

BETTER CARE FUND: PERFORMANCE REPORT (JAN - MARCH 2016)

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 10 - 12: Jan - March 2016 Appendix 2) BCF Metrics Scorecard Appendix 3) Hillingdon Hospital Discharges Day by Day (April - March 2014/15 and 2015/16) Appendix 3A) Hillingdon Hospital Discharges Before Midday (April - March 2014/15 and 2015/16)

HEADLINE INFORMATION

Summary	This report provides the Board with the fourth and final 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 outturn 2015/16.
Ward(s) affected	All

RECOMMENDATION

That the Health and Wellbeing Board notes the contents of the report.

INFORMATION

1. This is the fourth and final performance report to the Board 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 12 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 an outturn pressure of £374k against the pooled budget of £17,991k.
- In 2015/16, there were 10,406 emergency (also known as non-elective) admissions to hospital of people aged 65 and over against a ceiling of 10,620. This means that there were 5% (599) fewer admissions than in 2014/15, a better performance than the 3.5% (388) 2015/16 plan target.
- There were 763 falls-related emergency admissions during 2015/16, which slightly exceeded the ceiling of 761.
- Delayed transfers of care - There were 4,196 delayed days during 2015/16 against a ceiling of 4,790. The overall performance for the year was therefore better than projected.
- There were 145 permanent admissions of older people to care homes in 2015/16 against a ceiling of 150, which means that performance was slightly better than projected.
- Performance against the target for people aged 65 and over still at home 91 days after discharge from hospital to reablement confirms that the improvement on the 2014/15 results previously reported but the 2015/16 target was not achieved.
- The target for the percentage of people completing the Adult Social Care Survey saying that they found it easy to access information and advice about services was exceeded.
- The target for people completing the Adult Social Care Survey indicating that they had a better quality of life was not achieved, although the performance was better than in 2014/15.
- From 1 April 2015 (launch) to 31 March 2016, over 5,500 individuals have accessed Connect to Support and completed 9,910 sessions reviewing the information and advice pages and/or details of available services and support.
- In Q4, 24 people aged 60 and over were assisted to stay in their own homes through the provision of disabled facilities grants (DFGs). DFGs funded adaptations to the homes of 148 older residents during 2015/16.
- Between 1 April 2015 and 31 March 2016, 466 carers' assessments were completed. This is 29% (135) more than were completed in 2014/15.

Governance Audit

4. A firm of independent auditors called Baker Tilly was engaged on behalf of the Brent, Harrow and Hillingdon (BHH) collaboration of CCGs to undertake an audit of BCF governance arrangements. The audit was undertaken in Q4 and there were two issues identified:

- *Forecast overspend of £553k at M9 as reported to the HWB* - This was mainly in respect of community equipment and it was noted that measures were already in place to address this issue.
- *Regular performance reports not being considered by the CCG's Governing Body* - This has now been addressed. The Q4 performance report will be considered by Governing Body at its July meeting.

2016/17 BCF Plan

5. Hillingdon's 2016/17 BCF plan was formally submitted on 9 May 2016, after minor amendments to it to reflect feedback from the Regional Assurance Team were approved by the Chairman, the Chair of the CCG's Governing Body and the Chair of Healthwatch Hillingdon's Board. This was in accordance with the Health and Wellbeing Board's decision at its April meeting.

6. At time of drafting, notification of the assurance status of Hillingdon's 2016/17 plan had not been received from NHS England (NHSE). The Board will receive a verbal update should this change by the time of the meeting. Irrespective of this, the focus of attention will now be on the plan's delivery and on development of the 2017 to 2020 BCF plan, which will be shaped by discussions about the emerging Sustainability and Transformation Plan (STP). The next performance report to the Board will be on Q1 of the 2016/17 plan.

Financial Implications

7. The BCF monitoring report attached as **Appendix 1** includes the financial outturn on each scheme within the BCF for 2015/16. This shows an overspend of £374k against the pooled budget of £17,991k. Each partner bears the cost of any overspends that fall to them (£195k to CCG and £179k to LBH).

8. There is currently an overspend against both the Council and CCG's shares of the pooled funds which relates to the supply of community 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.

9. There is also an overspend 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 has used a corporate contingency provision to fund any overspends relating to the implementation of the Care Act responsibilities.

10. The Council has switched the funding source of telecare equipment expenditure (£167k outturn in 2015/16) from revenue to capital to utilise the annual Social Care Capital Grant to fund this expenditure.

11. The overspends identified against existing BCF schemes will be addressed by the Council and CCG respectively through their respective year end outturn for 2015/16 (£195k to CCG and £179k to LBH).

Digital Roadmap

12. The Board agreed at its April meeting that a report on the draft digital roadmap across health and care partners in Hillingdon be brought to the June 2016 Board meeting for consideration. This section updates the Board on progress.

13. The Local Digital Roadmap (LDR) is intended to demonstrate how the ambition set out in the *Five Year Forward View* (NHSE Oct 2014) of being paperless at the point of care by 2020 will be delivered. The intention behind this is that professionals have access to digital information that will assist them to address the care needs of residents more effectively regardless of care setting. This plan directly contributes to the delivery of the *Technology and Innovation* theme of the STP and the *Developing the Digital Environment for the Future* enabling programme of the Hillingdon chapter.

14. As with the STP, the footprint of the LDR is North West London (NWL) and the robustness of the overall plan will determine access to the £1.8m (capital and revenue) that is being made available nationally over the next five years to support implementation and delivery. Confirmation is currently awaited from NHSE about the criteria for accessing for this funding.

15. The main focus of the guidance on the development of LDRs has been on interfaces between NHS providers, although engagement with local authorities is required. However, the approach being taken by NWL reflects an appreciation of the critical importance of the relationship between health and social care in delivering better care for residents and the role of technology in supporting this and the broader health and care system.

16. Work was undertaken by health providers across NWL in completing digital maturity self-assessments in Q3 and 4 2015/16 using NHSE provided templates. For Hillingdon, this included Hillingdon Hospital, CNWL and the Royal Brompton and Harefield. The Council was one of 79 local authorities across England to complete a self-assessment using a template developed jointly by the Local Government Association and NHSE. The results of these self-assessments will feed into the final submission which will coincide with the submission of the STP at the end of June 2016. Local involvement in the development of the roadmap has been coordinated through the multi-agency Pan-Hillingdon Joint IT Board, which includes representation from the Council's Corporate IT Team and also from Adult Social Care.

17. The main components of the LDR are:

- **Automate clinical workflows and records:** This is primarily focused on secondary care settings, e.g., Hillingdon Hospital, with the intention of removing the reliance on paper and supporting the transfer of care through interoperable IT systems.
- **Build a shared care record across all care settings:** This is intended to deliver the integration of health and care records required to support new models of care, including the transition away from hospital care to the community.
- **Extending patient records to patients and carers:** Enabling patients and carers to take an active role in their own health and providing them with the tools to manage their own health conditions.
- **Use of real-time data analytics to inform care decisions:** Supporting integrated health and social care through better use of data.

18. The key deliverables within the roadmap for 2016/17 and 2017/18 are shown in the Table 1 below.

Table 1: Digital Roadmap Deliverables 2016/17 and 2017/18	
2016/17	2017/18
<ul style="list-style-type: none"> • Improve access to Shared Care Records • Develop plans for digitally enabled self-care* • Develop plans for use of real time data in decision making 	<ul style="list-style-type: none"> • Eradicate use of fax in care services • Deliver robust Shared Care Record that is highly utilised • Real time use of data used to inform patients

*For example, mobile apps that enable people to monitor their blood sugar level and/or blood pressure.

19. Next steps include clarification of the local resource requirements to deliver the digital roadmap and completion of NHSE provided submission templates.

EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendations?

20. The monitoring of the BCF ensures effective governance of delivery via the Health and Wellbeing Board.

Consultation Carried Out or Required

21. 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.

22. A focus group of carers to test their experience of carers' assessments following the implementation of new responsibilities towards Carers under the Care Act was undertaken in January 2016. The focus group has resulted in a number of actions that have been reflected in the 2016/17 BCF plan and these include:

- Involving Carers in reviewing the assessment process with officers.
- Creating a help-sheet for use at the start of each carer's assessment that outlines the purpose of the assessment and what to expect from it.

Policy Overview Committee comments

23. None at this stage.

CORPORATE IMPLICATIONS

Corporate Finance Comments

24. Corporate Finance has reviewed this report, confirming the outturn position outlined above and noting the Council's share of the pressure on Community Equipment has been contained within wider Social Care budget provision.

Hillingdon Council Legal Comments

25. As is indicated in the body of the report, the statutory framework for Hillingdon's Better Care Fund is Section 75 of the National Health Service Act, 2006. This allows for the Fund to be put into a pooled budget and for joint governance arrangements between the Governing Body of Hillingdon's CCG and the Council. A condition of accessing the money in the Fund is that the

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.