

Bath and North East Somerset Joint Committee for Oversight of Joint Working

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	Date:	3 rd November 2015

To: All Members of the Joint Committee for Oversight of Joint Working

Members: Councillor Michael Evans (Bath & North East Somerset Council), John Holden (B&NES CCG Chair of Audit Committee), Sarah James (NHS B&NES), Dr Ian Orpen (Clinical Commissioning Group representative), Councillor Vic Pritchard (Bath & North East Somerset Council) and Councillor Brian Simmons (Bath & North East Somerset Council)

Other appropriate officers
Press and Public

Dear Member

Joint Committee for Oversight of Joint Working

You are invited to attend a meeting to be held on **Wednesday, 11th November, 2015 at 4.00 pm** in the **Brunswick Room - Guildhall, Bath.**

The agenda is set out overleaf.

Yours sincerely

David Taylor
Committee Administrator

This Agenda and all accompanying reports are printed on recycled paper

NOTES:

1. Inspection of Papers:

Any person wishing to inspect minutes, reports, or a list of the background papers relating to any item on this Agenda should contact David Taylor who is available by telephoning Bath 01225 394414 or by calling at the Riverside Offices Keynsham (during normal office hours).

2. Public Speaking at Meetings:

The Committee encourages the public to make their views known at meetings. They may make a statement relevant to what the meeting has power to do. Advance notice is requested, if possible, not less than *two full working days* before the meeting (this means that for meetings held on Wednesdays notice is requested in Democratic Services by 4.30pm the previous Friday).

3. Details of Decisions taken at this meeting can be found in the draft minutes which will be published as soon as possible after the meeting, and also circulated with the agenda for the next meeting. In the meantime details can be obtained by contacting David Taylor as above. Appendices to reports (if not included with these papers) are available for inspection at the Council's **Public Access Points:**

- Guildhall, Bath;
- Civic Centre, Keynsham;
- The Hollies, Midsomer Norton;
- Public Libraries at: Bath Central, Keynsham and Midsomer Norton.

4. Recording at Meetings:-

The Openness of Local Government Bodies Regulations 2014 now allows filming and recording by anyone attending a meeting. This is not within the Council's control.

Some of our meetings are webcast. At the start of the meeting, the Chair will confirm if all or part of the meeting is to be filmed. If you would prefer not to be filmed for the webcast, please make yourself known to the camera operators.

To comply with the Data Protection Act 1998, we require the consent of parents or guardians before filming children or young people. For more information, please speak to the camera operator

The Council will broadcast the images and sound live via the internet www.bathnes.gov.uk/webcast An archived recording of the proceedings will also be available for viewing after the meeting. The Council may also use the images/sound recordings on its social media site or share with other organisations, such as broadcasters.

5. Substitutions

Members of the Committee are reminded that any substitution should be notified to the Committee Administrator prior to the commencement of the meeting.

6. Declarations of Interest

At this point in the meeting declarations of interest are received from Members in any of the agenda items under consideration at the meeting. Members are asked to indicate:

- (a) The agenda item number in which they have an interest to declare.
- (b) The nature of their interest.

(c) Whether their interest is a **disclosable pecuniary interest** or an **other interest**, (as defined in Part 2, A and B of the Code of Conduct and Rules for Registration of Interests) Any Member who needs to clarify any matters relating to the declaration of interests is recommended to seek advice from the Council's Monitoring Officer before the meeting to expedite dealing with the item during the meeting.

7. Attendance Register:

Members should sign the Register which will be circulated at the meeting.

8. Emergency Evacuation Procedure

If the continuous alarm sounds, you must evacuate the building by one of the designated exits and proceed to the named assembly point. The designated exits are sign-posted.

Arrangements are in place for the safe evacuation of disabled people.

Joint Committee for Oversight of Joint Working

Wednesday, 11th November, 2015
Brunswick Room - Guildhall, Bath
4.00 pm

Agenda

1. EMERGENCY EVACUATION PROCEDURE

The Chair will draw attention to the emergency evacuation procedure as set out under Note 6.

2. WELCOME, INTRODUCTIONS AND BRIEFING TO NEW MEMBERS ON THE ROLE OF THE COMMITTEE

3. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

4. DECLARATIONS OF INTEREST

At this point in the meeting declarations of interest are received from Members in any of the agenda items under consideration at the meeting. Members are asked to indicate:

(a) The agenda item number in which they have an interest to declare.

(b) The nature of their interest.

(c) Whether their interest is a **disclosable pecuniary interest** *or* an **other interest**, (as defined in Part 2, A and B of the Code of Conduct and Rules for Registration of Interests)

Any Member who needs to clarify any matters relating to the declaration of interests is recommended to seek advice from the Council's Monitoring Officer before the meeting to expedite dealing with the item during the meeting.

5. MINUTES - 3RD NOVEMBER 2014

6. OVERVIEW OF INTEGRATED COMMISSIONING ARRANGEMENTS IN B&NES (PRESENTATION)

7. PERFORMANCE HIGHLIGHTS AND FINANCIAL OUTTURN

8. YOUR CARE, YOUR WAY - DISCUSSION RE OPPORTUNITIES FOR FURTHER INTEGRATION OF COMMISSIONING ARRANGEMENTS (PRESENTATION)

The Committee Administrator for this meeting is David Taylor who can be contacted by telephoning Bath 01225 394414

JOINT COMMITTEE FOR OVERSIGHT OF JOINT WORKING

Minutes of the Meeting held

Monday, 3rd November, 2014, 4.00 pm

Councillor Simon Allen	- Bath & North East Somerset Council
Councillor Andrew Furse	- Bath & North East Somerset Council
John Holden	- B&NES CCG Chair of Audit Committee
Sarah James	- NHS B&NES
Councillor Dine Romero	- Bath & North East Somerset Council

11 WELCOME AND INTRODUCTIONS

The Chairman welcomed everyone to the meeting.

12 EMERGENCY EVACUATION PROCEDURE

The Chairman drew attention to the emergency evacuation procedure.

13 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

The Panel noted apologies from Dr Ian Orpen (Clinical Commissioning Group representative).

14 DECLARATIONS OF INTEREST

Councillor Simon Allen declared an 'other' interest as an Employee as AWP.

15 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was no urgent business.

Councillor Dine Romero asked the Panel to elect a Vice-Chair as she had to leave the meeting at 5.15pm. She proposed Councillor Simon Allen as Vice-Chair, this was seconded by Councillor Andy Furse.

16 ITEMS FROM THE PUBLIC OR COUNCILLORS - TO RECEIVE DEPUTATIONS, STATEMENTS, PETITIONS OR QUESTIONS RELATING TO THE BUSINESS OF THIS MEETING

There was none.

17 MINUTES - 25TH NOVEMBER 2013

The Panel confirmed the minutes of the previous meeting as a true record and they were duly signed by the Chairman.

18 **FINANCIAL OUT-TURN 2013/14 ON PARTNERSHIP BUDGETS**

Andy Rothery – Finance Business Partner, Joint Commissioning introduced the report.

Committee members asked the following questions and made the following points:

John Holden – CCG Chair of Audit Committee - asked what budget controls were in place. Jane Shayler - Adult Care and Health Strategy and Commissioning – explained that there are a range of controls in place, there is a single panel process for agreeing individual placement and package funding requests which is chaired by a Council or CCG representative. She further explained that there is a clear set of information requirements for requests put to the Panel including three options for meeting the assessed need, there are also published thresholds in terms of the level of fees and the panel process means that there is practitioner challenge. The officer assured the Committee that this process ensures a consistent approach and value for money.

John Holden asked if a flag is raised when the budget is spent and more money is needed. The officer explained that there are tiered responsibilities regarding budget management and monthly reporting including clear rationale for overspends. There are also review forecasts to help anticipate and plan for the impact of demographic change.

Sarah James – Chief Financial Officer BANES CCG – explained that placements are one of the recognised risks. Andy Rothery added that placements cannot be refused as they are part of a statutory service.

Councillor Andy Furse asked if young disabled learners turning 18 can be predicted as they are already in the system which can inform services of the higher cost that will be incurred once they turn 18. Andy Rothery responded that this is usually built into the budget process but there are still some movement and changes as a result of demographic growth. Jane Shayler added that there is a draw to this area due to the national service at Poolmead. She also informed the Committee that transitions planning has improved over the last four years and the area has moved from the bottom to the top quartile.

The Chair thanked the officers. The Committee noted the report and asked for a six monthly update at the next meeting.

19 **PERFORMANCE HIGHLIGHTS**

Andy Rothery – Finance Business Partner, Joint Commissioning and Jane Shayler - Adult Care and Health Strategy and Commissioning - introduced the report. The officer explained some of the performance data in the report. In particular, in relation to permanent admissions to care homes, aged 65 and over, this area is an outlier. She briefly explained the reasons that B&NES is an outlier. The profile of people aged 65+ placed in residential and nursing care in B&NES is highly unusual. People

are significantly older than the norm when placed in residential care to nursing care count against this national performance measure as a 'new admission' whether or not they have moved address or, indeed, into a different room in the care home. It is believed that this overall picture is as a result of the local integrated health and social care strategy, with its focus on preventing or delaying admissions of a population with the increasingly complex and acute levels of need in community settings and, as far as possible in their own homes. She stated, in her view a more meaningful measure would be length of stay. She stated that this national indicator may change or indeed an additional indicator may be agreed.

Committee members asked the following questions and made the following points:

John Holden stated that it was a useful presentation and asked if it had been to the Health and Wellbeing Board. Jane Shayler explained that it had been to the Health and Wellbeing Board in a different format.

There was some discussion around recycling equipment.

The Chair thanked officers for the useful format of the report. The Committee noted the report.

20 **MENTAL HEALTH BUDGET POOLING PROPOSAL**

(Note: Councillor Simon Allen took the Chair at 5.10pm. Councillor Dine Romero left the meeting)

Andy Rothery – Finance Business Partner, Joint Commissioning - introduced the report proposing moving to a section 75 arrangement.

Committee members asked the following questions and made the following points:

Councillor Simon Allen said that he agreed on the 75 arrangement.

Tracey Cox – CCG Accountable Officer – asked that if the 75 arrangement is retrospectively applied, what would the impact have been. Andy Rothery agreed that this would be a good exercise.

The Chair thanked officers.

The Committee noted the following:

- The proposal for entering into a S75 arrangement to form a pooled budget between BANES CCG and BANES Council
- The proposal for the management, reporting and associated governance arrangements for the pooled budget.

21 **BETTER CARE FUND**

Jane Shayler - Adult Care and Health Strategy and Commissioning - introduced the

report. She explained that the submission had been made at the end of September and the confirmation had been received following formal local sign off.

Committee members asked the following questions and made the following points:

Sarah James explained the difference between 'approved' and 'approved with support', she stated that 'approved with support' is useful as key targets can be adjusted if appropriate in the local context.

22 FUTURE MEETINGS PLANNING

The Committee noted that there would be meetings in June/July (informal) and November (public meeting) in 2015. Items would include:

- Financial Outturn Update
- Implementation of MH Pool Budget

The meeting ended at 5.50 pm

Chair

Date Confirmed and Signed

Prepared by Democratic Services

MEETING	Joint Committee for Oversight of Joint Working
DATE	11/11/2015
TYPE	Closed Meeting

<u>Report summary table</u>	
Report title	Performance Highlights and Financial Out-turn
Report author	Andy Rothery – Finance Business Partner B&NES CCG / Council Jo Gallaway – Performance Manager B&NES CCG / Council
List of attachments	
Background papers	<p>The 2013/14 Finance position was reported to the Committee on the 3rd Nov 2014</p> <p>http://democracy.bathnes.gov.uk/documents/s33007/Financial%20Outturn%20Report.pdf</p> <p>The documentation underpinning the BCF Section 75 agreement was approved by the B&NES Health and Wellbeing Board on the 25th March 2015:</p> <p>HWB Report: http://democracy.bathnes.gov.uk/documents/s35186/Better%20Care%20Fund%20S75%20agreement.pdf</p> <p>Draft Section 75: http://democracy.bathnes.gov.uk/documents/s35187/Appendix%20Draft%20BaNES%20S75.pdf</p>
Summary	The report presents the revenue outturn for the 2014/15 partnership budgets between B&NES Clinical Commissioning Group and B&NES Council including an overview of the 2015/16 in year finance and performance.
Recommendations	<p>The Board is asked to agree that:</p> <ul style="list-style-type: none"> • The Joint Committee notes the 2014/15 financial outturn on the partnership budgets • The Joint Committee notes the 2015/16 finance and performance update

Resource implications	There are no additional resource implications from this paper
Statutory considerations and basis for proposal	Not Applicable
Consultation	CCG Adult Care & Health Performance Manager CCG Senior Data & Performance Officer Director, Adult Care and Health Commissioning NHS CSU Analytics Sirona Analytics
Risk management	A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

THE REPORT

1. Summary

The report presents the revenue outturn for the 2014/15 partnership budgets between B&NES Clinical Commissioning Group and B&NES Council including an overview of the 2015/16 in year finance and performance. This overview includes areas of joint working where funding is transferred through the regulations set out in the National Health Service Act 2006. Explanations for variances to planned expenditure will be identified in the report.

2. Recommendation

The Joint Committee notes the 2014/15 financial outturn on the partnership budgets

The Joint Committee notes the 2015/16 finance and performance update

3. Supporting Information

3.1 2014/15 Pool Overview

The following tables give an overview to the joint funded budgets in place under section 75 agreements and the 2014/15 year end financial position. For areas where there has been any material under or overspends there is further detail explaining the causes of the variances and any issues that need to be highlighted to the committee.

Out of a combined £28m budget the outturn was £28.6m giving an over budget position of £0.6m, this is largely due to increased demand on the Learning Disabilities budget.

Table 1

Pool funding	Council £000	CCG £000	Other £000	Total £000	Risk Share	
					Council %	CCG %
Learning Disabilities Pool	16,947	5,168	2,334	24,449	76.6%	23.4%
Community Equipment Pool	203	473		676	30.0%	70.0%
Childrens Placements Pool	2,487	392		2,880	86.4%	13.6%
TOTAL	19,637	6,033	2,334	28,005		

Table 2

Pool 2014/15 Outturn	Council	CCG	Total
	Under / (Over) £000	Under / (Over) £000	Under / (Over) £000
Learning Disabilities Pool	(762)	(233)	(995)
Community Equipment Pool	(9)	(21)	(29)
Childrens Placements Pool	362	57	419
TOTAL	(409)	(196)	(605)

Learning Disabilities

The main causes of the £1m overspend are due to an increase in high cost service users in Supported Living personal budget placements, in addition there has been an increase in the number of service users and underachievement of income from service user contributions.

Through the Councils financial planning processes these new demands have been recognised with additional growth funding being added to the pool. This increased funding has not been fully matched by the CCG which has led to an element of the Council funding held outside of the pooled budget agreement. This funding mitigated the Council element of the overspend in 2014/15.

Childrens Placements Pool

The Childrens placement pool has had a steady number of children supported by the arrangement for the past few years. The pooled arrangements have focused officer time on assessing the relative needs of the small number but high cost individuals. The commissioners of places have enhanced their procurement methods to reduce costs of provision as much as possible. Close monitoring of children's needs and the placement opportunities have generated savings in 2014-15.

Section 256 Agreements

S256 Agreements	Council £000
NHSE Funding for Social Care	3,345
CCG Funding for Reablement & Voluntary Organisations	1,401
CCG Funding for Childrens Services	524
TOTAL	5,270

In 2014/15 there was £5.27m of Section 256 agreements that have allowed the Council to commit health funding to the benefit of Adults and Childrens Social Care. This funding was fully committed in 2014/15, the detailed application of this funding can be provided if required through the signed S256 agreements.

3.2 Mental Health & the Better Care Fund 2015/16

Better Care Fund (BCF)

In 2015/16 further pooled budget arrangements have been put in place. To meet the national requirements of the Better Care Fund the Council and the CCG established a new section 75 agreement that was approved by the Health and Wellbeing Board (HWB) on the 25th March 2015.

The link below has the full details of the report to the HWB for the BCF:

<http://democracy.bathnes.gov.uk/documents/s35186/Better%20Care%20Fund%20S75%20agreement.pdf>

The B&NES BCF agreement is £12.049m with a transfer from B&NES CCG to the Council of £8.983m under the Section 75 agreement.

Mental Health pool

A local agreement has been put in place to enter into a Mental Health pooled budget. This allows both the Council and CCG to have greater oversight of the joint funded areas of Mental Health services including shared staffing arrangements and joint funded areas of purchased care placements. The pooled budget proposal was approved by the CCG Board on the 28th May 2015.

The link below has the full details of the MH Pool proposal:

<http://www.bathandnortheastsomersetccg.nhs.uk/assets/uploads/2015/05/3.1-Mental-Health-Pooled-Budget-Bd-May-2015-final-1.pdf>

Across the Council and CCG there is c£25m of commissioned Mental Health Services, with a joint funded element of £5.4m which has a specific risk share agreement defined in the Section 75 agreement.

3.3 Finance and Performance 2015/16

The Month 6 finance position with performance highlights are summarised below, the full report is included in Appendix 1.

Better Care Fund

Finance Position

The Better Care fund is forecast to perform within budget for 2015/16. There has been additional funding of c£1m allocated from the Council Social Care reserve to fund the investment into the Reablement service provided by Sirona and the Domiciliary Care Strategic Partners.

Within the fund a decision has been made for the payment for performance fund of £540k to be held by the CCG to contribute to the costs of increased Non-Elective activity.

Performance Highlights

Non-elective admissions are above 2014/15 levels by 3% YTD, this has influenced the decision around the payment for performance fund remaining within the CCG. Delayed Transfers of Care (DTCs) are below 2014/15 by 10% YTD with increasing numbers of delay days in July and August, mainly in Community Hospitals. Performance against the local metric is excellent and the Social Care indicators around reablement are increasing close to target and permanent admissions of older people to residential and nursing care are on target.

Mental Health

Finance Position

Across the Council and CCG there is a reported overspend of £1.4m against combined budgets of £25.7m. This reflects the challenges faced in B&NES from demand on acute inpatient MH beds and higher levels of residential and nursing placements across the CCG and Council. The Council overspend is being mitigated through the protection of Social Care element of the Better Care Fund. Within the CCG this has been mitigated through the balance of contingency funding held to meet the NHSE 2015/16 planning requirement for additional investment into Mental Health.

Performance Highlights

Performance against key national outcomes is on target YTD. There have been notable improvements in DTOCs for the >65 population with dementia. Demand for acute inpatient beds has been high but is beginning to stabilize.

Learning Disabilities

Finance Position

Across the Council and CCG there is a reported overspend of £0.5m against combined budgets of £26.1m, this is attributable to an increase in residential placements as a result of service users being placed in B&NES under ordinary residence. The Council funded element for the overspend is mitigated from additional growth put into Learning Disabilities that has been held outside the risk share with the CCG.

Performance Highlights

The proportion of adults with Learning Disabilities in paid employment has improved from an already strong position compared to national and regional averages. The proportion living in their own home or with family has also increased to above the 2014/15 South West average. Both of these improvements in part reflect a recent data cleansing exercise.

Adult Social Care

Finance Position

There has been an overspend of £636k against a total budget of £9.7m, this is due to increased nursing placements partly reflecting actions being taken to avoid hospital admissions and facilitate discharges from Hospital. The Community Equipment pool is managed with the main Adult Social Care budgets, this is reported to perform within budget.

Performance Highlights

Key targets are being met except for the timeliness of both assessments and care packages. This has improved since the redesign of Adult Social Care, but there is still more work to do.

Please contact the report author if you need to access this report in an alternative format

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Appendix 1 - Adult Health and Care Finance and Performance Report October 2015

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 2. Mental Health
 3. Learning Disabilities
 4. Adult Social Care
- Glossary



Finance data at Month 6 (September 2015) and Performance at Month 5 (August 2015)

1. Better Care Fund

Finance

2015/16 Month 6	Budget £000	Actual £000	Forecast £000	Forecast Variance (Over) / Under £000
Better Care Fund Total	13,094	7,444	13,094	0

Within the Better Care Fund, the majority of the schemes funded are performing within budget as they are block payments to providers. There has been additional funding of c£1m allocated to the BCF from the Council Social Care Reserve to fund the investment made into expanding the Reablement service provided by Sirona and the Domiciliary Care Strategic Partners. The additional funding is non-recurrent and recurring benefits need be identified in the existing Domiciliary Care and Residential Care purchasing budgets to support the ongoing investment in intensive reablement support.

Performance

Short Description	Target	Performance as at Month 5		Trend	Commentary
		Year to date			
Total non-elective admissions in to hospital (general & acute), all-ages.	5,971	6,514	▲		For August the non-elective admissions are 6% above target and 2% above 2014/15. Year to date the non-elective admissions are 9% above target and 3% above 2014/15.
Delayed transfers of care (delayed days) from hospital (aged 18+).	1,800	2,133	▲		Total Performance for Quarter 2 YTD was 69% above target, with August performance 82% above. The growth from June to August was driven primarily by increases at Sirona, which is at its highest level in 12 months.
Proportion of high risk people case managed via Community Cluster Teams with a personalised care plan & lead accountable professional.	100%	100%	◄►		The Local Metric report is 100% for Q2 with 713 patients being case managed with a care plan at the end of September 2015.

See also Residential Admissions and Reablement in 4. Adult Social Care. Both Green.

Commissioning overview

Commentary
The B&NES Better Care Plan is predicated on shifting investment into preventative, early-intervention services and in supporting self-management with the strategic aims of improving outcomes for individuals and communities; reducing unplanned/emergency admissions to hospital and length of stay in hospital; and achieving a sustainable, community-based model of health and care services that is affordable in the context of increasing levels, complexity and acuity of need. The BCF is being used to support a shift of resources from acute and specialist health services, again, with the aim of improving outcomes and achieving a financially sustainable model of health and care services.

Performance Summary

The 2015/16 non-electives (unplanned/emergency) admissions performance to Month 5 (end of August 2015) has not reduced from the 2014/15 position. This reflects increases in activity across the health and care system. As a consequence, the target for reducing non-elective admissions to hospital, which is directly linked to the Payment for Performance (PfP) element of the BCF will not be achieved. The Council and CCG has a local risk sharing agreement in place in relation to the PfP, which has recently been reviewed. The Council has agreed, under that risk-share agreement, that the CCG will retain the PfP element of the BCF in 2015/16 in order to fund increased activity in the RUH.

Performance on Delayed Transfers of Care in the RUH are being well managed as a result of action, including by community providers funded from the BCF, to facilitate discharge and reduce length of stay in hospital. However, as a consequence, the Community Hospitals, have seen an increase in the complexity and acuity of need of patients admitted to avoid admission to the RUH or to facilitate discharge. This, in turn, is making it more difficult to find suitable care home placements or support to return home with an intensive package of care, resulting in an increase in Community Hospital DTOCs.

Performance against the local metric is excellent, with all high-risk people having a personalised care plan and lead accountable professional.

2. Mental Health

Finance

2015/16 Month 6	Budget £000	Actual £000	Forecast £000	Forecast Variance (Over) / Under £000
CCG AWP Contract	15,014	7,654	15,303	(289)
Council Social Care	5,372	2,823	5,743	(371)
MH Pool	5,385	3,070	6,139	(754)
Total MH Spend	25,771	13,547	27,185	(1,414)
MH Pool Contributions				
Council Funded %	2,962	1,688	3,376	(415)
CCG Funded %	2,423	1,381	2,763	(339)

Total mental health expenditure has increased across the CCG and Council. These overspends reflect the challenges faced in BaNES from demand on acute inpatient MH beds and higher levels of residential (<65) and nursing (>65) placements across the CCG and Council.

Performance

Description	Target	Performance as at Month 5		Trend	Commentary
		Year to date			
% adults in contact with secondary MH services in paid employment	10%	11%	G		Target is variable in achievement depending on the cohort of clients in the period.
% adults in contact with secondary MH services living independently, with or without support	70%	73%	G		On target
MH Crisis service: % of urgent referrals in which service user is contacted within 4 hours.	95%	98%	G		Achievement just below target - no concerns
MH Service users discharged from hospital, % followed up in the community within 7 days.	95%	97%	G		Achievement just below target - no concerns
% of delayed transfers of care from hospital, attributable to community MH services.	7.5%	6.0%	G		On target
% of MH referral to treatment pathways completed within 13 weeks	95%	97%	G		On target
% of referrals to MH inpatient beds that have an assessment by the MH crisis team	95%	97%	G		On target

Commissioning overview

Commentary

- Integrated <65 adult mental health services have formed a new reviewing team in order to ensure that all placements and packages of care (NHS and LA) within the pooled budget are recovery focused and offer service users the most appropriate independence and support.
- To support this work commissioners are reviewing the <65 supported living, residential and nursing home provision in order to ensure that the right mix of high quality and cost effective provision is available to support the pathways of care.
- Demand on the acute inpatient bed base is beginning to stabilise but, in line with national experience, we are planning for continued high demand across the year.
- Work continues to support AWP in building a new mental health in-patient unit in B&NES with consideration being given to a longer term increase in the availability of local beds.

Performance Summary

Notable improvements (reductions) in delayed transfers of care for the >65 population with dementia have been achieved in B&NES.

Whilst in August performance against the 4 hours urgent care contact and 7 day follow-up following discharge were slightly below target (not shown here) overall performance against key national outcomes remains on target.

3. Learning Disabilities

Finance

2015/16 Month 6	Budget £000	Actual £000	Forecast £000	Forecast Variance (Over) / Under £000
Pooled Budget	26,061	16,175	26,516	(455)
Council Funded 76.6%	19,963	12,390	20,311	(349)
CCG Funded 23.4%	6,098	3,785	6,205	(106)

The pool overspend is attributable to an increase in residential placements as a result of service users being placed in BaNES under ordinary residence, there is also an increase in LD service users receiving personal budgets, these funding pressures have been partly mitigated by increased contribution levels.

Commissioning overview

Commentary

Work continues on the Winterbourne View Transforming Care Agenda. Community Treatment Reviews have been completed. A robust Risk of Admission Register and reporting mechanisms has been agreed and commissioners have undertaken a self assessment on the Transforming Care draft service model.

Performance

Short Description	Target	Performance as at Month 5		Trend	Commentary
		Year to date			
Proportion of adults with learning disabilities in paid employment	10%	9.95%	A		The reported number of people in paid employment has risen by 1 to 44, the total number of adults with learning disabilities (18-64) receiving long term support increased slightly to 430.
Proportion of adults with learning disabilities who live in their own home or with their family	71%	70.1%	A		The reported number of people living in settled accommodation has increased to 303 out of the 430 adults with learning disabilities (18-64) receiving long term support.

Performance Summary

Notable achievement in the number of people with learning disabilities in paid employment in B&NES. Although just amber compared to the local stretch target, this figure was significantly higher than the national average ASCOF figure for 2014/15 (8.9% compared to 6.0% for England). The sharp increase in performance reflects in part the analysis that was undertaken of missing data. This is also the case for the number of adults with learning disabilities who live in their own or family home.

4. Adult Social Care

Finance

2015/16 Month 6	Budget £000	Actual £000	Forecast £000	Forecast Variance (Over) / Under £000
Older People & Purchasing	9,657	4,279	10,293	636

The overspend of £636k is from increased nursing placements, partly reflecting actions being taken to avoid hospital admission and facilitate discharge from hospital. These costs have in part been funded from underspends in Domiciliary Care, which may be an indication of the benefits of the reablement service in reducing the need for longer term packages of Domiciliary Care.

Commissioning overview

Commentary

There has been an increase in the number of older adults with complex needs requiring ongoing support over the past few months. Although the overall trend in permanent placements is downward, the increase in complexity and need has resulted in greater usage of nursing home placements rather than less expensive residential home provision.

The cloud-based allocation tool for domiciliary care went live in October 2015. This will increase the speed of referrals and acceptance of packages of care and provide better oversight of system capacity.

Performance

	Short Description	Target	Performance as at Month 5		Trend	Commentary
			Year to date			
	% of people using social care who receive self-directed support, and those receiving direct payments.	65%	76.2%	G		Performance continues above target. Current contracting arrangements under review.
BCF	% of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (Sirona only)	85%	87%	G		This area needs to show sustained improvement over Q2 and Q3 to provide assurance of improvements to the pathway. Review of performance data and KPIs underway with Sirona.
	Admissions of people to permanent residential and nursing care - people aged 65+ per 10,000 population	95	77	G		Performance continues better than target for the BCF plan with only 17 admissions. The downward trend needs to be sustained and is monitored through contract meetings.
	Adults aged 18-64 admitted on a permanent basis in the year to residential or nursing care per 10,000 population	1.5	1.1	G		There has been a small number of admissions recently but still within expected parameters.
	Timeliness of social care assessment - proportion in less than 28 days.	90%	88%	A		There has been a slight impact on performance since April 2015 in response to changes to internal Sirona processes. The assessments and careplan timings are linked and interdependent. An improvement in care plan timings needs to be seen as well.
	Timeliness of social care packages - proportion receiving careplan in less than 28 days.	95%	89%	A		Since April 2015 there has been a reduction in the achievement against this target. The disparity between timing of assessments and careplans suggests a "waiting list" has resulted from internal process changes in Sirona.
	Carers receiving a service or advice and information as an outcome of an assessment or review- cumulative target.	8%	10%	G		This is a cumulative target and is on track year to date. Work is being done on the arrangements around prevention for carers and statutory assessments.

Performance Summary

Key targets are generally being met, with sustained improvement in some areas. The BCF measures for permanent residential admissions and reablement are both performing well. The impact of changing demographics in B&NES, and new duties under the Care Act 2014 have resulted in increased demand. Performance against the timeliness of social care assessments and care packages continues to be a pressure for frontline teams. However, commissioners and providers are working closely to improve the position on this.

Glossary

Better Care Fund

Short Description	Detailed definition	Source
Non-elective admissions in to hospital	Total number of non-elective spells in general and acute specialties in the period. Monitored monthly.	Acute providers, via SUS.
Delayed transfers of care from hospital	A delayed transfer of care from acute or non-acute (including community and mental health) care occurs when a patient is ready to depart such care and is still occupying a bed. A patient is ready for transfer when: a: A clinical decision has been made that patient is ready for transfer AND b: A multi-disciplinary team decision has been made that patient is ready for transfer AND c: The patient is safe to discharge/transfer. This figure is a sum of delay days for BaNES patients through the year to date resulting from both NHS and Social Care delays.	Acute and non-acute providers.
Proportion of high risk people case managed via Community Cluster Teams	This data includes patients case managed by the Intensive Community Support and Intensive Community Tracking teams within the Community Cluster.	Provided quarterly by Sirona. Snapshot as at the last day of the quarter.

Mental Health

Short Description	Detailed definition	Source
% adults in contact with secondary MH services in paid employment	Of working age adults in contact with secondary mental health services this measures the proportion in paid employment. Employment outcomes are a predictor of quality of life, and are indicative of whether care and support is personalised. Employment is a wider determinant of health and social inequalities.	AWP- Avon & Wiltshire Mental Health Partnership (provider)
% adults in contact with secondary MH services living independently, with or without	Of working-age (aged 18-64) adults in contact with secondary mental health services, this indicator measures the proportion who are living independently (with or without support)	AWP (provider)
MH Crisis service: % of urgent referrals in which service user is contacted within 4 hours.	When a service user is considered to be in crisis they are referred for crisis support as follows: All referrals between 8-8pm come through the Primary Care Liaison service. Out of hours referrals come from A&E, self referrals from existing clients, the Emergency Duty team and criminal justice agencies. N.B. The definition of a crisis and hence the need for crisis services is being reviewed.	AWP (provider)
MH Service users discharged from hospital, % followed up in the community within 7 days.	This indicator relates to discharge from the mental health wards and not from the general hospital wards. It measures the proportion of patients who when ready to leave hospital to move to mental health community services are delayed as a place is not available for them to move to.	AWP (provider)
% of delayed transfers of care from hospital, attributable to community MH services.	Mental health community services are on a referral to treatment pathway but due to the need for prompt engagement with the service users the target is set nationally at 13 weeks.	AWP (provider)
% of MH referral to treatment pathways completed within 13 weeks	This measure is to check what proportion of potential in-patients the mental health crisis team are assessing to confirm they can not be managed in the community before the patient is referred for in-patient treatment.	AWP (provider)
% of referrals to MH inpatients beds that have an assessment by the MH crisis team	This is a quarterly measure. One of the key measures for success in effective treatment is that the service user remains in treatment for 12 or more weeks or as long as planned.	Providers: Developing Health and Independence (DHI), Specialist Drug & Alcohol Service (SDAS) from AWP and Homeless Health Care.

Learning Disabilities

Short Description	Detailed definition	Source
Proportion of adults with learning disabilities in paid employment	The measure shows the proportion of all working-age (aged 18 - 64) adults with a learning disability who are known to the council, who are recorded as being in paid employment during the current reporting period (i.e. April 2013 to March 2014)	Sirona (provider) from Care First system
Proportion of adults with learning disabilities who live in their own home or with their family	Of the working-age (aged 18-64) learning disabled clients known to the council, this indicator measures the proportion who are living in their own home or with their family.	Sirona (provider) from Care First system

Adult Social Care

Short Description	Detailed definition	Source
% of people using social care who receive self-directed support, and those receiving direct payments.	This indicator represents the number of adult social care users who are eligible for a Personal Budget with which to purchase social care services. The indicator relates to people who do not live in residential or nursing care but rather who receive services and support in their own home to maintain their independence. The numerator is the number of people who receive a Personal Budget. The denominator is the total number of people in receipt of all types of social care services, this number will fluctuate monthly.	Sirona (provider) from Care First system
% of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services	The proportion of older people aged 65 and over discharged from hospital to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting), who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital.	Sirona (provider) from Care First system
Admissions of people to permanent residential and nursing care - people aged 65+ per 10,000 population	Numerator: Number of council-supported permanent admissions of older people (aged 65 and over) to residential and nursing care during the year (excluding transfers between residential and nursing care). Denominator: Size of older people population (aged 65 and over) in area (ONS mid year population estimates). This indicator excludes people funding their own residence in a care home with no support from the council.	Sirona (provider) from Care First system (including AWP results)
Adults aged 18 to 64 admitted on a permanent basis in the year to residential or nursing care per 10,000 population	Numerator: The number of council-supported permanent admissions of younger adults (aged 18-64) to residential and nursing care during the year (excluding transfers between residential and nursing care). Denominator: Size of younger adult population (aged 18-64) in area (ONS mid year population estimates).	Sirona (provider) from Care First system (including AWP results)
Timeliness of social care assessment	The proportion of people whose social care assessment is delivered within 28 days of referral.	Sirona (provider) from Care First system (including AWP results)
Timeliness of social care packages	The proportion of people who are assessed for social care and deemed suitable for a social care package receive their care plan within 28 days of referral.	Sirona (provider) from Care First system (including AWP results)
Carers receiving a service or advice and information as an outcome	The number of carers being assessed / reviewed and receiving any aspect of the available support including advice, signposting and the provision of breaks services.	Sirona (provider) from Care First system (including AWP results)