

**Better Care Fund
Programme Highlight Report**

Report Period:	28 August 2015 – 01 November 2015
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Progress Summary

Key indicators & Direction of Travel

Direction of travel guidance			RAG guidance		
→	Horizontal	Same RAG as previous highlight report	G	Green	No deviation, plan is on track
↑	Upward	Better RAG than previous report	A	Amber	Deviation is likely – mitigation is being planned to remain on track
↓	Downward	Worse RAG than previous report	R	Red	Deviation has occurred – decision is needed immediately

OVERALL PROGRAMME	→	The BCF programme updates on the first key workstreams that impact on the BCF metrics (Admissions, DTOC, Reablement, Admissions to Care Homes, User experience & Falls). Most activities that affect the metrics are in workstream 1 & 4 which are detailed below. These relate to the benefits identified in section 3. A detailed Finance report now being presented on a monthly basis to the Better Care Fund (BCF) Joint Executive Management Committee. As proposed in the last meeting no regular programme reporting is done for workstream 2(Improved Hospital discharges),3(Intermediate care),10(Care Act) &11(Integrated Care Commissioning). This is to focus the reporting on schemes that affect the key BCF metrics.	A
CATEGORY	Direction of Travel	Comment	
TIME	→	<ul style="list-style-type: none"> First full year of the Better Care fund started on the 1st of April 2015 although admissions reduction metric measure of the performance of the programme started on the 1st of January 2015 to December 2015. 	G
COST	→	<ul style="list-style-type: none"> The BCF net budget for 2015/16 is £21.299m. The current forecast outturn is £22.166m after adding £710k forecast performance penalty and taking out £347k 2014/15 BCF underspend. 	G
QUALITY	→	6 BCF key metrics have been implemented setting out required outcomes for improvement over the coming financial year. Performance is monitored on a monthly basis through the dedicated BCF Metric report. The achievements against most metrics has deteriorated with deviation on plan for admissions, reablement, DTOC and user experience metrics. Action to understand and address is in train.	A
BENEFITS	→	<ul style="list-style-type: none"> Benefits are captured and reported via the BCF Metric. However a number of benefits are not being delivered in full given that a number of metrics are underperforming – see above. 	A
RESOURCES	→	<ul style="list-style-type: none"> Implementation of the BCF and specifically pooled funds are on track for 2015/16 moving from aligned budgets to an integrated pooled fund. 	G
COMMUNICATIONS & ENGAGEMENT	→	<ul style="list-style-type: none"> On target and in accordance with plan. Detailed engagement has also been completed in relation to individual schemes. 	G
Project (Sponsor)	Direction of Travel	Comment	
Workstream 1 Community Health & Social Care Service (scheme relate to BCF metrics)	→	<p>This scheme is focused on the alignment of community services with ICM/locality arrangements and the effective operation of the service in supporting patients to be cared for at home rather than in hospital.</p> <ul style="list-style-type: none"> Alignment of community nursing and therapy services with localities took place in 2014. Since then the service has been working to detailed specification and a range of performance measures. Q2 report has recently been received. In essence indicators around % of ICM care plans, dementia case finding following acute episode, discharge care planning and training, frequent attenders audit and ICM care plan audit have been achieved. Further work to disseminate information and develop additional actions on basis of the audit work in train with a workshop planned for December 2015. ICM has also been developed further with input from secondary care consultants into MDT as part of the BHRUT CQUIN on ICM but with slow take up from primary care. Further opportunities to develop this scheme are being considered in the light of the stakeholder workshop and hypothesis testing around system issues. Although this will not impact BCF for current year it will help to identify locality based developments in the future. <p>Scheme budget £9,158k</p>	A
Workstream 4 Prevention (scheme relate to BCF metrics)	→	<p>Following the schemes meeting the scheme leads have set the following actions:</p> <p>Handy Person Support Service milestones:</p> <ul style="list-style-type: none"> Award of contract – November 2015 Meeting with provider to finalise referral pathways – November 2015 Service starts – November 2015 Eligibility criteria review – February 2015 Service performance monitoring – ongoing <p>Whole Body Therapy milestones:</p> <ul style="list-style-type: none"> Evaluation due from provider – November 2015 Evaluation to JEMG – December 2015 /January 2016 <p>Prevention Mapping milestones:</p> <ul style="list-style-type: none"> Review existing mapping at Prevention Steering Group – November 2015 Update content – December/January 2015 Upload to Care and Support Hub – January/February 2016 <p>Scheme budget £1,529</p>	A
Workstream 5 Mental Health Outside of Hospital	→	<ul style="list-style-type: none"> Richmond Fellowship has been extended for one year for October 2015 to allow for the re-design and tender process to be undertaken. 3 engagement workshops which will inform future direction have now been completed. Commissioners and the Mental Health Sub-Group will be tasked with reviewing the outputs from the sessions and pulling this into a partnership-wide Mental Health Strategy which will determine the services employment and peer support services commissioned. <p>Scheme budget £1,096</p>	A
Workstream 6 End Of Life Care	→	<ul style="list-style-type: none"> Following the schemes meeting the End Of Life Care scheme leads have set the following actions: Regular contract monitoring of commissioned ICM, Marie Curie and EOLC Facilitator services by 31 Mar 2016 EOLC Clinical lead and work-plan proposal for Q3 2015/16 by 18 Dec 2015 BHR EOLC electronic system development through BHR working group by 31 Mar 2016 Expand on EOLC planning information provided on Care & Support Hub by 18 Dec 2015 TBC 	A

		Scheme budget £105k	
Workstream 7 Dementia Support	→	<ul style="list-style-type: none"> Following the Schemes meeting Dementia scheme leads have set the following actions: Set up Dementia Action Alliance (DAA) - a vehicle for developing a dementia-friendly community by March 2016 <ul style="list-style-type: none"> - Work with Pan London Alzheimer's Society for best practice in setting up local DAA - Collaborate with BHR teams to pull on resource & intelligence - PH one-day a week administrative support to set up local DAA - Ensure all members of DAA sign up to National Dementia Declaration & name three action they will. A risk has been flagged that we don't have Dementia Advisors in place to follow through with these actions. Mapping of dementia pathway via NELFT by March 2016 <ul style="list-style-type: none"> - Use information already depicted from the Dementia Needs Assessment work to inform this work - Use existing contract monitoring arrangements in place with NELFT to deliver this work - Collaborate with other key organizations in the borough to develop a comprehensive pathway 	A
Workstream 8 Equipment & Adaptations	→	<p>A workshop to identify opportunities to improve equipment and adaptations took place in December 2014. Following that meeting a range of issues identified which relate specifically to CCG processes around equipment. These are being addressed but they have necessarily slowed discussions around integrated approaches down. Opportunities for cost saving based on CCG entering equipment consortia (as LBB has) and understanding any other areas where integration could positively impact discharge, reablement or admission to hospital are being considered. A piece of CCG service mapping being undertaken which will better inform this.</p> <p>Scheme budget £347k</p>	A
Workstream 9 Support for Family Carers	→	<ul style="list-style-type: none"> Complete the tender of a re-modeled Carers service to provide information, advice and signposting. March 2016 Increase the number of Healthchecks – work with Public Health and review the number of Healthchecks carried out for Carers, looking at potential barriers and how this can be reviewed through contract monitoring. January 2016 Increase awareness around identifying 'hidden carers' and supporting known carers through the training of frontline staff, including ACS, NELFT, BHRUT and CCG, (potential bid to CEPN funding proposal to support some of this). March 2016 Work across the partnership to get an agreement and make every contact count through the integrated case management system. March 2016 Developing a suite of information for GP's on the Care and Support Hub specifically around Carers with the lead GP. March 2016 Themed event in February for frontline staff linked in with the Carers' Strategy Group. February 2016 Incorporate where there is an opportunity the needs of Carers in the contracts delivered through the partnership. March 2016. <p>Scheme budget £925k</p>	G

Section 2: Benefits

Benefits are set out within the detailed BCF plan and monitored on a monthly basis. Benefits required are:

- Reduced reliance upon hospital and reduced admissions.
- Reduced reliance upon residential care, promotion of self care and independence.
- People who leave hospital remaining at home for 91 days following discharge.
- Reduced Delayed Transfers of Care.
- Improved user experience of care and support
- People feeling supported to manage their long term condition
- Reduced accidents and injuries due to falls

Performance against each of these is provided by the BCF Metric.

Section 3: Expenditure

Finance report presented on a monthly basis to the Better Care Fund (BCF) Joint Executive Committee.

Section 4: Summary of Top Risks

Note: grey boxes indicate risks and issues that have been previously reported but remain in the highlight report for on-going monitoring due to their overall probability and impact. **Bold** indicates new items.

Description	Cause/Consequence	Action(s) in place	Score
PROGRAMME RISKS			
Mitigation actions in workstream 1 may not be in time to influence the activity in Q2 and Q3 performance of the Admissions metric.	The actions that need to be taken are likely to be long term and wider stakeholder engagement.	As a result of the workshop we will identify actions to implement immediately however expected impact is likely to be in 2016/17.	

Section 5: Summary of Top Issues

Note: grey boxes indicate risks and issues that have been previously reported but remain in the highlight report for on-going monitoring due to their overall probability and impact. **Bold** indicates new items

Description	Cause/Consequence	Action(s) required / in place	Assigned To
Admissions Data from April 2015 to August 2015 has included ambulatory data which has increase our overperformance	The SUS data for BCF reporting should exclude ambulatory data. The inclusion of these data has lead to double counting which has increased admissions since April.	<ul style="list-style-type: none"> As this affects all the 3 CCGs the BHR central team is leading on the investigations and working with the hospital to ensure this error is rectified. The analyst team have been able to remove the double counting and these figures have been used in our reporting NHSE. 	SDS/G H/MT

Description	Cause/Consequence	Action(s) required / in place	Assigned To

Section 6: Dependencies

COMMENTS						RAG
Key Dependencies	Description	Action Required	Assigned To	Target Date	Actual Date	RAG

Appendix 1: Forward plan of decisions

Planned date of decision	Report Type / Decision maker	Project	Summary of the decision required	Where the item needs to be reported / reviewed in the lead in	Comments