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| 1. | Meeting: | HEALTH AND WELLBEING BOARD |
| 2. | Date: | 24th February 2016 |
| 3. | Title: | Better Care Fund Quarter 3 Submission |

4. Summary

The purpose of this report is to agree the content of the third quarterly report to NHS England regarding the performance of Rotherham's Better Care Fund

5. Recommendations

That the Health and Wellbeing Board approve the details for submission to NHS England by noon on Friday, 26th February, 2016.

6. Introduction/Background

- 6.1 Rotherham's BCF plan sets out key schemes and how each of these will be measured and managed.
- 6.2 A quarterly reporting template (attached as Appendix A) covers reporting on: income and expenditure, payment for performance, supporting metrics, integration measures and the national conditions.
- 6.3 Below is a summary of information included within the BCF submission:

7. Budget Arrangements

- 7.1 Confirmation that the BCF funds have been pooled by a Section 75 agreement signed by the Local Authority and the Clinical Commissioning Group.

8. National Conditions

The Spending Round established six national conditions for access to the Better Care Fund. In Quarter 2 of 2015/16, Rotherham reported fully meeting four of the six national conditions as follows:

- Plans are still jointly agreed between the Local Authority and the Clinical Commissioning Group.
- Social Care Services (not spending) are currently being protected.
- A joint approach to assessments and care planning are taking place and, where funding is being used for integrated packages of care, there is an accountable professional.
- An agreement on the consequential impact of changes in the acute sector is in place.

The two national conditions that Rotherham has now met during Quarter 3 of 2015/16 are as follows:

- 7 day services to support patients being discharged and prevent unnecessary admissions at weekends in place and delivering – Enabling and domiciliary services has been operating as the first phase of our 7 day services plan. We have now implemented a 7 day working hospital discharge pilot from 1st December, 2015, which will complete the intentions for 7 day working set out in the Rotherham BCF plan.
- NHS number being used as the primary identifier for health and care services – work is well underway to ensure better sharing between health and social care. There are 5,495 adults who are in the scope of the NHS number matching project. By the end of February 2016 all in-scope BCF records will have an NHS number assigned. Training materials have been issued which demonstrate to practitioners in adult social care on how to use the NHS number field.

9. Performance Data

9.1 Our performance on most metrics is on target as follows:

9.2 Non-elective hospital admissions – Q3 data shows a reduction in admissions to 6,378, in comparison to 7,745 in Q1 of 7,745 and 7,503 in Q2. Rotherham CCG is aware of data quality issues relating to The Rotherham Foundation Trust's November admissions data, which have resulted in an understated position for Q3. The CCG believe this has been rectified for December. CCG also believe that the position for admissions, as per the BCF methodology, is slightly below plan for Q3 rather than significantly below plan as indicated.

9.3 Non-elective hospital re-admissions – Re-admissions for Q3 have reduced when comparing to Q1 and Q2. 11.9% for Q3 (Q1 13.4%, and Q2 13.36%).

9.4 Permanent admissions of older people (aged 65+) to residential and nursing care homes - Admissions as at Q3 shows 297 admissions, this equates to a rate per 100,000 of 607.0 and a projection of 396 admissions or rate of 809.3 by year end, representing an in year 15.6% reduction from 2014/15 of 958.5. We project that by year end the rate will be closer to target of 933.25 and represent a 2.6% reduction in change in rate, following estimated impact of seasonal adjustments i.e. expected higher rate of admissions over the winter period and year end quality assurance checks having been applied.

9.5 The proportion of older people (65+) still at home 91 days later after hospital discharge into rehabilitation – This is an annual measure and collation of data is undertaken during Q3 by tracking service users 'offered' (ie. commence) the service during October to December 2015. Follow up actions to capture those who were still at home 91 days following discharge is completed during Q4 and finalised for submission during April/May. We will be able to provide an incremental cumulative estimate on progress from the data from analysis completed in the 3 sample months January to March 2016, from late February.

9.6 Delayed transfers of care from hospital (DTC) – This measure continues to improve and there has been a marked reduction throughout the year in the number of days lost due to delayed transfers of care at both TRFT and RDaSH. This improvement is due, in part, to impact of changes made in relation to the 3 DTC measures (BCF-whole year Total days, RMBC – ASCOF total people delays snapshots of effectiveness and offered) to operating practices with partners that were agreed during 2015/16.

9.7 NHS Family and Friends test - Annual measure using the National Inpatient Survey Results - latest published information shows a reduction in the rate of negative responses - 115.9 from a baseline position of 123.08. No further update from Q2.

10. New Integration Measures

- 10.1 Personal Health budgets, use and prevalence of multi-disciplinary and integrated care teams and use of integrated digital care records across and health and social care are new integration metrics that have been recently introduced. Rotherham can report favourably on the first two metrics.

11. Conclusion/Next Steps

- 11.1 The quarterly format, and the timetable for submitting the quarterly and annual returns have been included within the 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.

12. Background Papers

- 12.1 Appendix A: BCF Quarterly Data Collection Quarter 3 2015/16

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