

Meeting:	Health and wellbeing board
Meeting date:	7 February 2017
Title of report:	Better care fund 2016/17 quarter two performance report
Report by:	Senior commissioning officer – better care and integration

Classification

Open

Key decision

This is not an executive decision.

Wards affected

Countywide

Purpose

To note the better care fund 2016/17 quarter two national performance report as per the requirements of the programme.

Recommendation(s)

THAT:

- (a) the better care fund (BCF) quarter two performance report at appendix 1 be noted, as submitted to NHS England; and**
- (b) the board determine any actions it wishes to recommend to secure future improvement in efficiency or performance.**

Alternative options

- 1 There are no alternative options. The content of the return has already been approved by the council's director for adults and wellbeing and Herefordshire Clinical Commissioning Group's (CCG) accountable officer and submitted to NHS England during November 2016, as it was a national requirement. This data is being formally submitted to the board at the first available opportunity.

Reasons for recommendations

- 2 To meet national scheme requirements and ensure continuous improvement.

Key considerations

- 3 The national submission deadline for this quarterly return was 25 November 2016 and therefore the board is required to note the completed data, following its submission to NHS England.
- 4 The report identifies that the rate of permanent admissions to residential care (per 100,000 population, 65+) details no improvement in performance. Performance at quarter two was at 284.6, at the same point last year this was 268. Last year's performance was a significant improvement on 2013/14 and maintaining this level of improvement will be difficult. All permanent placements are evaluated by a practice panel which considers the appropriateness of every placement.
- 5 The report demonstrates that the proportion of older people who are still at home 91 days after discharge from reablement is on track to be met. Performance during quarter two was 86.1% against a target of 80%, which is an improvement on the same point last year and on the final year end position for 2015/16.
- 6 A risk share arrangement, restricted to a cohort of individuals, has previously been agreed and is currently being monitored through the joint commissioning group. During quarter two, the CCG reviewed two clients from within the cohort. The council had reviewed two clients resulting in a small reduction in cost. There had also been a total of five clients who had passed away from within the cohort (three council and two CCG). Clear plans are in place to ensure that all clients from within the cohort are reviewed as soon as possible.
- 7 Throughout quarter one and two, the council and CCG have been working together to review the existing rapid access to assessment and care (RAAC) scheme and to develop a joint intermediate care offer, which consists of bed based and community based provision. The focus of the replacement scheme - Intermediate Rehabilitation Service (IRS) is active therapeutic interventions, with the aim to maximise the independence of individuals. The service will provide the opportunity for admission avoidance and also facilitate earlier hospital discharge. The pilot service is due to commence during quarter three. Partners are working towards a system wide intermediate care offer which will incorporate the success of the pilot.
- 8 The national better care support team has confirmed that the subsequent better care fund plan will be a two year plan covering 2017/18 and 2018/19. Previous advice had been that the national policy framework and planning guidance would be published during November 2016; however this has now been delayed. No revised date for publication has yet been given as the finer details are still under discussion.

- 9 In the meantime, partners continue to proceed with planning, where possible. This includes a full review of the current BCF plan and continued integration discussions between health and social care. National BCF leads have stated that integration will form a key part of the BCF plans and therefore it is currently intended that Herefordshire will produce one clear plan, which incorporates all of the necessary BCF key lines of enquiry (KLOE) whilst focussing upon integration.
- 10 As part of a wider national review of data and data collection, there has been a change to the published quarter three national data collection timeframes. The quarter three data collection template will now be released week commencing 30 January 2017 with returns required by 3 March 2017.

Community impact

- 11 The BCF plan is set within the context of the national programme of transformation integration of health and social care. The council and CCG are working together to deliver on the key priorities within the plan to achieve savings and improve the delivery of services.

Equality duty

- 12 The council and CCG are committed to equality and diversity using the public sector equality duty (Equality Act 2010) to eliminate unlawful discrimination, advance equality of opportunity and foster good relations.
- 13 All equality considerations are considered as part of the development and implementation of the plan.

Financial implications

- 14 The Herefordshire BCF 2016/17 plan details a planned full year spend of £42m. Since the budget was set, NHS England has announced that FNC fees will increase from £112 per week in 2015/16 to £156.25 in 2016/17, with effect from 1 April 2016. The budget assumed an increase of 1.1% for this area.
- 15 The overall CCG forecast for CHC (continuing health care) and FNC (funded nursing care) is an over spend of £852k. For the BCF cohort, this was split between FNC £1,242k forecast overspend and CHC £886k forecast underspend, giving a net CCG pool two over spend forecast of £357k.
- 16 A large part of the forecast underspend on CHC relates to a reduction in direct expenditure on fast track cases; this has been offset by the CCG investment in the hospice at home service, which is outside the scope of the BCF financial pool arrangements.
- 17 The attached quarter two performance report also reflects the budget pressures being experienced by the council in both residential and nursing care. There are ongoing cost pressures with learning disability residential placements despite the number of packages remaining relatively stable since the beginning of the year. The quarter two forecast reflects an overspend position of £1,232k above the pool two budget, for which the risk is borne by the council. See following table:

Financial Position: Q2 2016/17	BCF		
Partner	Scheme Full Year Budget £'000	Scheme Full Year Forecast £'000	Scheme Full Year Over/(Under) spend £'000
Council	19,468	20,700	1,232
CCG	9,272	9,629	357
Other	0	0	0
Total	28,740	30,329	1,589

- 18 The 2016/17 protection of adult social care (PASC) current forecast is a £74k overspend for which the risk is borne by the council. Planning is taking place with regard to the final allocations of the PASC money across the various approved schemes but within the overall PASC financial envelope. The other areas of overspend will continue to be monitored as part of the normal budget controls in place.

Legal implications

- 19 There are no legal implications with the report.

Risk management

- 20 The board is required to note the content of the performance template, which is based on statistical and financial information and therefore the risk is minimal.
- 21 A quarter two update in relation to the risk share arrangement is provided at point six of this report.

Consultees

- 22 Public engagement is not required for this return.

Appendices

Appendix 1 – Better care fund quarter two template

Background papers

- None identified.