Topic:	**Update on Better Care Fund Performance**
Date:	**10/12/2015**
Board Member:	**Alan White**
Author:	**Alex Jones**
Report Type	**Information**

1. Purpose of the Report

The priorities for the Staffordshire Better Care Fund (BCF) derive from the vision and overarching principles for the quality of life for people in Staffordshire as set out in the Joint Health and Wellbeing Strategy. As the plan was submitted in February 2015 it seems an appropriate point in time to inform the board of the progress made to date.

The Better Care Fund (BCF) is a Government-led joint initiative between the NHS and Local Government to ensure joint working across Health and Social Care. The Staffordshire Better Care Fund Plan for Staffordshire includes the following schemes and funding, however not all partners contributed the same funding streams so there is local variation at CCG level as to which schemes apply to which area:

1. Integrated Access to Care – Maximising independence and self-help
2. Integrated Locality Care Teams – Managing Dependency on Services
3. Integrated Locality Community Teams – Managing Safe Return to Steady State
4. Disabled Facilities Grant
5. Adult Social Care Capital Grant
6. Technology Enabled Care Services (TECS) and Assistive Technology
7. Integrated Community Equipment Service (ICES)
8. Continuing Healthcare (CHC)
9. End of Life Care
10. Carers (Inc. Carers Breaks, Mental Health Carers Support and Information for Carers) (Includes Dementia Carer Cafes)
11. Care Act Implementation Funding

Currently a local stocktake exercise is being undertaken to ensure that the lessons from this year's plan are fed into the plan for 2016/17. There is also a national stocktake being undertaken which will be analysed at a regional level by ADASS, for the purposes of this exercise Staffordshire will be part of the West Midlands analysis.

This report is updating the HWB on the performance and delivery of the BCF plan within Staffordshire. This report includes the main measures used to analyse BCF performance as well as a number of supporting measures which are collected. For the main measures the rationale as well as definition behind the measure has been included.

2. Delivery of the Plan

There was an intensive period of support offered to Staffordshire (and other authorities) as part of the BCF approval process. This support was in the form of a specific advisor who worked with at least four local authorities and was tasked with ensuring plans submitted would gain DH approval. The advisor for Staffordshire provided considerable input into the development and production of the plan.

There was also additional support secured by the BCF Partnership in the form of a temporary Programme Director (xx to October). The Programme Director undertook a "sense check" exercise of the plan looking at both the schemes and performance and savings expectations. The conclusions from this work were;

- The schemes have considerable overlap with initiatives within both SCC MTFS and, CCG FRPs and can only be delivered alongside these plans.
- There is a further level of overlap with the Better Together Programme which requires mapping.
- There would be little benefit from establishing a stand- alone BCF programme office which sat outside of the Better Together programme.
- The pooled fund of £98m would be unable to achieve the level of traction required to deliver system-wide change without it being considered as part of the wider transformation programme.
- Public awareness and understanding of the BCF plan and ambition was very limited although once explained there was broad public support within the sample tested (Engagement undertaken by ECS)
- An examination of learning from other areas which may identify additional schemes that could contribute to the achievement of the BCF ambitions within Staffordshire.

The outcome of this work will be considered and taken forward by the BCF Partnership Board.

3. Reduction in Non-Elective Admissions (general and acute)

Reduce non-elective admissions which can be influenced by effective collaboration across the health and care system.

Good management of long term conditions requires effective collaboration across the health and care system to support people in managing conditions and to promote swift recovery and reablement after acute illness. There should be shared responsibility across the system so that all parts of the health and care system improve the quality of care and reduce the frequency and necessity for non-elective admissions.

Non-Elective admission data are derived from the Monthly Activity Return, which is collected from the NHS. It is collected from providers (both NHS and IS) who provide the data broken down by Commissioner.

Data shows that performance is within the plan expectations and although within year the figure is increasing this trend would be expected to account for fluctuations within flow.

	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Plan	22,681	22,691	23,182	N/A
Actual	20,264	20,987	22,183	N/A
Difference	2,417	1,704	999	N/A

4. Reduction in A&E attendances

	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Plan	N/A	N/A	N/A	N/A
Actual	N/A	7520	7459	N/A
Difference	N/A	N/A	N/A	N/A

5. **Reduction in people receiving social care assessment (new clients receiving assessment)**

This measure is intended to measure the effectiveness of the social care 'front door' in signposting people to universal services and self-help resources as an alternative to dependency on the formal care system.

Although the rate of assessments of new clients has fallen since last year, we have not quite reached the level of reduction needed to achieve the planned figure. This is as a result of the implementation of the Care Act 2014, which has broadened the criteria for assessment of needs which will result in more assessments on need being undertaken. The BCF Plan references the potential impact of the Care Act as being something it was not able to quantify at the time.

	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Plan	n/a	1950	1760	1665
Actual	n/a	2231	2015	n/a
Difference	n/a	+281	+255	n/a

6. Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population

Reducing inappropriate admissions of older people (65+) in to residential care. Annual rate of council-supported permanent admissions of older people to residential and nursing care.

Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency, and the inclusion of this measure in the scheme supports local health and social care services to work together to reduce avoidable admissions. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care.

We are seeing a steady reduction in the number of permanent admissions to residential care. However, whilst we are currently on target to achieve the planned figure, seasonal fluctuations may lead to increases later in the year.

	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Plan	N/A	577	577	577
Actual	N/A	548	554	N/A
Difference	N/A	-29	-23	N/A

7. Reduction in DToCs (quarterly number of all delayed discharge days per 100,000 population aged 18+)

This measures the impact of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults. This indicates the ability of the whole system to ensure appropriate transfer from hospital for the entire adult population. It is an important marker of the effective joint working of local partners, and is a measure of the effectiveness of the interface between health and social care services. Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of social care.

The DTOC reporting is not following the national policy for counting and validation so is currently not accepted as an accurate figure by SCC ASC. Two workshops have taken place with the CCGs and operational staff and there is an action plan to address the implementation of the national policy for managing and measuring DTOC. However Staffordshire's experience appears to be very similar to that being seen nationally and which is being considered by Central G overnment.

	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Plan	N/A	1050	900	750
Actual	1082	989	1224	N/A
Difference	N/A	-61	+324	N/A

8. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services

Increase in effectiveness of these services whilst ensuring that those offered service does not decrease.

Reablement or rehabilitation services seek to support people in order to minimise their need for on-going support and to maximise their independence. This measure captures the effectiveness of these services for older people, measuring the proportion of older people still at home 91 days after being discharged from hospital into reablement or rehabilitation services.

The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into rehabilitation services.

	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Plan	N/A	86.4	86.4	86.4
Actual	88.6	86.1	85.3	N/A
Difference	N/A	-0.3	-1.1	N/A

Whilst the proportion of people still at home 91 days after receiving reablement on discharge from hospital has fallen slightly, it remains well above the national average of 81%.

9. Increase in positive service user experience (% of people who use services and carers who find it easy to find information about support, services or benefits)

This measure reflects social services users' and carers' experience of access to information and advice about social care in the past year. Information is a core universal service and a key factor in early intervention and reducing dependency.

Improved and/or more information benefits carers and the people they support by helping them to have greater choice and control over their lives. This may help to sustain caring relationships through, for example, reduction in stress, improved welfare and physical health improvements.

These benefits accrue only where information is accessed that would not otherwise have been accessed, or in those cases where the same information is obtained more easily.

	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Plan	N/A	72.0	72.0	72.0
Actual	69.7	TBA	TBA	N/A
Difference	N/A	N/A	N/A	N/A

This measure is taken from the annual social care user and carers surveys. The 2015/16 survey will take place in February 2016.

10. **Conclusions**

The plan for 2016/17 will be submitted to the Health and Wellbeing Board for approval. It is anticipated that this will be in line with timescales which were experienced last year (late February). The guidance is due out in the week of 14th December. The aim for next year is that the BCF will be brought formerly in line with the transformational work of the Congress to assure the success of the delivery and the financial efficiencies required.