

Year End Feedback on the Better Care Fund in 2015-16

Selected Health and Well Being Board:

Enfield

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes

| Statement: | Response: | Comments: Please detail any further supporting information for each response |
|--|-----------|--|
| 1. Our BCF schemes were implemented as planned in 2015-16 | Agree | |
| 2. The delivery of our BCF plan in 2015-16 had a positive impact on the integration of health and social care in our locality | Agree | The schemes in the plan have encouraged & enabled officers (both in operational & strategic services) to work together. |
| 3. The delivery of our BCF plan in 2015-16 had a positive impact in avoiding Non-Elective Admissions | Disagree | Overall NEAs increased in 2015/16 on the previous year. The BCF schemes targeted the elderly and frail population where NEAs were avoided. |
| 4. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Delayed Transfers of Care | Disagree | The main area where an increase was observed was non-acute relating to the BEHMHT patients |
| 5. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services | Agree | The wording is incorrect here. The positive impact is that more people were supported to continue living independently at home following input from enablement services - agreed that the plan had a positive impact & on track to achieve the target. |
| 6. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Permanent admissions of older people (aged 65 and over) to residential and nursing care homes | Agree | There was an overall reduction in the number of older people admitted to residential/nursing care in the year though there has been an increase in the number of older people with dementia admitted to placements |
| 7. The overall delivery of our BCF plan in 2015-16 has improved joint working between health and social care in our locality | Agree | BCF schemes have encouraged local partnership working e.g. Integrated Locality Teams, 7 Day working and the OPAU - all of which are making noticeable improvements to patient care. |
| 8. The implementation of a pooled budget through a Section 75 agreement in 2015-16 has improved joint working between health and social care in our locality | Agree | |
| 9. The implementation of risk sharing arrangements through the BCF in 2015-16 has improved joint working between health and social care in our locality | Agree | £194k of contingency was released in quarter 1 of 15/16 to reflect the reduction in emergency activity, as per NHSE BCF guidance. A proposal for how this will be utilised during 2016/7 is yet to be agreed & approved by the HWB. |
| 10. The expenditure from the fund in 2015-16 has been in line with our agreed plan | Agree | |

Part 2: Successes and Challenges

Please use the below forms to detail up to 3 of your greatest successes, up to 3 of your greatest challenges and then categorise each success/challenge appropriately

| 11. What have been your greatest successes in delivering your BCF plan for 2015-16? | Response - Please detail your greatest successes | Response category: |
|--|--|--|
| Success 1 | Seven day working is in place across health and social care and our integrated locality teams are working well to bring a multi-disciplinary approach to supporting people who need our help. The community-based rapid response services work together to help / support & treat people in their own homes to avoid unnecessary hospitalisation & facilitate safe & timely discharge at the weekend & out of hours. | 1. Leading and Managing successful better care implementation |
| Success 2 | Admissions to residential and nursing care continue to reduce and our target, already very ambitious, was met this year. | 2. Delivering excellent on the ground care centred around the individual |
| Success 3 | Our reablement service continues deliver excellent outcomes with over 71% discharged with no further need for support and on track to achieve approx 86/86% of people living independently after receiving the service upon discharge from hospital. | 2. Delivering excellent on the ground care centred around the individual |

| 12. What have been your greatest challenges in delivering your BCF plan for 2015-16? | Response - Please detail your greatest challenges | Response category: |
|---|--|--|
| Challenge 1 | The work done in 2015/16 to reduce emergency admissions for older people (65+) needs to be extended into paediatrics and our 50+ population as these have shown themselves to be areas of increased pressure this year. Noted that extension to 50+ population & OPAU dealing with under 65s commenced during Q4. (NEA - qualification: there has been a reduction for the target population but not the wider NEA activity) | 2. Delivering excellent on the ground care centred around the individual |
| Challenge 2 | The increase in the length of delay (i.e. number of days) for patients to be discharged from hospital in 2015/16 has been identified as a priority with particular issues around: • non acute mental health discharge and support arrangements • shortage of residential/nursing stepdown provision • patient choice (for residential/nursing care) • | 2. Delivering excellent on the ground care centred around the individual |
| Challenge 3 | To develop, with the Enfield Integration Board & key stakeholders, a shared vision & strategic direction for the integration of health & social care in Enfield | 6. Developing organisations to enable effective collaborative health and social care working relationships |

Footnotes:

Question 11 and 12 are free text responses, but should be assigned to one of the following categories (as used for previous BCF surveys):

1. Leading and managing successful Better Care Fund implementation
2. Delivering excellent on the ground care centred around the individual
3. Developing underpinning, integrated datasets and information systems
4. Aligning systems and sharing benefits and risks
5. Measuring success
6. Developing organisations to enable effective collaborative health and social care working relationships
7. Other - please use the comment box to provide details