

**REPORT TO:** Health and Wellbeing Board  
**DATE:** 13<sup>th</sup> May 2015  
**REPORTING OFFICER:** Strategic Director, Communities  
**PORTFOLIO:** Health and Wellbeing  
**SUBJECT:** Better Care Fund Quarter 4 report 2014/15  
**WARD(S)** Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To request that the Board approve the Quarter 4 report for 2014/15 for the Better Care Fund for submission to the Local Government Association and NHS England by 29<sup>th</sup> May 2015.

2.0 **RECOMMENDATION: That the Board**

1. **note the content of the report; and**
2. **approve the Quarter 4 Better Care Fund Report, detailed in point 4.0 of the report and at the attached Appendix.**

3.0 **SUPPORTING INFORMATION**

3.1 *BCF Operationalisation Guidance and Non-elective Admissions Ambitions*

On 20<sup>th</sup> March, the BCF operationalisation guidance and non-elective admissions ambitions were published by the DH, NHS England, LGA and DCLG. The document sets out the monitoring requirements for 2015/16 for the Fund, as detailed below.

3.2 **Quarterly Reporting Template**

The national Joint BCF Taskforce (soon to be renamed Better Care Support Team) is in the process of producing a quarterly reporting template for all LAs and CCGs to use. The template covers reporting on the following areas of the BCF:

- Income and expenditure;
- Payment for Performance;
- Supporting Metrics; and
- National Conditions.

It is suggested that these reports are discussed and signed off by the Health and Wellbeing Board, given their lead role in the BCF as part of discharging their duty under s.195 of the Health and Social Care Act 2012 to encourage commissioners to provide health and

social care services in an integrated manner.

### 3.3 **Submission Points**

The quarterly reports are due for submission to NHS England at 5 points during the year:

- 29<sup>th</sup> May – for the period January to March 2015
- 28<sup>th</sup> August 2015 – for the period April to June 2015
- 27<sup>th</sup> November 2015 – for the period July to September 2015
- 26<sup>th</sup> February 2016 – for the period October to December 2015
- 27<sup>th</sup> May 2016 – for the period January to March 2016

Reporting commences from January 2015 due to the baseline for the quarterly Payment for Performance schedule, linked to non-elective admissions ambition, although as the BCF was not implemented until April 2015, this report does not require any financial information.

### 3.4 **Annual Reporting/Year-End Reporting**

NHS England and the LGA are developing Year-End reporting guidance and an annual report template which will build on the quarterly reporting. There are currently some outstanding queries around accounting and audit being worked through before these can be finalised and issued. Once finalised, they will be available on the Better Care Fund webpage.

### 4.0 **Quarter 4 Report**

Approval is required from the Board for the Quarter 4 report for January to March 2015, which is due for submission to NHS England by 29<sup>th</sup> May. The detail of this is attached at the Appendix, in Tabs 4, 5 and 6. A summary of the Q4 report is as follows.

#### **Tab 4** Non-Elective Admissions:

- The target for Q4 was 4,248 non-elective admissions in to hospital, all-age per 100,000 population. The actual figure for Q4 is 4,700, therefore we have not achieved our target in this quarter. This is mainly due to the winter pressures during January/February 2015. We are expecting a recovery in Q1 (April to June 2015) with the planned implementation of schemes within the BCF, in particular the Urgent Care Centres.

#### **Tab 5** – Supporting Metrics.

- **Residential Admissions** – The target for Q4 was 134 permanent admissions of older people to residential and nursing care homes, per 100,000. The actual figure was 131 in this area, so performance in this area has been slightly better than planned. This continues our excellent performance in this area.
- **Reablement** – The target for Q4 was 68.2% for the proportion of older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation services. The actual figure was 65.6%, therefore we have not achieved the target. Analysis

of the caseload demonstrates that intermediate care in Halton operate an inclusive criteria including people who are not medically stable and also those in the last few months of their life. This metric is collated between October and December annually.

- **Falls** – The target for Q4 was 192 hospital re-admissions (within 28 days) where the original admission was due to a fall per 100,000 population. The actual figure is 159, therefore the target has been achieved.
- **Delayed Transfers Of Care** – the target for Q4 was 498 delayed transfers of care from hospital per 100,000 population. The actual figure was 920, therefore we have not achieved the target. Locally we saw significant pressures within acute mental health during the winter period which accounts for some of this increase. This issue has now been resolved, so we are on target for our planned figure in Q1.
- **Service User Survey** – Our target for Q4 was 88% for “Do care and support services help you to have a better quality of life”. The actual figure was 93%. Overall levels of satisfaction with adult social care have increased from the previous period. (NB - this figure is provisional as the final figure has not yet been processed).

**Tab 6** is the National Conditions showing that we are on track.

## 5.0 **POLICY IMPLICATIONS**

5.1 None identified.

## 6.0 **FINANCIAL IMPLICATIONS**

6.1 The success of the BCF is reliant on the success of the schemes within it. These schemes will be regularly monitored through the BCF ECB and Better Care Board.

## 7.0 **IMPLICATIONS FOR THE COUNCIL’S PRIORITIES**

### 7.1 **Children & Young People in Halton**

Effective arrangements for children’s transition services will need to be in place.

### 7.2 **Employment, Learning & Skills in Halton**

Any long-term integration arrangements will need to focus upon staffing issues.

### 7.3 **A Healthy Halton**

Developing integration further between Halton Borough Council and

the NHS Halton Clinical Commissioning Group will have a direct impact on improving the health of people living in Halton. The plan that is developed will be linked to the priorities identified in the Integrated Commissioning Framework.

7.4 **A Safer Halton**

None identified.

7.5 **Halton's Urban Renewal**

None identified.

8.0 **RISK ANALYSIS**

8.1 If an area fails to meet any of the standard conditions of the BCF, including if the funds are not being spent in accordance with the plan with the result that delivery of the national conditions is jeopardised, the Better Care Support Team may make a recommendation to NHS England that they should initiate the escalation process. The process ultimately leads to the ability for NHS England to use its powers on intervention provided by the Care Act legislation, in consultation with DH and DCLG as the last resort. The quarterly reporting templates allow for any variation in spending from the plan to be explained.

9.0 **EQUALITY AND DIVERSITY ISSUES**

9.1 This is in line with all equality and diversity issues in Halton.