

1.	Meeting:	HEALTH AND WELLBEING BOARD
2.	Date:	8th March, 2017
3.	Title:	Better Care Fund Quarter 3 Submission

4. Summary

The purpose of this report is to note the contents of the second 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, 3rd March, 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.

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 social care working is now in place and embedded at the hospital with on-site social care assessment available to support patients. This has become “business as usual” from 3rd October, 2016, following the implementation of a social care restructure. Support over the full 7 days is provided by the same core team, ensuring that there is consistency of process over this period. Additional support over and above the dedicated resources identified can be accessed through the out of hours service on an as needed basis.

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” on 13th 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).
- 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 May, 2017, to ensure that we fully meet the national condition. The original date for full implementation was 31st January, 2017, and the reasons behind the delay are as follows:

- It is taking IG and IT leads longer than anticipated to agree the models of data sharing and content. In part, this is due to confusion as to what is allowable. In a report dated 8th February, 2017, The National Audit Office identified that there has been “insufficient support from the centre to tackle information governance issues” and that the Department of Health “recognised that it has not done enough to explain the rules around information governance”.
- The National Audit Office has commissioned a report from the National Data Guardian on this issue and IG and IT leads are hopeful that this will add clarity. In the meantime, IG and IT leads have convened a meeting which will take place on 15th February, 2017, to take this issue forward.

The work that has already been carried out on this initiative 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

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

10.2 ***Non-elective hospital re-admissions*** – Performance is currently under target, so non-elective admission levels are within contract plans. This is being reviewed closely as activity at some providers for Rotherham CCG only, in some specialties is above contractual targets. This activity above contracts is generating pressure within the healthcare system.

10.3 ***Emergency re-admissions*** – This indicator is now demonstrating a level of readmissions, very slightly over target, rather than significantly over target as previously thought. There is still felt to be value in a piece of work to review which groups of patients have higher readmissions.

10.4 ***Delayed Transfers of Care*** from hospital - on track to meet the target. August Year to Date performance (1102.6) is below target (1241.3). Performance against this indicator remains positive in this financial year.

10.5 ***Admissions to Residential Care*** – on track to meet target. Q3 figures (as at end of November 2016) which is significantly lower than 390 target and equates to a current rate per 100,000 of 320.4 compared to the year end target rate of 797. Whilst some winter pressures may well result in a seasonal increase by year end, we estimate that the targets will be achieved.

10.6 ***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. The outcome of this indicator will become known by April/May 2017.

10.7 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. Unfortunately the national data required to monitor this indicator has not been as frequently published as originally indicated.

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 introduced. Rotherham can report favourably on the first two measures.

- 11.2 We are now providing Personal Health Budgets to 62 adults and 19 children in Rotherham during Quarter 3. All assessed CHC or CCC individuals and/or representatives are offered information regarding requesting a PHB from Rotherham CCG. The CCG has approved 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 July 2016 and May 2017.

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 will need to be fully completed and submitted to both the BCF Executive Group and Health and Wellbeing Board.

14. Background Papers

- 14.1 BCF Quarterly Data Collection Quarter 3 2016/17 – attached below



HWB BCF Q3 Data
Collection.xlsb

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