs have to repeat their information. For example, an information sharing agreement has been signed between the Council, health partners and the third sector consortium, H4All, which will enable a pilot of a care information exchange platform to be delivered by a software provider called Patients Know Best (PKB) to start in Q4. The pilot will initially be with 17 GP practices in the north of the borough. If successful, this will then be scaled up further to cover the whole borough.

C. Outcomes for Residents: Performance Metrics

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

1.12 **Emergency admissions target (known as non-elective admissions)** - During Q2 2015/16 there were 2,695 emergency admissions against a projected ceiling of 2,660. Whilst slightly above the ceiling figure this is still below the Q2 2014/15 position of 2,756, which suggests that the trajectory is heading in the right direction and that admissions avoidance initiatives are having a positive effect. However, the severity of this year's winter is likely to have a significant influence on the sustainability of this trend.

1.13 **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. During the period 1st April to 30th September 2015 there were 1,002 delayed days against a ceiling of 1,113 days. There were an additional 464 delayed days in Q2. The table below summarises the identified source of the delays during Q1 and 2.

Delay Source	Acute	Non-acute (CNWL)	Total
NHS	154	577	731
Social Care	88	153	241
Both NHS & Social Care	0	30	30
Total	**242**	**760**	**1,002**

1.14 76% (760) of the delayed days concerned people with mental health needs and of these 86% (653) arose due to the lack of availability of beds in a secure rehabilitation unit. The 241 days attributed to social care arose because of issues with securing appropriate packages of care (31 days) and also securing a suitable placement (194 days).

1.15 *'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 154 days attributed to acute trusts, 30 days related to Hillingdon Hospital and 17 days were the responsibility of social care and arose because of issues to do with securing an appropriate placement or package of care.

1.16 **Care home admission target** - The September Board meeting approved the revised admissions ceiling of 150 (from 104) for 2015/16 to allow for increased levels of frailty presenting during the winter pressure period resulting in a higher level of admissions. During Q2 there were 35 permanent placements. If the Q1 and 2 admission rates are replicated consistently throughout 2015/16 then this would result in 142 permanent placements.

1.17 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 45 people who were in permanent care home placements also left during Q2. As a result, at the end of Q2 there were 444 older people permanently living in care homes (230 in residential care and 214 in nursing care). This figure also includes people who reached their sixty-fifth birthday in Q2 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**	**Green**
	a) Finance	**Green**
	b) Scheme Delivery	**Green**

Scheme 1 Funding	Approved Budget	Spend at Month 6	Variance as at Month 6	Variance as at Month 5	Move-ment from Month 5	Forecast Outturn	Forecast Variance
	£000's	£000's	£000's	£000's	£000's	£000's	£000's
HCCG Commissioned Services funding (including non elective performance fund)	180	90	0	0	0	180	0
Total Scheme 1	**180**	**90**	**0**	**0**	**0**	**180**	**0**

Scheme Financials

2.1 Current spend is in line with CCG 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 HCCG's Governing Body approved funding for the H4All Health and Wellbeing Gateway. This is for a pilot to test out the model and its benefits for Hillingdon's residents, which will be evaluated towards the end of 2016. The Gateway will become operational in Q4.

2.3 Initiatives to increase the dementia diagnosis rate in Hillingdon are now delivering positive results, as the rate at the end of September 2015 stood at 65.4%. The 2015/16 target for Hillingdon is 67.8% and is based on the number of people on local GP registers with a dementia diagnosis as a percentage of the number projected to be living with the condition. The 2015/16 target is on track to be achieved.

2.4 HCCG has increased its investment in the Memory Assessment Clinic by an additional £200k above the additional funding provided at the beginning of the year.

2.5 In Q2 the London Fire Brigade joined the Dementia Action Alliance, the aim of which is to act as a vehicle to enable Hillingdon to become a dementia friendly borough. Signatory organisations make a commitment to develop their own action plans that will enable them to contribute towards delivering this goal.

2.6 The Health Promotion Team (Public Health) launched the new Police missing person's grab pack at the first quarterly meeting of the Dementia Alliance in August 2015. The pack encourages family members and carers to have information already prepared on loved ones living with dementia in the case where they might go missing to enable police to find them faster and more efficiently. The Health Promotion Team and the Police are working closely to launch the pack to the public.

2.7 A fracture liaison nurse based at Hillingdon Hospital has been recruited and will start in November. 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).

2.8 During 2014/15 there were 871 emergency admissions as a result of falls at a total cost of £2.9m. During Q1 and Q2 2015/16 there were 384 falls-related emergency admissions (198 in Q2), compared to 449 during the same period in 2014/15 (223 in Q2).The cost during Q1 and 2 2015/16 was £1.2m compared with £1.4m during the same period in 2014/15. The target falls-related admissions ceiling for 2015/16 is 761 and activity during the first half of the year suggests that this is on track, although the severity of the winter will influence this.

Scheme Risks/Issues

2.9 The impact of the H4All Gateway on Hillingdon's health and care economy in terms of encouraging self-management by older residents/patients of their long-term conditions and reducing reliance on statutory services will be evaluated later in 2016/17. This will also consider the extent to which the current range of services contracted from the third sector are appropriate to meet the changing needs of Hillingdon's ageing population.

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

Scheme 2: Better care at the end of life							
Scheme 2 Funding	**Approved Budget**	**Spend at Month 6**	**Variance as at Month 6**	**Variance as at Month 5**	**Move-ment from Month 5**	**Forecast Outturn**	**Forecast Variance**
	£000's	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**
HCCG Commissioned Services funding (including non-elective performance fund)	100	50	0	0	0	100	0
Total Scheme 2	**100**	**50**	**0**	**0**	**0**	**100**	**0**

Scheme Financials

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

Scheme Delivery

2.11 The End of Life Forum meeting in November will agree the end of life pathway, i.e. how people identified as being at end of life are supported and where they are referred to.

2.12 A market testing exercise for the end of life services funded by the CCG, e.g. palliative beds, night sitting, etc, will be taking place early in Q3. The results of this will inform any procurement activity that may take place in Q4 and, potentially, into Q1 2016/17. The scope for including services funded by the Council is being considered as part of this process, the results of which, subject to Board, Cabinet and Governing Body approval, would be delivered in 2016/17.

Scheme Risks/Issues

2.13 The ability of the Council to participate in the use of Coordinate My Care (CMC) as an advanced planning tool as a key deliverable within the action plan for this scheme has been postponed because of an upgrade in the software which is due to take place in November 2015. CMC is used by most health professionals involved in supporting a person at end of life and arrangements will be made in Q4 to enable social care staff to have read only access to its content, which will still be helpful in supporting people at end of life; however, write access will not be possible for the foreseeable future and this means it would not be possible for social care staff to update an advanced care plan on this system to reflect their intervention. As CMC will be one of the systems available through the care information exchange platform referred to later in this report, this would not be an issue if the pilot of this new facility proves to be successful and is then rolled out more widely.

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 6	Variance as at Month 6	Variance as at Month 5	Move-ment from Month 5	Forecast Outturn	Forecast Variance
	£000's	£000's	£000's	£000's	£000's	£000's	£000's
HCCG Commissioned Services funding (including non elective performance fund)	4,099	2,121	25	22	3	4,151	52
LBH - Protecting Social Care funding	686.0	331.8	-11	6	-17	693	7
Total Scheme 3	**4,785**	**2,452**	**13**	**28**	**-14**	**4,844**	**59**

Scheme Financials

2.14 The Council's share of the funding of this scheme relates mainly to the cost of placements in particular bed based intermediate care and Hospital Social Workers. The current forecast is an overspend against bed-based intermediate care services of £7.8k and Hospital Social Workers forecast under spend £0.3k.

2.15 The HCCG spend is showing an increase cost of Pressure Relieving Mattresses partly due to a change to a new supplier (transitional costs) and an increase in the demand for equipment.

Scheme Delivery

2.16 Rapid access clinics providing access to an holistic assessment, ie consultant, therapy, nursing, and diagnostics, previously only available upon admission to the Acute Medical Unit (AMU) have recently started. There are two new clinics being provided each week, one at THH, which started on 21st August and one at Mount Vernon, which started on 2nd September. They provide 4 slots per clinic for patients requiring rapid access, e.g. within four days of referral, to an holistic assessment. Referrals into the clinics are intended to come from GPs and the Rapid Response Team and community matrons and it is expected that activity for the clinics will increase as awareness is raised.

2.17 During Q2 the Reablement Team received 323 referrals and of these 118 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, 133 people were discharged from Reablement with no on-going social care needs.

2.18 In Q1 and 2 the Rapid Response Team received 1,866 referrals, 62% (1,142) of which came from Hillingdon Hospital, 15% (282) from GPs, 10% (190) from community services such as District Nursing and the remaining 15% (252) came from a combination of the London Ambulance Service (LAS), care homes and self-referrals. 44% of referrals were linked to falls, 10% resulting from issues with reduced mobility, 6% relating to back pain and the remainder from issues ranging from urinary tract infection (UTI) to chest pain. Of the 1,142 referrals received from Hillingdon Hospital, 816 (71.5%) were discharged with Rapid Response input, 28.5% following assessment were not medically cleared for discharge. All 723 people referred from the community source received input from the Rapid Response Team.

Scheme Risks/Issues

2.19 The scheme is RAG rated as amber because of the projected £59.5k overspend against the scheme budget. The CCG's share of this overspend will be offset by underspends in their overall budget.

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

Scheme 4 Funding	**Approved Budget**	**Spend at Month 6**	**Variance as at Month 6**	**Variance as at Month 5**	**Movement from Month 5**	**Forecast Outturn**	**Forecast Variance**
	£000's	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**
LBH - Protecting Social Care funding	753	365	-11	-10	-0	745	-8
Total Scheme 4	**753**	**365**	**-11**	**-10**	**-0**	**745**	**-8**

Scheme Financials

2.20 This budget is split between Reablement (£653.6k) and Mental Health Teams (£100k). Currently Reablement is forecasting an under spend of £10k and the Mental Health Teams are forecasting a pressure of £1.5k resulting in the net forecast variance of £8.5k.

Scheme Delivery

2.21 **Appendix 3** shows the distribution of discharges from Hillingdon Hospital across the week during the period April to September. Discharges of both older people and the overall population are shown. The data shows the uneven spread of discharges across the week that the seven day working BCF scheme is seeking to address.

2.22 The CCG, Hospital and CNWL are working together to explore ways of ensure that people with complex wound care issues can be treated in the community and appropriate support for people requiring medication to be administered intravenously.

2.23 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 main referral route is through Rapid Response but arrangements have been put in place to enable the Hospital to make direct referrals, which will expedite the discharge process for people at end of life whose preferred place of care is at home.

Scheme Risks/Issues

2.24 The issue about the availability of accommodation at the Hospital to support social care staff being permanently based on site reported to the September Board remains unresolved, which is due to a general shortage of space at the Hospital is making this a difficult issue to resolve. The Council and the Hospital are exploring the possibility of a portacabin being placed on the site and the logistics of this are currently being investigated.

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 6**	**Variance as at Month 6**	**Variance as at Month 5**	**Move-ment from Month 5**	**Forecast Outturn**	**Forecast Variation**
	£000's	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**
HCCG Commissioned Services funding (including non elective performance fund)	5,605	2,858	55	43	12	5,748	143
LBH - Protecting Social Care funding	3,272	1,592	-43	-32	-10	3,251	-20
Total Scheme 5	**8,877**	**4,450**	**12**	**10**	**2**	**8,999**	**122**

Scheme Financials

2.25 The key LBH variance for the scheme relates to a forecast underspend on the TeleCareLine service of £94.7k which has increased from Month 5 forecast due to a more accurate forecast for income. 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 longer .

2.26 This scheme also includes the expenditure on the HCCG's full community equipment budget and £125k of the Council's share of the spend. The balance of the Council's community equipment budget (£486k) is currently held outside of the BCF section 75. This current forecast expenditure for community equipment is showing an overspend between the organisations of £234k (HCCG £143k, LBH £91k).

2.27 The balance is an underspend due to vacancies within the Council's reablement service.

Scheme Delivery

2.28 The multi-disciplinary team (MDT) approach was extended to GP networks in the south of the borough in Q2 after being successfully rolled out across practices in the north in Q1. The three networks in the south of the borough are receiving support to ensure that the maximum benefit can be achieved from the use of the MDT process.

2.29 The integrated care plan template completed in Q1 has started to be rolled out to GP practices across the borough. The effectiveness of this tool is linked to the development of the interoperable IT systems and progress in this area is referred to later in this document.

2.30 In Q2 **56** people aged 60 and over were assisted to stay in their own homes through the provision of disabled facilities grants (DFGs), which represented 44% of the grants provided. **73**% (41) of the people receiving DFGs were owner occupiers, 22% (12) were housing association tenants, **5**% (**3**) were private tenants. The total DFG spend on older people during Q2 was £241k, which represented 37% of the total spend (£655k) in Q2.

Scheme Risks/Issues

2.31 This scheme is RAG rated as amber because of the projected £122.4k overspend. The projected overspend will be offset by other underspends within the CCG's overall budget.

2.32 The September Board meeting was advised about a project jointly sponsored by the Council and HCCG starting in Q2 to identify where savings could be achieved from the community equipment budget**.** This project is now in progress and identified savings will be reflected in the next update to the Board. Any savings realised will be shared equally between the Council and HCCG in accordance with agreed risk and benefits share arrangements.

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

Scheme 6 Funding	Approved Budget	Spend at Month 6	Variance as at Month 6	Variance as at Month 5	Move-ment from Month 5	Forecast Outturn	Forecast variance
	£000's	£000's	£000's	£000's	£000's	£000's	£000's
HCCG Commissioned Services funding (including non elective performance fund)	48	24	0	0	0	48	0
Total Scheme 6	**48**	**24**	**0**	**0**	**0**	**48**	**0**

Scheme Financials

2.33 HCCG expenditure is in line with planned activity.

Scheme Delivery

2.34 The Deputy Director of Nursing and Patient Experience attended the September Residential and Nursing Care Home Provider Forum in September to give feedback on the Hospital response to issues raised at the June meeting, e.g. improving discharge process by setting targets for wards regarding the discharge process and stopping evening discharges.

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

Scheme 7 Funding	Approved Budget	Spend at Month 6	Variance as at Month 6	Variance as at Month 5	Move-ment from Month 5	Forecast Outturn	Forecast Variation
	£000's	£000's	£000's	£000's	£000's	£000's	£000
Care Act New Burdens Funding	838	707	288	240	48	1,621	783
Total Scheme 7	**838**	**707**	**288**	**240**	**48**	**1,621**	**783**

Scheme Financials

2.35 The current estimated increase in expenditure on delivering the responsibilities under the Care Act is £1,620.9k, a pressure of £782.9k. These additional costs are detailed below. The financial pressure on this budget arising from the additional demands is fully covered by other Council contingency funds and does not pose any risk to the financial position of the BCF.

Care Act Additional Cost Pressures	
	£000's
Social Care & Carers Assessments	231
Respite Care	415
Carers Services	209
Safeguarding Board	260
Increased clients requiring financial assessments & Contact Centre	82
ICT, Care Market Management & Staff Training	112
Project Management for the implementation of Care Act responsibilities	312
Total	**1,621**

Scheme Delivery

2.36 As at 30th September 2015, Connect to Support Hillingdon had 182 private and voluntary sector organisations registered on the site offering a wide range of products, services and support, work continues to promote the site both with residents and providers.

2.37 From 1st April (launch) to 30th September 2015, in excess of 3,700 individuals have accessed Connect to Support and completed over 5,900 sessions reviewing the information & advice pages and/or details of available services and support. The online social care self-assessment went live on 1st July 2015 and in the period to 30th September 38 online assessments have been completed and 28 were by people completing it for themselves and 10 by carers or professionals completing on behalf of another person. 8 self-assessments have been submitted to the Council to progress and the remainder have been sent to the residents at their request in order for them to decide in their own time how they wish to proceed.

2.38 The Council also launched the online financial self-assessment on the 1st July and in the period up to 30th September 3 have been completed and submitted to the Council's Finance Team for processing. This number is expected to increase over time as a result of greater awareness about the availability of this facility.

2.39 A self-assessment facility for Carers is on target to go live in Q3.

2.40 During Q1 and Q2 313 carers' assessments were completed. On a straight line projection, this would suggest a total of 626 assessments for 2015/16, which would be 256 more than in 2014/15. 133 carers received respite or other carer services in 2014/15 at a net cost of £1.5m. 153 carers have been provided with respite or other carer services during the first half of 2015/16 at a total cost of £1.074k. The forecast for 2015/16 is £1.9m.

Scheme Risks/Issues

2.41 This scheme is RAG rated as amber because of the projected £576k overspend.

Financial Costs not in schemes							
	Approved Budget	Spend at Month 6	Variance as at Month 6	Variance as at Month 5	Move-ment from Month 5	Forecast Outturn	Forecast Variation
	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Disabled Facilities Grant (Capital)	1,769.0	985.0	100.5	28.9	71.6	1,769.0	0.0
Social Care Grant (Capital)	580.0	2.0	-288.0	-240.7	-47.3	580.0	0.0
BCF Programme Management	60.0	30.0	0.0	0.0	0.0	60.0	0.0
Total	**2,409.0**	**1,017.0**	**-187.5**	**-211.8**	**24.2**	**2,409.0**	**0.0**

2.42 There is currently an overspend in month 6 for DFGs, 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

Joined-up IT Systems

3.1 Joined-up and inter-connected IT systems are key enablers to delivering integrated care. The following summarises where the Hillingdon health and care community has got to with linking up different organisational IT systems:

- All of Hillingdon's 46 GP practices now use a single system called EMIS Web and this enables them to share information between practices where there are common services and care pathways.
- Hillingdon GPs are able to submit orders electronically for diagnostic tests at The Hillingdon Hospital (THH), and see the results in their EMIS Web system, using a system called Sunquest ICE.
- At the end of an episode of hospital care at THH, summary letters are sent to GPs in electronic form.

- GP patient records from EMIS Web are visible in the Acute Medical Unit (AMU) at THH and are also available in the Urgent Care Centre and to the GP Out of Hours and 111 services, via the Medical Interoperability Gateway (MIG) and/or the national NHS Summary Care Record.

- Referrals can be sent electronically from Hillingdon GPs to THH via the NHS e-Referrals system.

- The national Electronic Prescribing System sends prescriptions from GPs to community pharmacies.

- EMIS Web enables patients to book appointments and request prescriptions online or from a smart phone.

- An Information Governance framework is in place to protect patient confidentiality.

3.2 Other projects under way to further increase automation and support greater integration of care include:

- The care information exchange platform called Patients Know Best (PKB), which will enable different IT systems to be linked up and the information from them accessed through a single web-based portal. Initially it will allow the medical care plan and the social care support plan to be viewed by care professionals as well as the patient themselves. This will be first time that it has been possible to do this. It was reported to the September Board that a pilot was due to start in October but this has been delayed whilst information governance arrangements are put in place. Once this has been completed the pilot will start and this will provide practical experience of sharing information across organisations involved in addressing the health and social care needs of residents/patients. The pilot will include patients identified from 17 GP practices in the north of the borough and if successful it will then be rolled out across the borough.

- The Council and Hillingdon Community Healthcare (HCH) are both planning to use MIG to be able to check GP records when appropriate, e.g. for other adults and children and young people as PKB is only supporting older people. It is also proposed to allow GPs to view social care records through the same route. For the Council delivery of this connection is dependent on the interface being established with the social care database, known as Protocol, which has resource implications and discussions are currently in progress with the system supplier to clarify these costs. Once resolved the appropriate expenditure approval authorisation will be sought.

- The EMIS Web system is being extended to enable people to see the whole of their GP record online.

3.3 *Digital roadmap* - NHSE is requiring all CCGs to develop local digital road maps by April 2016 to detail how they will achieve the ambition of being paper-free at the point of care by 2020. This arises from the commitment made by NHSE in its *Five Year Forward View* (NHSE Oct 14) that by 2020 there would be "fully interoperable electronic health records so that patient's records are paperless". This was supported by a Government commitment in *Personalised Health and Care 2020* (DH Nov 14) that 'all patient and care records will be digital, interoperable and real-time by 2020.' NHSE expects CCGs to engage with provider and commissioner partners across health and social care in the completion of these plans and local digital roadmaps will be considered as part of the CCG assurance framework from 2016/17 onwards.

3.4 The first stage in the development of the local digital roadmap is the completion of a self-assessment of the digital maturity of Hillingdon's health and care community and an analysis of each organisation's IT strategy against local and national clinical and digital goals. The self-assessment will take place between November 2015 and January 2016. The roadmap will be drafted by the multi-agency Pan-Hillingdon IT Group, which includes representation from the Council's Corporate IT Team and also from Adult Social Care. It is the proposed to submit draft plan to the Board's March meeting for consideration.

3.5 NHSE has advised that an announcement about additional resources to support the implementation of digital roadmaps is due to be made during 2016.

Appendix 3

HILLINGDON HOSPITAL DISCHARGE ACTIVITY DAY BY DAY APRIL - SEPT 2015								
Admission Source	**Mon**	**Tues**	**Wed**	**Thurs**	**Fri**	**Sat**	**Sun**	**TOTAL**
Discharges following a planned (elective) admission (65 + age group)	830	846	876	890	958	601	55	**5,056**
Discharges following an unplanned (non-elective) admission (65 + age group)	691	822	777	768	872	408	293	**4,631**
TOTAL DISCHARGES 65 +	**1,521**	**1,668**	**1,653**	**1,658**	**1,830**	**1,009**	**348**	**9,687**
Discharges following a planned (elective) admission (All Ages)	1,797	2,174	2,075	2,298	2,406	1,440	129	**12,319**
Discharges following an unplanned (non-elective) admission (All Ages)	1,824	2,076	1,939	1,885	2,114	1,320	1,185	**12,343**
TOTAL DISCHARGES ALL AGES	**3,621**	**4,250**	**4,014**	**4,183**	**4,520**	**2,760**	**1,314**	**24,662**
% of All Age Discharges aged 65 +	42%	39%	41%	40%	41%	37%	27%	**39%**
TOTAL DISCHARGES	**5,142**	**5,918**	**5,667**	**5,841**	**6,350**	**3,769**	**1,662**	**34,349**