

1. Better Care Finance and Performance Report December 2015

- 1.1 The contents of this paper can be shared with the general public.
- 1.2 This paper is for the Health & Wellbeing Board meeting on the 2nd February 2016.
2 February 2016
- 1.3 Author of the Paper and contact details:

*Claire Holloway, Interim Chief Operating Officer, Brighton and Hove CCG
Email: Claire.Holloway@nhs.net*

2. Summary

- 2.1 This report provides the Better Care Board and the Health and Wellbeing Board with an overview of the Better Care programme.

3. Decisions, recommendations and any options

- 3.1 That the Health and Wellbeing Board note the report.

4. Relevant information

- 4.1 The report is in three sections; finance, performance and programme delivery as detailed below:



Better Care Finance and Performance Report December 2015

Introduction

This report provides the Better Care Board and the Health and Wellbeing Board with an overview of the Better Care programme. The report is in three sections; finance, performance and programme delivery.

Finance Overview

2.1 Section 75 Pooled Budget

At month 8 the budgets are underspending by £1,239k, with an underspend of £633k expected by the year end. The key points to note are below and a summary table is contained in Appendix 1.

The Integrated Delivery workstream is currently underspent by £559k, with a forecast year end underspend of £501k. Progress against plans continues to be reviewed to establish whether in-year delays will result in additional underspends at the end of the year.

The Personalisation workstream is also underspent at month 8 (£267k), and is now forecast to underspend by £167k. Lower than anticipated savings on equipment, under the councils current contract for community equipment (a 30% reduction was expected) are generating an expected cost pressure of £55k, but this has been offset by forecast savings against some of the carers budgets (£222k). There remains a risk that the overspend on community equipment will increase as we progress through the year and transition to the new service provider.

At month 8 the Protecting Social Care workstream is overspending by £71k, with a forecast overspend for the year of £195k, due to significant pressures on the Disabled facilities grant budget. The position is under close review with a cost reduction program being put in place to bring costs back in line with the budget.

Plans within the Keeping People Well workstream are in the process of being finalised and therefore there is an underspend of £484k at Month 8. Currently we are reporting a forecast underspend of £160k in relation to Dementia projects, but other plans are currently being reviewed to assess the impact of delays on the outturn position.

The overall forecast underspend currently being reported should be considered with some caution, however, the Better Care Board is asked to consider principals for the treatment of any surplus budget, should this become available.

2.2 Better Care Fund Enablers

The schedule contained in Appendix 2 details the funding earmarked in CCG budgets (outside of the pooled fund) to support of the establishment of Better Care schemes and the position at Month 8. The total amount available to support workstreams is £1,971k.

Following a thorough review of the progress in the implementation of work programmes, we are now anticipating slippage across a number of budgets, totalling £1,037k. The Finance &

Performance group as part of the ongoing review of performance of projects and the resulting achievement of targets will consider whether any funds should be diverted to alternative use.

2.3 Payment for Performance

Nationally £1bn of the total Better Care Fund was tagged as being a payment for performance – the achievement of planned Non-Elective activity levels.

CCGs were able to set their own target reduction in Non-Elective activity and for Brighton & Hove this was a reduction of 469, with an associated value of £699k.

Where performance was not achieved it was intended that the performance payment, rather than being available for the pooled fund would be withheld by the CCG to be spent outside of the pool as necessary either to fund the additional Non-Elective activity or assist with improving future performance .

In setting up their pooled fund some areas initially withheld this element of the funding, in order that it could either be directed into the pooled fund if performance was achieved or spent elsewhere as needed to support improved performance. Brighton & Hove however, took the decision to include the Payment for Performance in the pooled fund, and instead deal with any non-achievement of performance outside of the fund where possible, should it be necessary.

Currently we are on track to achieve our target for Non-Elective activity levels.

Performance Overview

3.1 National Targets




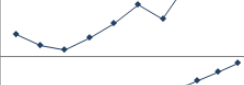

There are 5 national metrics which relate to the Better Care programme. The delivery of the Brighton and Hove Better Care Plan anticipates the following improvements in the 5 national metrics:

1. Reduce non elective admissions by 1.9% (478)
2. Reduce permanent admissions to care homes by 13.3% (32)
3. Proportion of older people who were still at home 91 days after discharge from hospital into reablement services to be 89.1%
4. Reduce delayed transfers of care by 5.2% (308)
5. Increase dementia diagnosis rate to 67%

There are 4 programmes of work, supported by 3 enabling workstreams, which collectively will deliver these improvements.

3.2 Performance against the national targets

The current performance against the national targets is contained in the table below and summarised in the following narrative:

Measure	Target	Actual	Period	RAG	Trend
Total non-elective admissions in to hospital (general & acute), all ages	-1.9%	-4.6%	Q2 15/16 YTD	G	
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000	545.9	855.6	Q2 15/16 YTD	R	
Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	85%	82%	2014/15	G	
Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+)	610.3	1187.8	Q2 15/16 YTD	R	
Dementia diagnosis rates	67%	65%	Aug-15	G	

Please note the table above shows performance in the nationally mandated format. The sections below describe the targets in more detail.

3.2.1 Non elective admissions:

- Emergency admissions in October 2015 decreased from last month as well as the same period last year by 68 admissions.
- Admissions are forecasted to be -4% against plan by the end of Q3 2015/16.

3.2.2 Care home admissions:

- In Q2 2015/16, there were 68 admissions against a target of 52. Provisional figures for September showed a small decrease against last month from 26 to 23. For Brighton and Hove to meet the annual target, there should be on average 17 admissions each month.
- The number of care home admissions is forecasted to be 320 in 2015/16, with a target of 208. Based on the forecast, Brighton and Hove would have breached the target by November. This could amount to a financial pressure of £1.8m.

3.2.3 Reablement:

- Due to this indicator being measured only in Q4, it is difficult to provide an accurate forecast. The commissioner anticipates performance will not deteriorate against last year and therefore forecast it to be 82%.

3.2.4 Delayed Transfers for care:

- There was a continual drop in delays for September 2015 over the last two months. It's difficult to predict whether this can be sustained due to the fluctuations in the last 18 months. Historically, delays usually increase over winter, so performance is expected to get worse.
- Patients awaiting residential/nursing home placements continue to account for almost half of all delays.
- For 2015/16, days delayed forecasted to be 11,030 against a target of 5,644.

3.2.5 Dementia diagnosis:

- Performance is forecasted to be 68% by the end of 2015/16.

Local Programme Delivery

4.1 Integrated Care Update

	Target	Actual	Period	RAG
Integrated Care				
Patients contacted within 1 week of identification	95%	100%	Nov-15	G
Patients receive F2F assessment within 4 weeks of identification	95%	100%	Nov-15	G
MDT meetings include a GP from the patient's GP practice	95%	75%	Nov-15	R
Patients see an improvement in their wellbeing and independence	90%	-	-	-

- i. **Milestones** - Implementation of the proactive care model across General Practice clusters on-going; patient centred outcome measure being pilot within an MDT. Work to include Young People's outcome measure at risk of delay.
- ii. **Metrics** – A number of metrics are being reported via Excel, but the overall goal is to have it reported via the risk stratification tool. Discussions have started with Sollis on how it can be achieved.
- iii. **Risk** - Risk to delivery is a delay in the start of care coach roles; initial delay due to recruitment but this is now complete
- iv. **Finance** - The Integrated Delivery workstream is currently underspent by £262k, with a forecast year end underspend of £388k.

4.2 Homeless Update

	Target	Actual	Period	RAG
Homeless				
Reduction in homeless A&E attendances	<448	545	Q2 15/16	R
Reduction in homeless total admissions	-5	-11	Q2 15/16	G

- i. **Milestones** - Homeless 'Hub & Spoke' service model has been agreed. Contracting and procurement work is being initiated to define service delivery options
- ii. **Metrics** – Awaiting reply from BSUH to only include data for emergency admissions. A&E attendances increased considerably in August.
- iii. **Risk** - Current risk resulting from a reduction in funding for homeless services in city, which could result in increased pressure on the Better Care homeless model
- iv. **Finance** - Actual vs. planned spend is on track

4.3 Personalisation Update

	Target	Actual	Period	RAG
Personalisation				
PHB – number of active CHC PHBs	3	7	Q2 15/16	G

- i. **Milestones** – Future expansion of Personal Health Budgets (PHBs) agreed. Roll-out to homeless and integrated care patient cohorts underway. Mapping of existing self-management services and a future strategy is on track
- ii. **Metrics** - The number of active Personal Health Budgets (PHBs) for CHC patients is on track with a target of 12 by the end of the year, and the first PHB within the Homeless cohort established
- iii. **Risk** - Current risk around access to patient activity data in order to monitor the impact of Personal Health Budgets being reviewed against Information Governance advice
- iv. **Finance** - The Personalisation workstream is also underspent at month 6 (£255k), but is currently forecast to overspend by £55k.

4.4 Protecting Social Care Update

- i. **Milestones** – Compliance elements of the Care Act delivered; remaining on-going including assessment redesign and market shaping. Homecare Hospital Discharge and Additional Social Workers in Access Point fully delivered and reporting positive impact
- ii. **Risk** – Key risk associated with budget restrictions on-going; awaiting Government assessment to determine financial position
- iii. **Finance** - At month 6 the Protecting Social Care workstream is overspending by £170k, with a forecast overspend for the year of £176k, due to significant pressures on the Disabled facilities grant budget.

4.5 Dementia Update

	Target	Actual	Period	RAG
Dementia				
Dementia diagnosis rates	67%	65%	Mar-15	G

- i. **Milestones** – Current work regarding Dementia service development not in scope of the Better Care programme; primary care diagnosis and audit work complete early 2015.
- ii. **Risk** – Planned improvements to the MAS are unlikely to deliver target diagnosis rates therefore further actions are required to improve performance.
- iii. **Finance** - Currently we are reporting a forecast underspend of £160k in relation to Dementia projects, but other plans are currently being reviewed to assess the impact of delays on the outturn position.

Recommendation

The Better Care Board is asked to note current performance and to advise on the principals for the treatment of any surplus budget, should this become available.

Appendix 1 – Section 75 Pooled Budget Month 8

	Annual Budget £	Month 8			Year End	
		Budget £	Actual £	Variance £	Forecast £	Variance £
1 Integrated Delivery Workstream						
Natasha Cooper (CCG)						
1.2 Integrated Care (Sarah Bartholomew)						
Proactive Care (Primary Care)	1,500,000	780,581	498,963	(281,618)	1,385,000	(115,000)
Additional Care Managers working across the City localities 7 days per week	145,000	96,667	86,473	(10,194)	131,060	(13,940)
Additional Mental Health nurses (IPCT)	100,000	66,665	66,666	1	100,000	0
Additional therapy capacity (IPCT)	150,000	100,000	0	(100,000)	0	(150,000)
Additional nursing capacity (IPCT)	160,000	106,667	0	(106,667)	0	(160,000)
Additional therapy in Integrated Primary Care Teams	283,392	188,928	188,928	0	283,392	0
3 Social Workers in IPCT's	120,000	80,000	68,922	(11,078)	108,120	(11,880)
Baseline IPCTs	7,076,532	4,717,688	4,717,688	0	7,076,532	0
SCT increase in IPCT late shift nursing to support Collaborative working with CCRS	111,000	74,000	44,000	(30,000)	66,000	(45,000)
SCT in-reach IPCT Frailty Co-ordinator £100K	100,000	66,667	63,333	(3,333)	95,000	(5,000)
Incentivising care homes and homecare providers to respond 7 days per week	69,000	46,000	40,000	(6,000)	69,000	0
Pharmacy (IPCT)	105,288	70,192	70,192	0	105,288	0
1.3 Homeless Model (Linda Harrington)	607,000	404,667	394,835	(9,832)	607,000	0
2 Personalisation Workstream						
Neil Francis						
2.3 Integrated Comm. Equipment (Anne Richardson-Locke)	1,338,784	892,523	796,536	(95,987)	1,393,784	55,000
2.4 Supporting Carers (Gemma Scambler)						
Carers Reablement Project (previously known as Carers Befriending)	40,000	26,667	26,667	0	40,000	0
Alzheimer's Society – Information, Advice and Support for Carers	50,000	33,333	33,333	0	50,000	0
Alzheimer's Society – Dementia Training for Carers	10,000	6,667	6,667	0	10,000	0
Sussex Community Trust – Carers Back Care Advisor - SLA ???	34,000	22,667		(22,667)	34,000	0
Amaze – Carers Card Development	10,000	6,667	6,667	0	10,000	0
Carers Centre – Adult Carers Support	128,000	85,333	85,333	0	128,000	0
Carers Centre – Young Carers Support	32,000	21,333	21,333	0	32,000	0
Crossroads – Carers Support Children and Adults	47,000	31,333	31,333	0	47,000	0
Carers SDS Breaks and Services – spot purchase budget	25,000	16,667	15,485	(1,182)	25,000	0
Carers Centre – End of Life Support	18,000	12,000	12,000	0	18,000	0
Amaze – Parent Carers Survey	1,000	667	667	0	1,000	0
Dementia	22,000	14,667	14,667	0	22,000	0
Carers SDS Breaks and Services – spot purchase budget	100,000	66,667	66,667	0	100,000	0
Crossroads – Carers Health Appointments (previously known as Carers Prescriptions)	75,000	50,000	50,000	0	75,000	0
Working Carers Project - ASC Supported Employment Team	60,000	40,000	40,000	0	60,000	0
Hospital Carers Support – IPCT Carers Support Service	54,000	36,000	36,000	0	54,000	0
Carers Support Service - Integrated Primary Care Team (ASC Staff)	185,000	123,333	123,333	0	185,000	0
Carers	554,000	369,333	222,160	(147,173)	331,855	(222,145)
3 Protecting Social Care Workstream						
Anne Hagan						
3.1 Protection for Social Care						
Maintaining eligibility criteria	2,904,000	1,936,000	1,936,000	0	2,904,000	0
Protection for Social Care (Capital grants)	484,000	322,667	109,520	(213,147)	484,000	0
Disabled facilities grant (Capital grants)	911,000	607,333	987,757	380,424	1,115,000	204,000
Additional social workers for Access Point	70,000	46,667	41,581	(5,086)	68,960	(1,040)
Telecare and Telehealth (Capital grants)	200,000	133,333	128,572	(4,761)	200,000	0
Additional call handling resource for CareLink out of hours	35,000	23,333	15,429	(7,904)	26,600	(8,400)
Additional Telecare and Telehealth resource	200,000	133,333	54,500	(78,833)	200,000	0
Care Act Implementation (Philip Letchfield)	1,189,000	792,667	792,667	0	1,189,000	0
4 Keeping People Well						
Annie Alexander						
Retention of preventative services	300,000	200,000	0	(200,000)	300,000	0
EMBRACE	50,000	33,333	0	(33,333)	50,000	0
Information Prescriptions	100,000	66,667	0	(66,667)	100,000	0
4.X Dementia						
Dementia Plan	250,000	166,667	36,667	(130,000)	90,000	(160,000)
2 Band 6 RMNS for care home in reach / Dementia Patients	81,000	54,000	0	(54,000)	81,000	0
TOTAL	20,084,996	13,170,576	11,931,540	(1,239,037)	19,451,591	(633,405)

Appendix 2 Supporting Workstreams Month 8

Supporting Workstreams 2015/16

Comms	Recurrent	Non recurrent	Total	Committed	TBC	Surplus
Programme Support		£ 70,000	£ 70,000	£ 21,000		£ 49,000
Total	£ -	£ 70,000	£ 70,000	£ 21,000	£ -	£ 49,000

Engagement	Recurrent	Non recurrent	Total	Committed	TBC	Surplus
Community development support	£ 75,000		£ 75,000	£ 45,000		£ 30,000
Case studies	£ 10,000		£ 10,000			£ 10,000
Community navigator	£ 135,000		£ 135,000	£ 38,856		£ 96,144
Experience led commissioning		£ 60,000	£ 60,000	£ 60,000		
Brefriending expansion	£ 137,000		£ 137,000			£ 137,000
Total	£ 357,000	£ 60,000	£ 417,000	£ 143,856	£ -	£ 273,144

Business Intelligence	Recurrent	Non recurrent	Total	Committed	TBC	Surplus
DMIC data collection - system build		£ 180,000	£ 180,000			£ 180,000
DMIC data collection - maintenance	£ 70,000		£ 70,000			£ 70,000
Associated hardware		£ 40,000	£ 40,000			£ 40,000
Total	£ 70,000	£ 220,000	£ 290,000	£ -	£ -	£ 290,000

IM&T	Recurrent	Non recurrent	Total	Committed	TBC	Surplus
Project Managers - IM&T Implementation		£ 110,000	£ 110,000	£ 110,000		
Programme Co-ordinator		£ 40,000	£ 40,000	£ 40,000		
Business Process Analysis		£ 40,000	£ 40,000	£ 40,000		
Data Cleansing / NHS No - BHCC	£ 8,000		£ 8,000			£ 8,000
Data Cleansing - SECAMB	£ 30,000		£ 30,000			£ 30,000
Data Cleansing - SPFT / SCT	£ 20,000		£ 20,000			£ 20,000
Specialist Support	£ 20,000		£ 20,000	£ 13,875	£ 6,125	£ -
Primary Care Pro-active Frailty Risk Strat	£ 60,000		£ 60,000	£ 60,000		
BH Ph1 Social Care (to NHS and NHS to Social Care)	£ 186,000		£ 186,000	£ 7,772	£ 62,628	£ 115,600
BH Ph2 SPFT	£ 115,000		£ 115,000		£ 25,000	£ 90,000
BH Ph3 SCT / BICS	£ 100,000		£ 100,000		£ 30,000	£ 70,000
BH Ph4 BSUH - Royal Sussex	£ 115,000		£ 115,000		£ 25,000	£ 90,000
Total	£ 654,000	£ 190,000	£ 844,000	£ 271,647	£ 148,753	£ 423,600

Frailty / PHB	Recurrent	Non recurrent	Total	Committed	TBC	Surplus
Integrated Service Delivery - Project Manager		£ 80,000	£ 80,000	£ 80,000		
Proj Admin (assume will be extended 6mth to end of FY)		£ 27,000	£ 27,000	£ 27,000		
PHB Project Manager - 1yr (NF)		£ 70,000	£ 70,000	£ 70,000		
Total	£ -	£ 177,000	£ 177,000	£ 177,000	£ -	£ -

	Recurrent	Non recurrent	Total	Committed	TBC	Surplus
Clinical Support to Pharmacists		£ 116,778	£ 116,778	£ 64,000	£ 52,778	
Voluntary & Community Post for Better Care		£ 46,400	£ 46,400	£ 45,321		£ 1,079
Project Support to developing premises for Homeless team		£ 10,000	£ 10,000		£ 10,000	
Total	£ -	£ 173,178	£ 173,178	£ 109,321	£ 62,778	£ 1,079

Total	£ 1,081,000	£ 890,178	£ 1,971,178	£ 722,824	£ 211,531	£ 1,036,823
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