

BCF Monitoring Report

Programme: Hillingdon Better Care Fund	
Date: June 2016	Period covered: Jan - March 2016 - Month 10 - 12
Core Group Sponsors: Caroline Morison/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 Outturn	Variance at Outturn	Variance as at Month 9	Movement from Month 9
	£000's	£000's	£000's	£000's	£000's
HCCG Commissioned Services funding (including non elective	10,032	10,227	195	139	56

performance fund)					
Care Act New Burdens Funding	838	1,372	534	432	102
LBH - Protecting Social Care Funding	4,712	4,357	-355	(315)	-40
LBH - Protecting Social Care Capital Funding	2,349	2,349	0	(17)	17
BCF Programme management	60	60	0	0	0
Overall BCF Total funding	17,991	18,365	374	239	135

B. Plan Delivery Headlines

1.1 This report includes the financial outturn position on each scheme within the BCF for 2015/16. The reported financial position at 31st March 2016 was an overspend of £374k against the budget of £17,991k. The overspends identified against existing BCF schemes have been addressed by the Council and CCG respectively through their respective financial revenue outturns for 2015/16 (£195k to CCG and £179k to LBH)

1.2 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 the 2014/15, a better performance than the 3.5% (388) 2015/16 plan target.

1.3 There were 763 falls-related emergency admissions during 2015/16; the ceiling was 761. The 2014/15 outturn was 871.

1.4 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.

1.5 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.

1.6 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.

C. Outcomes for Residents: Performance Metrics

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

1.8 **Emergency admissions target (known as non-elective admissions)** - There were 2,612 emergency admissions in Q4, which was slightly above the ceiling of 2,524 for the quarter, although the total outturn for 2015/16 of 10,406 was 5% below the planned ceiling of 10,620.

1.9 **Delayed transfers of care (DTOCS)** - There were 1,287 delayed days during Q4, which was below the ceiling of 1,414. The total performance for Q1 to Q4 was 4,196 delayed days against a ceiling of 4,790. Table 2 provides a breakdown of the delayed days during Q4.

Table 2: Q4 and 2015/16 Total DTOC Breakdown				
	Q4 DTOC Breakdown			2015/16 DTOC Breakdown
Delay Source	Acute	Non-acute	Total	Total
NHS	416	336	752	2,590
Social Care	197	192	389	1,293
Both NHS & Social Care	0	146	146	313
Total	613	674	1,287	4,196

1.10 52% (674) of the delayed days concerned people with mental health needs and of these 85% (579) arose due to difficulties in securing suitable placements, which includes beds in secure rehabilitation units and care home settings for people with challenging behaviours. Nearly 94% (631) of the non-acute delayed days concerned patients in beds provided by CNWL.

1.11 Nearly 66% (407) of the 613 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.

1.12 Table 3 shows the breakdown of delayed days by NHS trust for Q4 and for the whole of 2015/16.

Table 3: Distribution of Delayed Days by NHS Trust		
Trust	Number of Delayed Days (Q4)	Number of Delayed Days (2015/16)
Bucks Healthcare	31	31
Chelsea & Westminster	0	14
CNWL	631	2,577
Hillingdon Hospitals	378	735
Imperial College, London	5	92
North West London (Northwick Park and Ealing)	212	585
Oxford University Trust	0	12
Peterborough & Stamford	0	12
Royal Brompton and Harefield	22	52
West Hertfordshire	8	8
West London Mental Health Trust	0	70
West Middlesex University	0	8
TOTAL	1,287	4,196

1.13 **Care home admission target** - Period 1st April 2015 to 31st March 2016 there were 145 permanent placements against a target for 2015/16 of 150. There were 23 new permanent placements during Q4.

1.14 It should be noted that the new permanent admissions figure in paragraph X.X above is a gross figure that does not reflect the fact that there were 170 people who were in permanent care home placements also left during the period 1st April 2015 to 31st March 2016. As a result, at the end of Q4 there were 420 older people permanently living in care homes (202 in residential care and 218 in nursing care). This figure also includes people who reached their sixty-fifth birthday in Q4 and were, therefore, counted as older people.

1.15 **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%, which was determined by NHSE. The national sample period for this metric was Q3 and during this period there were 200 discharges and 88% (175) were still at home 91 days after discharge. This is a slight improvement on 2014/15 when the outturn was 85%. Of the 25 not still at home after 91 days 10 passed away. Improvements to the collection of management information in 2016/17 will allow for easy, electronic identification of other reasons for people ceasing to at home after 91 days, e.g. readmission to hospital either for a reason related to the original cause of admission or another reason.

1.16 **User experience metric: Ease with which service users have been able to fund information and advice about services/benefits** - This metric was tested through the national Adult Social Care Survey undertaken in Q4 2015/16. The target for 2015/16 was 73% and a higher performance of 75% was achieved.

1.17 **User experience metric: Quality of life** - This metric was also tested through the national Adult Social Care Survey undertaken in Q4 which asks questions about such things as control over daily life, personal care, food and nutrition, social contact and dignity. The maximum score for this metric is 24 and this is related to weightings attached to set response options available within the survey. Hillingdon's 2015/16 target was 19 but the result was 18.4, which is an improvement on the 2014/15 performance of 18.1. The key questions that resulted in a lower score concerned access to social contact, control over daily life and being meaningfully occupied.

1.18 Addressing social isolation is included within scheme 1 of the 2016/17 Better Care Fund Plan and is also one of the priorities of the Sustainability and Transformation Plan.

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 Outturn	Variance at Outturn	Variance as at Month 9	Movement from Month 9
	£000's	£000's	£000's	£000's	£000's
HCCG Commissioned Services funding (including non elective performance fund)	180	180	0	0	0
Total Scheme 1	180	180	0	0	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).

2.2 Outturn expenditure 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

2.3 A review was undertaken of the falls prevention classes being delivered by the Council's Wellbeing Service under its exercise and referral programme. This twelve week programme is intended to support people who are at risk of falls and those who have fallen to regain their confidence by assisting them to be as active as their ability allows and therefore reduce the likelihood of further falls occurring. As a result of the review a further three classes a week will be delivered from Q1 2016/17.

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 Outturn	Variance at Outturn	Variance as at Month 9	Movement from Month 9
	£000's	£000's	£000's	£000's	£000's
HCCG Commissioned Services funding (including non- elective performance fund)	100	100	0	0	0
Total Scheme 2	100	100	0	0	0

Scheme Financials

2.4 Outturn expenditure is in line with CCG profiled budget which relates to a value contract that is evenly phased (divided equally over 12 months).

Scheme Delivery

2.5 A proposal has been developed by the CCG on behalf of the multi-agency End of Life Forum for consideration by Social Finance, a not for profit organisation that partners with the government, the social sector and the financial community to find better ways of tackling social problems in the UK and beyond. If the proposal is successful it could see the injection of an additional £1.5m over three years to produce a more integrated model of end of life care for Hillingdon residents. The results of the submission are likely to be known in August 2016.

2.6 An end of life dashboard was developed that includes the following information:

- Place of death, e.g. home, hospital, care home, hospice.
- Death by gender and age.

- Deaths added to Coordinate My Care (CMC) against total predicted deaths.
- Deaths in hospital against total predicted deaths.
- Deaths in preferred place of death.
- Source of additions to CMC, e.g. GP, acute trust, community health trust, hospice.

2.7 This data will be reported to the End of Life Forum at its bi-monthly meetings in order to give a clearer picture of the management of the end of life experience for Hillingdon's residents.

Coordinate My Care Explained

CMC is an electronic advanced care plan intended to link up the organisations and individuals that provide care for a patient including doctors, nurses, social care providers and emergency services including the ambulance service, NHS 111 and the out of hours GP service. This service was developed by the Royal Marsden NHS Foundation Trust and in Hillingdon is primarily used to support end of life care.

Risks/Issues

2.8 This scheme has been RAG rated as amber because action plan tasks such as agreeing the end of life pathway and identification of the key issues for carers of people at end of life were not completed. These will roll forward into the 2016/17 plan.

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 Outturn	Variance at Outturn	Variance as at Month 9	Movement from Month 9
	£000's	£000's	£000's	£000's	£000's
HCCG Commissioned Services funding (including non elective performance fund)	4,099	4,151	52	39	13
LBH - Protecting Social Care funding	686	687	1	(18)	19
Total Scheme 3	4,785	4838	53	21	32

Scheme Financials

2.9 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 outturn position shows an overspend for Intermediate of £5k and an underspend of £4k for Hospital Social Workers.

2.10 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

2.11 During Q4 the Reablement Team received 132 referrals and of these 51 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, 45 people were discharged from Reablement with no on-going social care needs. For the whole of 2015/16 the Reablement Team received 1,023 referrals and 67% (685) of these were from hospitals (primarily Hillingdon Hospitals) and the remaining 33% (338) were from the community. Of the 1,023 referrals 918 people went on to receive reablement. 71% (272) of the people entering reablement who had not previously been accessing a long-term social care service left the service not requiring a long-term service, which is an improvement on the 2014/15 outturn figure of 69.1%. This is a significant achievement when considering that the practice during 2015/16 has been for there to be an open pathway into reablement regardless of the extent to which a person is able to respond to being reabled.

2.12 In Q4 the Rapid Response Team received 926 referrals, 54% (499) of which came from Hillingdon Hospital, 22% (202) from GPs, 10% (93) from community services such as District Nursing and the remaining 14% (132) came from a combination of the London Ambulance Service (LAS), care homes and self-referrals. Of the 499 referrals received from Hillingdon Hospital, 381 (76%) were discharged with Rapid Response input, 112 (22%) following assessment were not medically cleared for discharge and 10 (2%) were either out of area or inappropriate referrals. All 427 people referred from the community source received input from the Rapid Response Team. Table 4 below summarises the source of referrals to the Rapid Response Service during 2015/16.

TOTAL REFERRALS	Hospital	Community Services*	GP	Others**
3,710	2,154	450	653	515

*Includes District Nursing, Community Rehab

**Includes London Ambulance Service, care homes and self-referrals.

Scheme Risks/Issues

2.13 This scheme is RAG rated amber because of the overspends identified. However, the overspends are addressed by contingencies within both the Council and HCCG.

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

Scheme 4 Funding	Approved Budget	Spend Outturn	Variance at Outturn	Variance as at Month 9	Movement from Month 9
	£000's	£000's	£000's	£000's	£000's
LBH - Protecting Social Care funding	753	729	(24)	(18)	(6)
Total Scheme 4	753	729	(24)	(18)	(6)

Scheme Financials

2.14 This budget is split between Reablement (£653.6k) and Mental Health Teams (£100k). The outturn for reablement is an underspend of £21k and for the Mental Health Team, the underspend is £3k, an improvement of £6k since month 9.

Scheme Delivery

2.15 **Appendix 3** shows the comparison in discharge activity at Hillingdon Hospital in Q1 - 4 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. However, there has been an increase in discharges on Saturdays for people admitted for planned procedures.

2.16 **Appendix 3A** shows the comparison of discharges taking place before midday in Q1 - 4 2014/15 and 2015/16. Discharges taking place before midday provides a better experience of the discharge process for residents as they are able to return home earlier in the day. Appendix 3A shows that performance improved during 2015/16.

2.17 The care home specification for the dynamic purchasing system (DPS) tender being undertaken by the West London Alliance of eight London boroughs, including Hillingdon, was amended to include a requirement that providers have available suitably qualified staff to enable them to undertake assessments seven days a week. This will enable them to accept referrals seven days a week where a care home setting is the most appropriate way of addressing a resident's assessed need. The DPS will enable the Council to comply with procurement regulations for the spot purchase of care home beds.

Scheme Risks/Issues

2.18 Options to support social care staff being permanently based on the Hillingdon Hospital site are still being investigated. It has not been possible to resolve this issue in 2015/16 and a resolution will be sought in 2016/17.

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 Outturn	Variance at Outturn	Variance as at Month 9	Movement from Month 9
	£000's	£000's	£000's	£000's	£000's
HCCG Commissioned Services funding (including non elective performance fund)	5,605	5,748	143	100	43
LBH - Protecting Social Care funding	3,272	2,941	(331)	(279)	(52)
Total Scheme 5	8,877	8,689	(188)	(179)	(9)

Scheme Financials

2.19 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.

2.20 The key LBH variance for the scheme relates to a forecast underspend on the TeleCareLine service of £293k including the impact of the Council switching the funding source of Telecare equipment expenditure from revenue to capital to utilise the annual Social Care Capital Grant to fund this expenditure going forward.

Scheme Delivery

2.21 In Q4 2015/16 24 people aged 60 and over were assisted to stay in their own homes through the provision of disabled facilities grants (DFGs), which represented 43% of the grants provided. 55% (31) of the people receiving DFG's were owner occupiers, 36% (20) were housing association tenants, and 9% (5) were private tenants. The total DFG spend on older people (aged 60 and over) during Q4 2015/16 was £167K, which represented 36% of the total spend during the quarter (£461k).

Scheme Risks/Issues

2.22 This scheme is identified as amber because of the identified overspend against community equipment.

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

Scheme 6 Funding	Approved Budget	Spend Outturn	Variance at Outturn	Variance as at Month 9	Movement from Month 9
	£000's	£000's	£000's	£000's	£000's
HCCG Commissioned Services funding (including non elective performance fund)	48	48	0	0	0
Total Scheme 6	48	48	0	0	0

Scheme Financials

2.23 Outturn expenditure is in line with planned activity

Scheme Delivery

2.24 There is no update on this scheme for Q4 2015/16.

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

Scheme 7 Funding	Approved Budget	Spend Outturn	Variance at Outturn	Variance as at Month 9	Movement from Month 9
	£000's	£000's	£000's	£000's	£000's
Care Act New Burdens Funding	838	1,372	534	432	102
Total Scheme 7	838	1,372	534	432	102

Scheme Financials

2.25 The outturn expenditure on delivering the responsibilities under the Care Act is £1,372k, an overspend of £673k. This overspend arises from additional demand has been funded by other corporately held Council contingency funds.

Scheme Delivery

2.26 As at 31st March 2016, Connect to Support Hillingdon had 202 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 started in February 2016.

2.27 From 1st April 2015 (launch) to 31st March 2016, over 5,500 individuals have accessed Connect to Support and completed 9,910 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 period to 31st March 2016 and 58 online assessments have been completed and 39 were by people completing it for themselves and 19 by carers or professionals completing on behalf of another person. 17 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 was launched in conjunction with the Council's Carer Awareness Campaign in early February 2016 and up to the end of March 2016 8 assessments were submitted.

2.28 Between 1st April 2015 and 31st March 2016 444 carers' assessments were completed. This is 29% (135) more than in 2014/15. 133 carers received respite or other carer services in 2014/15 at a net cost of £1.5m. 192 carers have been provided with respite or other carer services in the period between 1st April 2015 and 31st March 2016 at a total cost of £907k.

2.29 A focus group of Carers to test their experience of carers' assessments following the implementation on new responsibilities towards Carers under the Care Act was undertaken in January 2016. This identified a number of issues including the following:

- Confusion about the purpose of the carer's assessment.
- Carers not being sure when they are receiving a carer's assessment, e.g. if it is joint with the person they care for or if they are being assessed in their own right.
- The length of the assessment form and wording of some of the questions making it difficult for Carers to follow.
- Accuracy of some assessments suggesting assessor training needs.
- Follow up after an assessment was inconsistent in terms of how quickly it happened and also the quality of the response.

2.30 All 8 Carers who attended the focus group are working with officers to deliver the actions arising from it that are reflected in the 2016/17 BCF plan, including:

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

Financial Costs not in schemes					
	Approved Budget	Spend Outturn	Variance at Outturn	Variance as at Month 9	Movement from Month 9
	£000's	£000's	£000's	£000's	£000's
Disabled Facilities Grant (Capital)	1,769	1,769	0	154	(154)
Social Care Grant (Capital)	580	580	0	(171)	171
BCF Programme Management	60	60	0	0	0
Total	2,409	2,409	0	(17)	17

2.31 The outturn for these BCF activities has come in on budget for the year 2015/16.

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 and to limiting the number of occasions that residents have to repeat their story. The fact that health and care providers and Adult Social Care are all using different IT systems was always going to make this a challenging issue to resolve and this has proved to be the case during 2015/16. The causes can be summarised as follows:

- *Technological* - There is no one single IT system on the market that will satisfy the functionality requirements of all the partners involved in meeting the health and care needs of residents.
- *Information governance* - Ensuring that appropriate information sharing agreements are in place across all relevant partners is time consuming. It also requires some cultural change amongst organisations not accustomed to sharing resident/patient information and who are concerned about the potential risks involved.
- *Cost* - Charges being levied by system suppliers to link up with other IT systems across partners is prohibitively expensive.

3.2 To address the technological issue the Board was made aware during 2015/16 of the Care Information Exchange pilot intended to enable different IT systems to be linked up and the information from them accessed through a single web-based portal. It was initially intended that this would allow the medical care plan and the social care support plan to be viewed by care professionals as well as the resident/patient themselves. A combination of technical and information governance issues have prevented this pilot from starting during 2015/16.

However, these issues have now been resolved and the pilot is due to start in Q1 2016/17.

3.3 The Board should be aware that Hillingdon is in a good place as all partners are committed to moving forward with IT interoperability and there has been progress in the electronic sharing of information between health partners. The development of the Digital Roadmap may also enable Hillingdon to access additional funds that could assist in addressing some of the cost issues arising from connecting up different IT systems.