

<b>Meeting:</b>	<b>Health and wellbeing board</b>
<b>Meeting date:</b>	<b>28 March 2017</b>
<b>Title of report:</b>	<b>Better care fund 2016/17 quarter three performance report</b>
<b>Report by:</b>	<b>Senior commissioning officer – better care and integration</b>

## **Classification**

Open

## **Key decision**

This is not an executive decision.

## **Wards affected**

Countywide

## **Purpose**

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

## **Recommendation(s)**

**THAT:**

- (a) the better care fund (BCF) quarter three 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 prior to the deadline of 3 March 2017, 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 3 March 2017 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+) shows no improvement in performance. There have been significant increases in the number of admissions throughout 2016/17 and results are higher than at the same point last year. Processes remain consistent therefore this is a reflection of genuine increases in demand. There is also evidence of increased demand specifically for nursing care in the year, suggesting a greater complexity of client needs. All permanent placements continue to be evaluated by a practice panel which considers the appropriateness of every placement.
- 5 As detailed in the quarter three report, the proportion of older people who are still at home 91 days after discharge from reablement continues to be on track to be met. At the end of December 2016 a performance of 85% was being achieved. The current reablement service is due to cease at the end of June 2017. This contractual arrangement is currently being reviewed with options being developed.
- 6 The report at appendix 1 demonstrates that the reduction in non-elective admissions is due to be met. To support this work, during quarter three, a cross agency group has been established to address the number of non-elective admissions into hospital from care homes. The objective of the group is to ensure that we make the best use of resources by reducing unnecessary conveyances to hospitals, hospital admissions and bed days whilst ensuring the best care for residents. A number of schemes, including the 'hospital transfer bag' project, Red2Green day approach in the community and NHS111 pilots are being implemented and/or monitored through this group. The group will also support the implementation of the framework for enhanced health in care homes in Herefordshire.
- 7 A risk share arrangement, restricted to a cohort of individuals, has previously been agreed and continues to be monitored through the joint commissioning group. The quarter three report details that of the 27 clients in the risk share cohort, 14 have now been reviewed, 5 have passed away and 8 are still awaiting review. Plans are in place to ensure that all outstanding reviews are completed by 31 March 2017.
- 8 Throughout 2016/17, the council and CCG have worked together to review the existing rapid access to assessment and care (RAAC) scheme. During quarter three, an Intermediate Rehabilitation Service (IRS) pilot has been further developed and implemented. The focus of IRS is active therapeutic interventions, with the aim to maximise the independence of individuals. The service provides the opportunity for admission avoidance and also to facilitate earlier hospital discharge. Daily patient updates are being circulated, weekly multi disciplinary team discussions are in place and fortnightly monitoring meetings have been arranged. These will take place throughout the pilot period, which is due to end on 31 March 2017, in order to ensure that key outcomes are tracked and pilot implementation and results are closely monitored.

- 9 Partners continue to work towards a system wide intermediate care offer which will incorporate the findings of the IRS pilot. Future commissioning intentions for the IRS, RAAC and reablement service are currently being scoped and will be included within the better care fund plans 2017/18.
- 10 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 further. No revised date for publication has been confirmed. Partners continue to proceed with planning, where possible.

## **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. All equality considerations are considered as part of the development and implementation of the plan.

## **Financial implications**

- 13 The Herefordshire BCF 2016/17 plan details a planned full year spend of £42m. Since the budget was set, NHS England has announced that funded nursing care (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.
- 14 The attached quarter three performance report reflects the continuing budget pressures being experienced. The quarter three forecast reflects the increase of £1.312m in the cost of FNC placements which are included in the additional BCF pool. This has in part been offset by a reduction in direct expenditure on Fast Track cases; this has been offset by the CCG investment in the Hospice at Home service, the cost of which is outside the BCF.
- 15 Also reflected in this report are the council budget pressures seen in both residential and nursing, particularly within 'in-county' nursing placements, which are included in the additional BCF pool.
- 16 The 2016/17 protection of adult social care (PASC) current forecast is a £30k overspend position. 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. The principal changes arise from a further small reduction in funding for carer organisation, additional investment in rapid response and increased demand.
- 17 The current forecast reflects an overspend position of £1,858k above the pool two budget. Each partner carries the risk for their own budget. See following table:

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Further information on the subject of this report is available from  
Emma Evans – senior commissioning officer on Tel (01432) 260460

<b>Financial Position: Q3 2016/17</b>	<b>BCF</b>		
<b>Partner</b>	<b>Scheme Full Year Budget £'000</b>	<b>Scheme Full Year Forecast £'000</b>	<b>Scheme Full Year Over/(Under) spend £'000</b>
Council	19,468	20,810	1,342
CCG	9,272	9,788	516
Other	0	0	0
<b>Total</b>	<b>28,740</b>	<b>30,598</b>	<b>1,858</b>

## Legal implications

18 There are no legal implications with the report.

## Risk management

- 19 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.
- 20 A quarter three update in relation to the risk share arrangement is provided at point seven of this report.

## Consultees

21 None. This is a factual report on performance.

## Appendices

Appendix 1 – Better care fund quarter three template

## Background papers

- None identified.