

**BETTER CARE FUND
2016/17 THIRD QUARTER RETURN AND PERFORMANCE REPORTING**

Recommendation: That the Board note this report.

1. Introduction

The Health and Wellbeing Board is required to consider the high level metrics that are contained in the agreed Better Care Fund Plan. This is normally done through the monthly performance reports, which are received by the Joint Commissioning Coordinating Group (JCCG) and the BCF finance group monthly.

On a quarterly basis the Health and Wellbeing Board is also required to formally endorse the template supplied by the central Better Care Fund Programme support team.

2. BCF 2016/17 Third Quarter Return

The BCF 2016 /17 third Quarter Return was submitted on 3rd March 2017 and this paper provides an overview and summary of that return.

3. Performance Summary

The table below summarises the BCF activity in terms of the work towards the National Conditions.

Fig 1. Performance against National Conditions

1) Plans to be jointly agreed	Yes
2) Maintain provision of social care services	Yes
3) In respect of 7 day services – please confirm i) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate ii) Are support services, both in the hospital and in primary, community and mental health settings available seven days a week to ensure that the next steps in the patient’s care pathway, as determined by the daily consultant-led review, can be taken (Standard 9)?	Yes

<p>4) In respect of Data Sharing - please confirm</p> <p>i) Is the NHS Number being used as the consistent identifier for health and social care services?</p> <p>ii) Are you pursuing Open APIs (ie system that speak to each other)?</p> <p>iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance?</p> <p>iv) Have you ensured that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights?</p>	Yes
<p>5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional</p>	Yes
<p>6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans</p>	Yes
<p>7) Agreement to invest in NHS commissioned out-of-hospital services</p>	Yes
<p>8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan</p>	Yes

4. Outcome measures

Agreement on local action plan to reduce delayed transfers of care

The level of delayed transfers has increased over the same period in 2015/16. This is a particular issue in the Royal Devon & Exeter hospital. There is a comprehensive plan in place to reduce delays and the number has fallen over the last couple of months.

We have agreed a system wide action plan to reduce DTOC, developed with providers and commissioners from both health and social care, including mental health. The plan is owned and monitored by the multi-agency A&E Delivery Boards.

Non-elective admissions

Non-elective admissions are slightly above the levels reported in the previous year. There has been a high number of A&E attendances but work is ongoing to ensure this does not convert into high numbers of non-elective admissions. The BCF schemes that are focused on reduction of non-elective admissions are developed, implemented and monitored via the A&E Delivery Boards. This is in addition to further investment in Rapid Response in 2015/16 and close monitoring of outcomes to inform future intentions.

Local metric - dementia

We monitor our support for people with dementia, but instead of monitoring diagnosis rates (which continue to be monitored elsewhere), we now measure the length of stay for people with dementia who are admitted to hospital.

Permanent admissions to residential and nursing care homes

Our target is set at 514.6 per 100,000 over 65 population. Current performance is ahead of target at 491.7 per 100,000 over 65 population, which benchmarks significantly better than the 2015-16 Regional, Statistical Neighbour and England comparators.

Effectiveness of re-ablement services

Our reablement services are effective for around 88% of older people who were in receipt of these services in Devon. This is significantly higher than the South West (84%), our local authority comparator group (82.8%) and England (82.1%).

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