

## BETTER CARE FUND: PERFORMANCE REPORT (OCT - DEC 2015)

<b>Relevant Board Member(s)</b>	Councillor Ray Puddifoot MBE Councillor Philip Corthorne Dr Ian Goodman
<b>Organisation</b>	London Borough of Hillingdon
<b>Report author</b>	Paul Whaymand, Finance Tony Zaman, Adult Social Care Kevin Byrne, Policy and Partnerships
<b>Papers with report</b>	Appendix 1) BCF Monitoring report - Month 7 - 9: Oct - Dec 2015 Appendix 2) BCF Metrics Scorecard Appendix 3) 2015/16 Better Care Fund Plan Evaluation Appendix 4) Hillingdon Hospital Discharges Day by Day (April - December 2014/15 and 2015/16)

### HEADLINE INFORMATION

<b>Summary</b>	This report provides the Board with the third update on the delivery of Hillingdon's 2015/16 Better Care Fund.
<b>Contribution to plans and strategies</b>	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.
<b>Financial Cost</b>	This report sets out the budget monitoring position of the BCF pooled fund of £17,991k for 2015/16 as at Month 9.
<b>Ward(s) affected</b>	All

### RECOMMENDATIONS

That the Health and Wellbeing Board:

- a. notes the contents of the report.
- b. agrees that a report on the draft digital roadmap across health and care partners in Hillingdon be brought to the July Board meeting for consideration.

### INFORMATION

1. This is the third 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 9 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 £553k against the pooled budget of £17,991k.
- There were 2,560 emergency (also known as non-elective) admissions in Q3 against a ceiling of 2,717 for the quarter, which supports the trend from Q2 and suggests that admissions prevention initiatives are having a positive effect.
- Delayed transfers of care - There were 1,369 delayed days during Q3 against a ceiling of 1,058. However, the total performance for Q1 to Q3 was 2,909 delayed days against a ceiling of 3,376. As the overall ceiling for 2015/16 is 4,790 delayed days this suggests that performance is following the desired trajectory.
- There were 25 permanent admissions of older people to care homes in Q3, which on a straightline projection would result in a total of 145 placements in 2015/16 against a ceiling of 150.
- Performance against the people aged 65 and over still at home 91 days after discharge from hospital to reablement suggests that there will be an improvement on the 2014/15 results but that the 2015/16 target may not be achieved.
- From 1<sup>st</sup> April (launch) to 31<sup>st</sup> December 2015, over 5,000 individuals have accessed Connect to Support and completed 7,900 sessions reviewing the information & advice pages and/or details of available services and support.
- In Q3 26 people aged 60 and over were assisted to stay in their own homes through the provision of disabled facilities grants (DFGs).
- Between 1<sup>st</sup> April and 31<sup>st</sup> December 2015 343 carers' assessments were completed. On a straight line projection, this would suggest a total of 457 assessments for 2015/16, which would be 130 (40%) more than in 2014/15.

### **2015/16 Plan Evaluation**

4. An evaluation of the 2015/16 plan using an adapted tool developed by NHSE took place on the 22<sup>nd</sup> December and included representatives from Hillingdon Hospital, CNWL, Adult Social Care, the third sector and Public Health. The results of this exercise were then tested with a broader range of stakeholders on the 9<sup>th</sup> January 2016. The general conclusion was that the plan had provided a catalyst for change by improving relationships between professions across health, social care and third sector partners and also between services. This endorses the view of officers reported to the Board's December meeting.

5. The detailed findings of the evaluation exercise are set out in **Appendix 3**, including suggestions as to how the individual schemes could be adapted to produce better outcomes for residents. Some of the key points are summarised in Table 1 below:

**Table 1: 2015/16 BCF Plan Evaluation: Summary of Key Findings**

**What has worked well**

- Commitment to work together and the acknowledgement of the importance to do so.
- Closer working between health (including GPs), social care and the voluntary sector.
- Voluntary sector involvement across all schemes.
- Creation of the third sector consortium, H4All (Age UK, Disablement Association Hillingdon, Harlington Hospice and Hillingdon Mind).
- Creation of the Integrated Discharge Team.
- Development of the Integrated Care Record and plans to share information about residents/patients across care organisations.
- Falls prevention work
- Joint working to support people at end of life has improved.
- Primary Care Navigators (PCNs) employed by Age UK
- Public Health initiatives to keep older people active mentally and physically

**Areas for further development.**

- Development of care home market for people with dementia and challenging behaviours.
- Extending integrated care to a wider population group.
- Connect between strategic and operational levels to work effectively.
- Greater integration between intermediate care services.
- Evidencing the delivery of outcomes for residents.
- Improving the patient pathway from admission to discharge.
- Using pooled budgets to improve the care experience of residents/patients with health and social care needs.
- Expanding the use of trusted assessors.
- Increasing awareness of Public Health wellbeing initiatives.
- Reviewing inter-organisational duplication.
- Pursuing joint commissioning opportunities.
- Improving the standard of care amongst care agencies.
- Improving electronic sharing of resident/patient information across health and care organisation.

6. The evaluation matrix and suggestions from partners at the evaluation meeting for improving the effectiveness of individual schemes are set out in **Appendix 3**. These have been reflected in the proposals for the 2016/17 BCF plan contained within a separate report for the Board's consideration.

**NHS Digital Roadmap**

7. The December Board report was informed that NHSE required all CCGs to develop local digital roadmaps by April 2016 to detail how they will achieve the ambition of being paper-free at the point of care by 2020. The submission date for this has now been postponed to June. The intention is that the roadmap will reflect links with the Council's digital strategy to show how

technology will assist in supporting the health and wellbeing of residents and the Board is asked to approve the draft being brought to its June meeting for consideration.

## **Financial Implications**

8. The BCF monitoring report attached as **Appendix 1** includes the financial position on each scheme within the BCF for 2015/16. This shows a forecast pressure of £553k against the pooled budget of £17,991k.

9. 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 partners are working together to implement improvements that will enable the existing equipment budget to go further and potentially reduce the pressure.

10. There is also a pressure on the Care Act new burdens budget from the cost of providing support and care to Carers as a new responsibility following the implementation of the Act. The Council holds a contingency provision to fund pressures relating to the implementation of the Care Act responsibilities.

11. The Council has switched the funding source of Telecare equipment expenditure (£280k forecast in 2015/16) from revenue to capital to utilise the annual Social Care Capital Grant to fund this expenditure in future. This has reduced the forecast pressure by £280k from month 6.

12. Any overspends identified against existing schemes will be addressed by the Council and CCG respectively through their budget monitoring processes.

## **EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES**

### **What will be the effect of the recommendations?**

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

### **Consultation Carried Out or Required**

14. The 2015/16 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.

15. Stakeholders were involved in an evaluation of the 2015/16 plan and this is addressed within the body of this report. Please see paragraphs 4 to 6 above.

### **Policy Overview Committee comments**

16. None at this stage.

## **CORPORATE IMPLICATIONS**

### **Corporate Finance Comments**

17. Corporate Finance has reviewed this report and the financial implications outlined above, noting that the budget pressure outlined within this report is reflected within the financial position reported to Cabinet on a monthly basis.

### **Hillingdon Council Legal Comments**

18. 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.

## BCF Monitoring Report

<b>Programme: Hillingdon Better Care Fund</b>	
<b>Date:</b> April 2016	<b>Period covered:</b> Oct - Dec 2015 - Month 9
<b>Core Group Sponsors:</b> Ceri Jacob /Tony Zaman /Paul Whaymand/Jonathan Tymms/ Kevin Byrne	
<b>Finance Leads:</b> Paul Whaymand/Jonathan Tymms	

<b>Key: RAG Rating Definitions and Required Actions</b>		
	<b>Definitions</b>	<b>Required Actions</b>
<b>GREEN</b>	The project is on target to succeed. The timeline/cost/objectives are within plan.	No action required.
<b>AMBER</b>	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.
<b>RED</b>	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.

<b>1. Summary and Overview</b>	<b>Plan RAG Rating</b>	<b>Amber</b>
	<b>a) Finance</b>	<b>Amber</b>
	<b>b) Scheme Delivery</b>	<b>Amber</b>
	<b>c) Impact</b>	<b>Green</b>

## A. Financials

Key components of BCF Pooled Fund 2015/16 (Revenue Funding unless classified as Capital )	Approved Pooled Budget	Spend at Month 9	Variance as at Month 9	Variance as at Month 6	Move-ment from Month 6	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	7,686	139	81	58	10,262	230

Care Act New Burdens Funding	838	1,060	432	288	144	1,511	673
LBH - Protecting Social Care Funding	4,712	3,218	(315)	(66)	(250)	4,362	(350)
LBH - Protecting Social Care Capital Funding	2,349	1,745	(17)	(188)	171	2,349	0
BCF Programme management	60	45	0	0	0	60	0
<b>Overall BCF Total funding</b>	<b>17,991</b>	<b>13,755</b>	<b>239</b>	<b>115</b>	<b>124</b>	<b>18,544</b>	<b>553</b>

## B. Plan Delivery Headlines

1.1 This report includes the financial position on each scheme within the BCF for 2015/16. This shows a forecast pressure of £553k against the pooled budget of £17,991k a reduction of £403k in the forecast pressure since month 6. This partly arises from the Council having switched the funding source of Telecare equipment expenditure (£280k forecast in 2015/16) from revenue to capital to utilise the annual Social Care Capital Grant to fund this expenditure in future.

1.2 There is also a pressure of £673k on the Care Act new burdens budget from the cost of providing support and care to Carers as a new responsibility following the implementation of the Act. This pressure has reduced by £110k since Month 6 due to a revised forecast of the cost of the support to carers. The council hold a contingency provision to fund pressures relating to the implementation of the Care Act responsibilities.

1.3 There is currently a pressure of £233k 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 partners are working together to implement improvements that will maximise value from existing spend whilst mitigating the effects of demographic change, including increased complexity of need.

1.4 There were 2,560 emergency (also known as non-elective) admissions in Q3 against a ceiling of 2,717 for the quarter, which supports the trend from Q2 and suggests that admissions prevention initiatives are having a positive effect.

1.5 During Q3 2015/16 there were 193 falls-related emergency admissions, compared to 222 during the same period in 2014/15. The trajectory for 2015/16 suggests that the ceiling of 761 may be slightly exceeded.

1.6 There are two delayed transfers of care (DTC) indicators formally reported to NHS England:

- a. The number of delayed days between when a patient is identified as medically fit for discharge and them actually leaving hospital; and
- b. Delayed transfers of care from hospital (delayed days) per 100k people aged 18 +. It is this measure that enables NHSE to benchmark each area. This is calculated by dividing the number of actual delayed days by the total population aged 18 and over.

1.7 There were 1,369 delayed days during Q3 against a ceiling of 1,058. However, the total performance for Q1 to Q3 was 2,909 delayed days against a ceiling of 3,376. As the overall ceiling for 2015/16 is 4,790 delayed days this suggests that performance is following the desired trajectory. The projected outturn for the delayed transfers of care from hospital (delayed days) per 100k people aged 18 + indicator is 475.74 against a ceiling of 616.7.

### C. Outcomes for Residents: Performance Metrics

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

1.9 **Emergency admissions target (known as non-elective admissions)** - There were 2,560 emergency admissions in Q3 against a ceiling of 2,717 for the quarter, which suggests that admission prevention initiatives are having a positive impact. The final outturn for 2015/16 will be dependent on the severity of the winter in Q4.

1.10 **Delayed transfers of care (DTOCS)** - A delayed transfer of care occurs when a patient is ready for transfer from a hospital bed, but is still occupying such a bed. A patient is ready for transfer when:

- a) A clinical decision has been made that the patient is ready for transfer; AND
- b) A multi-disciplinary team decision has been made that the patient is ready for transfer; AND
- c) The patient is safe to discharge/transfer.

1.11 There were 1,369 delayed days during Q3 against a ceiling of 1,058. However, the total performance for Q1 to Q3 was 2,909 delayed days against a ceiling of 3,376. The following table provides a breakdown of the delayed days during Q3.

Delay Source	Acute	Non-acute (CNWL)	Total
NHS	268	405	673
Social Care	261	318	579
Both NHS & Social Care	0	117	117
<b>Total</b>	<b>529</b>	<b>840</b>	<b>1,369</b>

1.12 61% (840) of the delayed days concerned people with mental health needs and of these 71% (599) arose due to difficulties in securing suitable placements, which includes beds in secure rehabilitation units and care home settings for people with challenging behaviours. Three of the CNWL patients who were delayed in Q3 were aged 65 and over. Nearly 70% (369) of the 529 delayed days in an acute setting were as a result of difficulties in securing appropriate placements. This is again related to difficulties in securing providers prepared to accept people with challenging behaviours and there is work underway across partners to support existing local providers to accept people with more challenging needs and to build resilience and capacity within the market to enable it to respond to Hillingdon's ageing population.



1.13 'Acute' in the table above includes Hillingdon Hospital, London North West Hospitals (Northwick Park and Ealing Hospitals), Imperial College Hospital, Chelsea and Westminster and the Royal Brompton and Harefield. These are trusts that provide acute care, which is defined in Schedule 3 of the 2014 Care Act as being '*intensive medical treatment provided by or under the supervision of a consultant that lasts for a limited period, after which the person receiving the treatment no longer benefits from it*'. Mental health is specifically excluded from the definition of 'acute care' for the purposes of the discharge from hospital provisions of the Care Act and its supporting regulations. The formal assessment and discharge notice process under the 2014 Act only applies to discharges from acute care. This process was formerly known as 'section 2s' and '5s' under the Community Care (Delayed Discharge) Act, 2003. The following table shows a breakdown of the delayed days by NHS trust.

Trust	Number of Delayed Days (Q3)
Hillingdon Hospitals	294
North West London (Northwick Park and Ealing)	169
Imperial College, London	29
Royal Brompton and Harefield	24
Chelsea and Westminster	13
<b>TOTAL</b>	<b>529</b>

1.14 **Care home admission target** - Period 1<sup>st</sup> April to 31<sup>st</sup> December 2015 there were 109 permanent placements against a target for 2015/16 of 150. There were 25 new permanent placements during Q3. A straight-line projection based on year-to-date (April to December 2015) information suggests that there will be 145 permanent placements, which indicates that the target is on track.

1.15 It should be noted that the new permanent admissions figure in paragraph 1.8 above is a gross figure that does not reflect the fact that there were 137 people who were in permanent care home placements also left during the period 1<sup>st</sup> April to 31<sup>st</sup> December 2015. As a result, at the end of Q3 there were 428 older people permanently living in care homes (206 in residential care and 222 in nursing care). This figure also includes people who reached their sixty-fifth birthday in Q3 and were, therefore, counted as older people.

1.16 **Percentage of people aged 65 and over still at home 91 days after discharge from hospital to reablement** - The target for 2015/16 is 95.4% and the outturn for 2014/15 was 85%. The actual sample period that is used nationally for benchmarking purposes is Q3, which means that the actual performance data will not be able until early Q1 2016/17. However, officers monitor progress during the year and the year to date position at the end of Q3 was 93.3%. If replicated during Q4 then the performance would not achieve the target but would be an improvement on the previous year. The level of frailty of some of the people being supported by the Reablement Team and the volumes of people being supported has a significant influence on the extent to which this result can be improved.

## 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 9	Variance as at Month 9	Variance as at Month 6	Movement from Month 6	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	135	0	0	0	180	0
<b>Total Scheme 1</b>	<b>180</b>	<b>135</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>180</b>	<b>0</b>

### 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 The mobilisation for the H4All Health and Wellbeing Gateway pilot started following funding approval by the CCG. The service is due to become operational borough-wide from April 2016.

2.3 A new fracture liaison nurse based at Hillingdon Hospital started in December. 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).

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

Scheme 2: Better care at the end of life							
Scheme 2 Funding	Approved Budget	Spend at Month 9	Variance as at Month 9	Variance as at Month 6	Movement from Month 6	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	75	0	0	0	100	0
<b>Total Scheme 2</b>	<b>100</b>	<b>76</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>100</b>	<b>0</b>

## Scheme Financials

2.4 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

2.5 A market testing exercise for the end of life services funded by the CCG, e.g. palliative beds, night sitting, etc, took place and showed that there was limited provider interest in delivering these services. The available options are currently under consideration with the objective of reducing fragmentation and improving the experience of care for people at end of life to support the concept of a 'good death'. Proposals for improving end of life care are included within the draft 2016/17 BCF plan which is subject to Board approval.

## Scheme Risks/Issues

2.6 This scheme has been identified as amber because there have been some delays in delivering some tasks within the action plan, e.g. agreeing the end of life pathway and identification of the key issues for carers of people at end of life. These matters will be addressed during Q4.

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

<b>Scheme 3 Funding</b>	<b>Approved Budget</b>	<b>Spend at Month 9</b>	<b>Variance as at Month 9</b>	<b>Variance as at Month 6</b>	<b>Move-ment from Month 6</b>	<b>Forecast Outturn</b>	<b>Forecast Variance</b>
	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>
HCCG Commissioned Services funding (including non elective performance fund)	4,099	3,136	39	25	14	4151	52
LBH - Protecting Social Care funding	686.0	496	(18)	(11)	(7)	607	11
<b>Total Scheme 3</b>	<b>4,785</b>	<b>3,632</b>	<b>21</b>	<b>14</b>	<b>7</b>	<b>4,848</b>	<b>63</b>

## Scheme Financials

2.6 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 of £11k against intermediate care of £3k and Hospital Social Workers forecast overspend of £8k.

2.7 The HHCCG spend is showing an increase cost of pressure relieving mattresses partly due to transition costs to a new supplier and increased demand for mattresses.

## Scheme Delivery

2.8 During Q3 the Reablement Team received 332 referrals and of these 95 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, 151 people were discharged from Reablement with no on-going social care needs.

2.9 In Q3 the Rapid Response Team received 918 referrals, 56% (513) of which came from Hillingdon Hospital, 18% (169) from GPs, 11% (105) from community services such as District Nursing and the remaining 15% (131) came from a combination of the London Ambulance Service (LAS), care homes and self-referrals. Of the 513 referrals received from Hillingdon Hospital, 432 (84%) were discharged with Rapid Response input, 14.5% following assessment were not medically cleared for discharge and 8 (1.5%) were either out of area or inappropriate referrals. All 405 people referred from the community source received input from the Rapid Response Team.

2.10 The HomeSafe service providing early supported discharge for residents aged 65 years and over from Hillingdon Hospital has been further developed during 2015/16 with the full service being provided from the specialty wards as well as the Acute Medical Unit (AMU) and the capacity of the community based services correspondingly increased. The service is on track to deliver the targeted increase in the average number of patients being discharged per day from 5.5 to 7.5 by the end of March 2016.

## Scheme Risks/Issues

2.11 This scheme is RAG rated amber because of the social care and CCG overspends.

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

<b>Scheme 4 Funding</b>	<b>Approved Budget</b>	<b>Spend at Month 9</b>	<b>Variance as at Month 9</b>	<b>Variance as at Month 6</b>	<b>Movement from Month 6</b>	<b>Forecast Outturn</b>	<b>Forecast Variance</b>
	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>
LBH - Protecting Social Care funding	753	547	(18)	(11)	(7)	746	(8)
<b>Total Scheme 4</b>	<b>753</b>	<b>547</b>	<b>(18)</b>	<b>(11)</b>	<b>(7)</b>	<b>746</b>	<b>(8)</b>

## Scheme Financials

2.12 This budget is split between Reablement (£653.6k) and Mental Health Teams (£100k). Currently Reablement is forecasting an underspend of £9k and the Mental Health Team is forecasting a pressure of £2k, unchanged since month 6.

## Scheme Delivery

2.13 **Appendix 4** shows the comparison in discharge activity at Hillingdon Hospital in Q1 - 3 2014/15 and 2015/16. This shows similar discharge patterns for people who have been admitted for planned (also known as elective) procedures and unplanned (or non-elective) procedures in both years, e.g. an uneven distribution across the week. Actions that have taken place in Q3 that will help to address this include:

- Consultant cover being available over the weekend, 8 hours on a Saturday and 8 hours on a Sunday.
- The Hawthorn Intermediate Care Unit being able to admit people seven days a week, including people with mild dementia.
- The CCG increased funding to CNWL's Tissue Viability Service to support the provision of Vacuum-assisted closure (VAC), which is a specialist therapy for the management of large, complex wounds, as well as chronic wounds that have failed to heal by conventional methods. This therapy was previously available to prevent admission and not to aid discharge and this anomaly has now been addressed. The numbers involved are small but the absence of appropriate treatment in the community can lead to long lengths of stay in hospital.
- The CCG also increased the capacity of CNWL's Ambulatory Wound Clinic to ensure that people with non-post operative wounds who are able to walk have to wait no longer than a week to receive appropriate wound care. At the end of Q3 there were no people on the waiting list for this service.

## Scheme Risks/Issues

2.14 Options to support social care staff being permanently based on the Hillingdon Hospital site are still being investigated. The feasibility of any of these options should be clear by the end of Q4.

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

<b>Scheme 5 Funding</b>	<b>Approved Budget</b>	<b>Spend at Month 9</b>	<b>Variance as at Month 9</b>	<b>Variance as at Month 6</b>	<b>Movement from Month 6</b>	<b>Forecast Outturn</b>	<b>Forecast Variation</b>
	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>
HCCG Commissioned Services funding (including non elective performance fund)	5,605	4,304	100	56	44	5,783	178
LBH - Protecting Social Care funding	3,272	2,175	(279)	(43)	(236)	2,918	(353)
<b>Total Scheme 5</b>	<b>8,877</b>	<b>6,479</b>	<b>(179)</b>	<b>13</b>	<b>(191)</b>	<b>8,701</b>	<b>(175)</b>

## Scheme Financials

2.15 This scheme also includes the expenditure on 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. As at M9 the current forecast expenditure for community equipment is showing a combined pressure of £233k between the organisations.

2.16 The key LBH variance for the scheme relates to a forecast underspend on the TeleCareLine service of £378k an increase of £280k arising from the council switching the funding source of Telecare equipment expenditure (£280k forecast in 2015/16) from revenue to capital to utilise the annual Social Care Capital Grant to fund this expenditure going forward.

## Scheme Delivery

2.17 Support continued to be provided to the three GP networks in the south of the borough to ensure that the maximum benefit can be achieved from the use of the MDT process.

2.18 In Q3 26 people aged 60 and over were assisted to stay in their own homes through the provision of disabled facilities grants (DFGs), which represented 56% of the grants provided. 80% (20) of the people receiving DFGs were owner occupiers, 18% (5) were housing association tenants, 2% (1) was private tenants. The total DFG spend on older people during Q3 was £290k, which represented 58% of the total spend (£495k) in Q3.

## Scheme Risks/Issues

2.19 This scheme is identified as amber because of the identified overspend against community equipment and the TeleCareline underspend.

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

<b>Scheme 6 Funding</b>	<b>Approved Budget</b>	<b>Spend at Month 9</b>	<b>Variance as at Month 9</b>	<b>Variance as at Month 6</b>	<b>Move-ment from Month 6</b>	<b>Forecast Outturn</b>	<b>Forecast variance</b>
	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>
HCCG Commissioned Services funding (including non elective performance fund)	48	36	0	0	0	48	0
<b>Total Scheme 6</b>	<b>48</b>	<b>36</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>48</b>	<b>0</b>

## Scheme Financials

2.20 HCCG expenditure is in line with planned activity.

## Scheme Delivery

2.21 The work within the scope of this scheme has been completed and the task and finish group dissolved. Proposals for future support and development of the care home market in Hillingdon are contained within a separate report on the draft 2016/17 BCF plan for the Board's consideration.

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

<b>Scheme 7 Funding</b>	<b>Approved Budget</b>	<b>Spend at Month 9</b>	<b>Variance as at Month 9</b>	<b>Variance as at Month 6</b>	<b>Move-ment from Month 6</b>	<b>Forecast Outturn</b>	<b>Forecast Variation</b>
	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000</b>
Care Act New Burdens Funding	838	1,060	432	288	144	1,511	673
<b>Total Scheme 7</b>	<b>838</b>	<b>1,060</b>	<b>432</b>	<b>288</b>	<b>144</b>	<b>1,511</b>	<b>673</b>

## Scheme Financials

2.22 The current estimated increase in expenditure on delivering the responsibilities under the Care Act is £1,511k, a pressure of £673k. This is a reduction from period 6 as a result of review of the volume of the forecast number of carers' assessments leading to a reduction of £110k for the cost of undertaking the assessments. 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. The table below gives a breakdown of forecast spend for 2016/17.

<b>Care Act Forecast Cost Pressures</b>	
	<b>£000's</b>
Social Care & Carers Assessments	152
Respite Care	384
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
<b>Total</b>	<b>1,511</b>

## Scheme Delivery

2.23 As at 31st December 2015, Connect to Support Hillingdon had 186 private and voluntary sector organisations registered on the site offering a wide range of products, services and support. A range of activity to engage more local providers and voluntary organisations in the site will commence in February 2016.

2.24 From 1<sup>st</sup> April (launch) to 31<sup>st</sup> December 2015, over 5,000 individuals have accessed Connect to Support and completed 7,900 sessions reviewing the information & advice pages and/or details of available services and support. The online social care self- assessment went live on 1<sup>st</sup> July 2015 and in period to 31<sup>st</sup> December 2015 51 online assessments have been completed and 35 were by people completing it for themselves and 16 by carers or professionals completing on behalf of another person. 13 self-assessments have been submitted to the Council to progress and the remainder have been sent to residents at their request in order for them to decide in their own time how they wish to proceed. The carers' online assessment will be launched in conjunction with the Council's Carer Awareness Campaign in early February 2016.

2.25 Between 1<sup>st</sup> April and 31<sup>st</sup> December 2015 343 carers' assessments were completed. On a straight line projection, this would suggest a total of 457 assessments for 2015/16, which would be 130 (40%) more than in 2014/15. 133 carers received respite or other carer services in 2014/15 at a net cost of £1.5m. 247 carers have been provided with respite or other carer services in the period between 1<sup>st</sup> April and 31<sup>st</sup> December 2015 at a total cost of £894k. The forecast for 2015/16 is £1.174k.

### **Scheme Risks/Issues**

2.26 This scheme is RAG rated as amber because of the overspend.

<b>Financial Costs not in schemes</b>							
	<b>Approved Budget</b>	<b>Spend at Month 9</b>	<b>Variance as at Month 9</b>	<b>Variance as at Month 6</b>	<b>Move-ment from Month 6</b>	<b>Forecast Outturn</b>	<b>Forecast Variation</b>
	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>
Disabled Facilities Grant (Capital)	1,769.0	1,481	154	100	54	1,769	0
Social Care Grant (Capital)	580.0	56	(379)	(288)	(91)	580	580
BCF Programme Management	60.0	45	0	0	0	60	0
<b>Total</b>	<b>2,409.0</b>	<b>1,582</b>	<b>(224)</b>	<b>(187)</b>	<b>(37)</b>	<b>2,409</b>	<b>0</b>

2.27 There is currently an overspend in M9 for the DFG, although for the year this is forecast to be on target. The spend at M9 for the Social Care Capital Grant reflects the switch in funding source for the Telecare equipment referred to in scheme 5 above.



### 3. Key Risks or Issues

#### **Joined-up IT Systems**

3.1 *Digital roadmap* - The December Board report was informed that NHSE required all CCGs to develop local digital roadmaps by April 2016 to detail how they will achieve the ambition of being paper-free at the point of care by 2020. The deadline for delivering this has now been postponed to June 2016 and it is proposed to bring the draft roadmap to the June Board for consideration.

