



1.	Meeting:	HEALTH AND WELLBEING BOARD
2.	Date:	1 <sup>st</sup> June, 2016
3.	Title:	Better Care Fund Quarter 4 Submission

## 4. Summary

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

#### 5. Recommendations

## That the Health and Wellbeing Board:

(i) Ratify the Quarter 4 submission which will be submitted to NHS England on or before Friday, 27<sup>th</sup> May, 2016.

### 6. Introduction/Background

- 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 and 4 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 are operating as the first phase of our 7 day services plan and implementation of a 7 day working hospital discharge pilot took place from 1<sup>st</sup> December, 2015, which will complete the intentions for 7 day working set out in the Rotherham BCF plan.

• The NHS number is being used as the primary identifier for health and care services and work is now completed to ensure better sharing between health and social care. There were 5,495 adults who were in the scope of the NHS number matching project and all inscope BCF records have now been assigned an NHS number. Work is underway to ensure that training materials are provided which demonstrate to practitioners in adult social care on how to use the NHS number field for any new users of services.

#### 9. Performance Data

- 9.1 Our performance on most metrics is on target as follows:
- 9.2 Q4 data shows full year non elective admissions actual is below plan. Actual of 36,893 compared to a plan of 37,783. Q3 represents an under reported position, due to data quality issues experienced by the CCGs lead provider. This was rectified for Q4. A review of the data indicates if the under reporting was accounted for in Q3, the actual position would be just below plan for Q3.
- 9.3 Non-elective hospital re-admissions have reduced when comparing to Q1 and Q2. 11.9% for Q3 (Q1 13.4% and Q2 13.36%). Q4 data is not available due to national timescales involved in processing the SUS data.
- 9.4 Q4 shows a total of 401 admissions to residential care, which equates to a rate per 100,000 of 804.2. This is 68 fewer admissions than reported in 2014/15 and represents an approximately 16% "in year" rate reduction from the 2014/15 rate.
- 9.5 The proportion of older people still at home 91 days later after hospital discharge into rehabilitation there has been an increased number of service users (121 in comparison to last year's 117) and "effectiveness" has improved from 83.5% last year to 89.6% this year.
- 9.6 Delayed Transfers of Care from hospital is on track to meet the year-end target and there has been a marked reduction throughout the year in the number of days lost due to delayed discharges of care both at TRFT and RDaSH. In April 2016 a Memorandum of Understanding has been agreed between Rotherham CCG, the Council and The Rotherham Foundation Trust which will support the discharge process and ensure more effective integration.
- 9.7 Latest public information around the NHS Family and Friends Test shows a reduction of 123.08 to 115.9 in the rate of negative responses.

## 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 health and social care are new integration metrics that have been recently introduced. Rotherham can report favourably on the first two metrics.
- 10.2 We are now providing Personal Health Budgets to 77 adults and 20 children in Rotherham during Quarter 4.

#### 11. Year End Feedback

NHS England have also requested feedback on progress in delivering the BCF plan in 2015/16 and provides an opportunity for local areas to consider the impact of the first year of the BCF.

Our key successes include the 7 day working pilot to facilitate hospital discharge, the matching of all in-scope social care records with the NHS number and the expansion of the Mental Health Liaison Service.

Key challenges include the level of hospital admissions during Quarter 1 and 2, financial pressures on jointly commissioned services to meet increasing demands and needs and the resources required by health and social care staff to devote time to the delivery of the BCF plan.

## 12. Conclusion/Next Steps

- 12.1 The quarterly format, and the timetable for submitting the quarterly and annual returns have been included within the new Section 75 Partnership Framework Agreement for the BCF for 2016/17, thus ensuring both the CCG and Local Authority are jointly responsible for compiling and submitting these reports to the HWB and NHS England.
- 12.2 The return will need to be fully completed and submitted to both the BCF Executive Group and Health and Wellbeing Board.

## 13. Background Papers

13.1 Appendix A: BCF Quarterly Data Collection Quarter 4 2015/16

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