

1.	Meeting:	HEALTH AND WELLBEING BOARD
2.	Date:	21 st September, 2016
3.	Title:	Better Care Fund Quarter 1 Submission

4. Summary

The purpose of this report is to note the contents of the first quarterly report to NHS England regarding the performance of Rotherham's Better Care Fund in 2016/17.

5. Recommendations

That the Health and Wellbeing Board note the:

(i) Details for submission to NHS England on or before Friday, 9th September, 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 The BCF quarterly reporting template covers reporting on: income and expenditure, payment for performance, supporting metrics, integration measures, national conditions, income and expenditure.
- 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.
- 7.2 Letter from Local Authority Chief Executive sent to NHS England on 2nd August, 2016, along with revised financial planning template, confirming that the CCG minimum contribution to social care has increased by 1.98%, which is above the required uplift of 1.5% for 2016/17.
- 7.3 The total spend on social care has increased to £9,380,269 for 2016/17.

8. National Conditions

Rotherham is fully meeting 7 out of the 8 national conditions as follows:

- 8.1 Plans are still jointly agreed between the Local Authority and the Clinical Commissioning Group.
- 8.2 Maintaining provision of social care services (not spending)
- 8.3 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.

- 8.4 An agreement on the consequential impact of changes on the providers that are predicted to be substantially affected by the plans.
- 8.5 Agreement to invest in NHS commissioned out-of-hospital services.
- 8.6 Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan.
- 8.7 7 day services to support patients being discharged and prevents unnecessary admissions at weekends in place – 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. However, we need to ensure that this becomes a permanent arrangement if we are to continue meeting this national condition. This will be reviewed as part of Phase 2 of the restructure of the adult social care workforce.

Rotherham is currently partly meeting 1 out of the 8 national conditions which comprises of two elements as follows:

- 8.8 The first element (which is fully met) includes better data sharing between health and social care, based on the NHS Number (NHSN). This is being used as primary identifier for health and social care services. Work now completed to ensure better sharing between health and social care. There are 5,495 adults who were in the scope of the NHSN matching project and all BCF records now have an NHS number assigned. Our new social care system will go "live" in December 2016 and this includes the facility to integrate with the NHS 'Patient Demographic Service' (PDS) – which will deliver the ability to quickly look up NHS numbers on the NHS spine. We will begin using the NHSN on our correspondence when the new Liquidlogic system is "live" (Liquidlogic includes the facility to add NHSN to correspondence with little extra work). Whilst we are waiting for PDS to go "live" we will add new NHSN's manually. Training materials have been issued which demonstrate to practitioners in adult social care how to use the NHSN field in the incumbent system. This includes mechanisms for maintaining the NHSN in the interest of ensuring that the field is always populated and that it should be captured as early as possible during the social care pathway.
- 8.9 The second element (which is partly met) around better data sharing includes whether we ensure that patients/service users have clarity about how data about them is used, who may have access and how they can exercise their legal rights. This second element of the national condition has recently been introduced since August 2016.

Significant progress is under way, with an expected full implementation date of 31st January, 2017, to ensure that we fully meet the national condition. The work carried out includes:

The Proposed Consent Model was fully approved at the Rotherham Interoperability Group on 31st August, 2016. The Model states that the ability to access a patient's information may be done via implied consent for direct care. The public must, however, be effectively informed that the data is in use and have the option to object to their records (from any organisation) being shared. Access of a record must be done on the explicit consent of the individual for each episode of care, wherever this is possible (and practical).

Where a patient requires emergency treatment and is unable to give consent, or when a record is being reviewed in response to a test result when the patient is not present, a professional clinical decision can be made considering whether the duty to share or implied consent may be justified. Such access without explicit consent should be documented. This should be fully auditable and monitored accordingly.

A Communications and Engagement plan has been drafted and information will be made available in a variety of formats covering:

- The system “Rotherham Health Record” (RHR) that we will be using to share data
- How it works
- What information will be shared within it (details such as name, address, medication)
- Who will have access to it
- Reassurance on the security of the RHR (both technical within the system and organisational in terms of duty of confidentiality)
- How to opt out
- Who to contact with any concerns/queries

9. Income and Expenditure

9.1 There is a total of £24,323,269 in the Better Care Fund for 2016/17.

9.2 There is a forecast expenditure of £6,080,817 per quarter for 2016/17.

10. Performance Data

The majority of the BCF metrics are on target as follows:

- 10.1 Non-elective hospital re-admissions are on track to meet target. This is subject to close monitoring as admissions to some specialties are above CCG contractual targets with providers.
- 10.2 Delayed Transfers of Care from hospital is on track to meet the target. Year to Date (Quarter 1) target is 769.4, against actual performance of 676.0.
- 10.3 Admissions to Residential Care – on track to meet target. Q1 figures show 50 admissions to residential care to date which equates to a rate of 102 per 100,000 population
- 10.4 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.
- 10.5 The proportion of older people still at home 91 days later after hospital discharge into rehabilitation - this is an annual measure and is reported at year end, with indicative data becoming available during January to March 2017.
- 10.6 Emergency re-admissions to hospital – Performance shows that this is currently off track and requires further investigation.

11. Additional Measures

- 11.1 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 additional measures that have been recently introduced. Rotherham can report favourably on the first two measures.
- 11.2 We are now providing Personal Health Budgets to 69 adults and 21 children in Rotherham during Quarter 1 of 2016/17. All assessed CHC or CCC individuals and/or representatives are offered information regarding requesting a PHB from Rotherham CCG. The CCG is considering the PHB ‘Local Offer’ which highlights the plans to rollout PHBs outside of CHC/CCC.

12. Service Reviews

- 12.1 We are now carrying out a series of individual "deep dive" service reviews on BCF schemes which will identify if there are any funding or performance issues or where there are concerns regarding strategic relevance.
- 12.2 Service reviews will take place between May and December 2016.

13. Conclusion/Next Steps

- 13.1 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.
- 13.2 The return has been completed and submitted to both the BCF Executive Group and Health and Wellbeing Board.

14. Background Papers

- 14.1 Appendix 1 - BCF Quarterly Data Collection Quarter 1 2016/17

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