

**Better Care Fund Quarterly Report (January to March 2015)  
to NHS England**

**Agenda item 8**

Date	15 July 2015																
Board Sponsor	Richard Harling, Director of Adult Services and Health																
Author	Frances Martin, Integrated Commissioning Director (Adults)																
Relevance of paper	<p><b>Priorities</b></p> <table border="0"> <tr> <td>Older people &amp; long term conditions</td> <td>Yes</td> </tr> <tr> <td>Mental health &amp; well-being</td> <td>Yes</td> </tr> <tr> <td>Obesity</td> <td>No</td> </tr> <tr> <td>Alcohol</td> <td>No</td> </tr> <tr> <td>Other (specify below)</td> <td>No</td> </tr> </table> <p><b>Groups of particular interest</b></p> <table border="0"> <tr> <td>Children &amp; young people</td> <td>No</td> </tr> <tr> <td>Communities &amp; groups with poor health outcomes</td> <td>Yes</td> </tr> <tr> <td>People with learning disabilities</td> <td>Yes</td> </tr> </table> <p>Has an equality impact analysis been carried out? <b>No</b> If yes, please summarise findings:</p>	Older people & long term conditions	Yes	Mental health & well-being	Yes	Obesity	No	Alcohol	No	Other (specify below)	No	Children & young people	No	Communities & groups with poor health outcomes	Yes	People with learning disabilities	Yes
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Item for	Information and assurance																
Recommendation	<p><b>1. That the Health and Well-being Board is asked to note the Better Care Fund Quarterly Report to NHS England, previously approved by the Chairman under delegated authority.</b></p>																
Background	<p><b>2.</b> Quarterly and annual monitoring reports on the Better Care Fund (BCF) are required by NHS England. Reports are submitted in a standard format on a template provided. The quarterly returns comprise the income and expenditure position of the BCF, as well as quarterly data on the metrics that were part of the BCF plan, including non-elective admissions.</p>																

## Key points

3. The Health and Well-being Board is required to sign-off the monitoring reports. The submission to NHS England for the period January to March was due on 29 May 2015 and as agreed at May Health and Well-being Board was signed off by the Chair under delegated authority. The submission for the Board to note.
4. The key points are:
  - Everything is on track to deliver as planned,
  - The only exception is the delayed transfers of care numbers are above our planned trajectory. Work is ongoing to ensure accurate reporting of delayed discharges in line with legislation and guidance. Since the BCF Q1 return was completed, DTOC figures have improved with more consistent and improved reporting. Work is also ongoing to review and improve discharge pathways. Advice has been received from the DH Helping People Home Team, Health Education West Midlands, West Midlands Quality Review Service and others. A recovery plan is being managed by the Systems Resilience Group.
5. The Spending Round established six national conditions for access for the BCF. These are set out in table 1, with progress from Worcestershire.

## Additional Information

Appendix: BCF Quarterly Data Collection Q4 14/15  
Worcestershire V-1 (Impactchange) FINAL – (Online)

**Table 1: Spending Round established six national conditions for access for the BCF**

Condition	Please Select (Yes, No or No - In Progress)	Comment
1) Are the plans still jointly agreed?	Yes	Initial plan was agreed and endorsed by Health and Well-being board on 23rd September 2014. Subsequent admendments to the plan (for instance, increase or
2) Are Social Care Services (not spending) being protected?	Yes	11.5m of the Better Care Fund is funding revenue spend on Social Care services such as bed-based recovery centres and rapid response social work assessments. This
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	Yes	Admission Prevention schemes such as Urgent and Unplanned placements in care homes, Rapid Response, and Urgent Homecare are 7-day services
4) In respect of data sharing - confirm that:		
i) Is the NHS Number being used as the primary identifier for health and care services?	Yes	NHS number is used as the primary identifier for both health and social care services in Worcestershire
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes	
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes	Appropriate information governance controls are in place, that are in line with Caldicott 2, to facilitate integrated working and sharing of information.
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	Yes	Case Management is in place. Segmentation data is currently being developed to support identifying those at risk of admission or deterioration. This data will be used for case management as well as assist with commissioning services that best meet the local population.
6) Is an agreement on the consequential impact of changes in the acute sector in place?	Yes	The target for reduction in non-elective admissions and the P4P element of the BCF is in the agreed plan. The contract with the Acute Trust is P4P and so it is clear what the financial impact of the reduction would be.