

Appendix 1 - Adult Health and Care Finance and Performance Report

October 2015

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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)

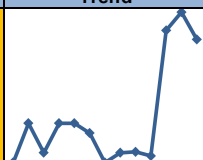

The pool overspend is attributable to an increase in residential placements as a result of service users being placed in BaNES under ordinary residence, there is also an increase in LD service users receiving personal budgets, these funding pressures have been partly mitigated by increased contribution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