

REPORT TO THE HEALTH AND WELL BEING BOARD
25th November, 2015

Better Care Fund Quarterly Reports 1 and 2

Report Sponsor: RCCG and RMBC

1. PURPOSE OF REPORT

The purpose of this report is for members to note regional feedback from NHS England on Quarter 1 report; and to agree the content of the second quarterly report to NHS England, regarding the performance of Rotherham's Better Care Fund

2. RECOMMENDATIONS

That the Health and Well-Being Board:

2.1 Recommend that the Board approve the details for submission to NHS England on or before 27th November, 2015, at noon.

2.2 Members are asked to note regional feedback from NHS England on Quarter 1 report.

3. INTRODUCTION / BACKGROUND

3.1 On 21st January 2015, Rotherham's BCF plan was approved by NHS England. The plan sets out our schemes, and how each of the BCF schemes will be measured and managed.

3.2 A quarterly reporting template (attached as Appendix 1) covered reporting on: income and expenditure, payment for performance, the supporting metrics, and the national conditions. NHS guidance requested these reports be discussed and signed off by Health and Wellbeing Boards (HWBs).

3.3 Quarterly reports are due for submission at 5 points in the year:

- 29th May, 2015 for the period January to March 2015
- 28th August, 2015 for the period April to June 2015
- 27th November, 2015 for the period July to September 2015
- 26th February, 2016 for the period October – December 2015
- 27th May, 2016 for the period January – March 2016

The reason the reporting commences from January 2015, is due to the baseline for the quarterly Payment for Performance schedule, linked to the non-elective admissions targets.

3.4 Following the submission of the first quarter's information, NHS England have completed a regional feedback on the BCF performance. This is attached at Appendix 2. This shows that Rotherham is not an outlier in any areas of the BCF,

and also shows that in line with just under half the localities, we are still working towards meeting two of the national conditions of the BCF i.e. implementing 7 day working and using the NHS Identifier. The final slide shows key lines of enquiry for NHS England for future BCF/Integration:-

- Does the information provided indicate any localities that require significant support - and if so is this something we can work together to broker?
- Have the HWBs who had not signed Section 75s when returns were submitted on 28 August, 2015, now signed?
- Does the information on National Conditions point to any areas of concern in your region – particularly on the protection of social care and agreement of impact on the acute sector?
- What support might help the high number of HWBs who are yet to fully meet the conditions for: 7 day services, joint assessments and care planning, and use of the NHS number?
- Why do some areas appear to have paid less into their Payment for Performance fund than they should have?
- What is driving success in those areas making progress on Non-Elective Admissions and Delayed Transfers of Care?
- Are those HWBs who have indicated a desire for support getting what they need?

The above are an important focus for Rotherham in its current and future quarterly returns, and also for any bids to NHS England for future assistance and support, in Integration Fund bids.

- 3.5 NHS England has produced the format for submission of quarterly data returns one month prior to the submission date. Slightly different data and a minor format change have been required in the last two quarters. For the latest (Quarter 2) return, the reporting template has been considerably changed, and contains an entirely new set of measures relating to integration. These shift the focus away from compliance with national conditions to a more strategic view of the pace and development of integration.
- 3.6 Personal Health budgets, use of risk stratification and preventative care; and use of integrated digital records across and health and social care are now integration metrics. Rotherham can report favourably on the latter two metrics. Use of risk stratification is well advanced, and supported and combined with Rotherham's social prescribing service. Similarly, we have technical capability to use integrated records (although practice in doing so is not well advanced). Rotherham's performance on the third metric - extending the use of Personal Health budgets is in progress.
- 3.7 This revised quarterly report format has been completed by relevant staff, and is attached for the Health and Wellbeing Board to approve.

- 3.8 The quarterly return shows our plans to meet the two outstanding national conditions are on track, and our performance on most metrics (where data is available) are on target. However, our performance on preventing non-elective emergency admissions has not been to plan, and we have an actual increase, rather than the planned decrease. As a result no performance related pay has been awarded. Our plan was to have no more than 7,382 unplanned non-emergency admissions in this quarter, compared to last year's Quarter 2 performance (7,438). However, our actual performance for the quarter was 7,503 – an increase on planned levels, and an overall increase on last year's performance. However, this was a reduction on the previous quarter's performance (7,745).

4. CONCLUSION/NEXT STEPS

- 4.1 The quarterly format, and the timetable for submitting the quarterly and annual returns have been included within the draft Section 75 Partnership Framework Agreement for the BCF, thus ensuring both the CCG and Local authority are jointly responsible for compiling and submitting these reports to the HWB and NHS England.
- 4.2 The return will need to be fully completed and submitted to both the BCF Executive and Health and Wellbeing Board.

5. FINANCIAL IMPLICATIONS

- 5.1 There are no direct financial implications connected with the submission of this Quarterly Report. However, the report does include information on the financial pay for performance element of the BCF. This shows that in both Quarter 1 and Quarter 2, Rotherham failed to meet its target for maintaining its 2014/15 pre-elective admissions in 2015/16, and thus was not able to pay out the designated portion of the BCF. This represents around £96k up to Quarter 2. Monies were designated within the BCF risk pool for this amount, as it was anticipated there was a risk that Rotherham would not meet its challenging non elective admissions reduction target.
- 5.2 The quarterly return shows that the undistributed funds were spent by the CCG on acute services.

6. APPENDIX

- 6.1 Appendix 1: Rotherham's Quarter 2 return
- 6.2 Appendix 2: Review of Quarter 1 returns by NHS England

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