

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	<b>Better Care Fund Appendix 1</b>												
2	<b>RAG Status Guidelines</b>												
3	<b>Dimension</b>	<b>RAG Status</b>	<b>Guidelines</b>				<b>Notes</b>						
4	Plan Progress	Green	Action plan development and/or milestones are on target				Add any appropriate headline commentary - e.g. important milestones met etc.						
5		Amber	There are minor delays in the action plan milestones of up to 30 days				Exception commentary must be provided						
6		Red	There are action plan milestones delayed more than 30 days / BP delayed				Exception commentary must be provided						
7		N/A	Scheme not yet due to start				Please provide a start date						
8	<b>BCF Metrics</b>		<b>Target 14/15</b>	<b>Current Data</b>	<b>Target 15/16</b>	<b>RAG</b>	<b>DOT</b>	<b>Commentary</b>					
9	METRIC 1: Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	41	35	33	Red	↓	Moved from Green to Red due to a spike in admissions to residential care in quarter 3 (oct-dec). It is unlikely that the target will be met; in order to meet the target we would have to achieve no more than 6 permanent admissions in quarter 4, based on quarter 4 performance last year there were 7 admissions.						
10	METRIC 2: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	73.3	62.1	83.3	NA	↔	Unable to confirm the direction of travel for this specific metric until we get updated data at the end of March 2015. However, performance within the reablement service regarding individual service user outcomes demonstrates that out of a total of 14 people discharged from the service during February, 71% (10 people) had no ongoing eligible needs; this is a particularly good performance for the service (the average for last year was just over 60%).						
11	METRIC 3: Delayed transfers of care from hospital per 100,000 population (average per month)	1247	1077	900	Red	↓	The target stated is for the full year, as at quarter 3 we are already exceeding the number of delayed transfers making it unlikely that we will meet the target for the full year. See latest BCF dashboard which outlines current trend which shows a steady increase in delays. Initial analysis has been undertaken to understand which settings are contributing most significantly to the poor performance, with the majority of delayed days occurring at Rutland Memorial Hospital and Peterborough Hospital. The Integration Executive discussed in depth at its last meeting in March the issues in the health and care system contributing to Delayed Transfers of Care, including specific issues linked to Continuing Health Care. A proposal will be brought back to the Health and Wellbeing Board to acknowledge what we will be putting in place as part of the Step Up Step Down scheme to target the issues.						
12	METRIC 4: Total emergency admissions into hospital, per 100,000 population	2125	1884	2066	Green	↔	The target is for quarter 4, this is the pay for performance metric and we will be measured on the performance in quarter 4 alone. The number of non elective admissions to hospital is on track to be lower than the target.						
13	METRIC 5: Patient / service user experience	92.1	91.1	93.1	NA	↔	Annual survey; until we get figures for this years survey we will not know what the result is.						
14	METRIC 6: Injuries due to falls in people aged 65 and over	1839	2074	1663.5	NA	↔	Annual data received from Public Health - 14/15 data expected by the end of March 2015						
15	<b>Reference</b>	<b>Scheme</b>	<b>Theme Lead</b>	<b>Primary BCF Metric(s)</b>	<b>Planned Expenditure (k)</b>	<b>Action plan milestones RAG</b>	<b>Highlight Reporting Commentary</b>						
16	UP1	Community Agent Service	Karen Kibblewhite	1,2,3,5,6	2015/16 £200k	A	Scheme is on track to start on 1st April 2015 with an official launch to be planned for the end of May 2015. The Service is led by Spire Homes and Rural Community Council, a staffing structure for the service has been agreed and staff members are in post from both Rural CC and Spire Homes to ensure the service is delivering on time. The service has identified key providers who can deliver specific outcomes within the service, Service Level Agreement with providers will ensure the service is delivered by those best placed to provide the support. The Community Agents will link in with the Rutland Portal (web based directory of information hosted by the Local Authority). A key relationship that needs to be forged is with GPs so that GPs are aware of the service and referring in to Community Agents. A communications strategy for launching the service including branding is due to be shared with Integration Executive Members. A progress report will be brought back to the Health and Wellbeing Board (HWB) in June.						
17	UP2	Adaptations/Disabled Facilities Grant	Julia Eames	1,2,5,6	2015/16 £104k	G	Although transfer of budget to BCF only starts from 15/16 work already going on which will be having a positive impact on the metrics and work to develop audit tool and implement business plan has already started.						
18	UP3	Assistive Technology	Julia Eames	1,2,6	2015/16 £98k	G	In the first 3 months there have been 14 referrals to Olympus, including 3 emergency referrals. All referrals have been responded to on time. Outcomes have included helping to prevent admissions to residential care, reducing care package and reducing carer strain. Promotion at Stamford Health Clinic Integrated Working Event and Older persons forum and attendance at team meetings. Advert for 1 year contract to start 1st June to be published on 2.3.15						
19	UP4	Integrated Care Coordinator	John Morley	4,6	2015/16 £39k	A	Integrated Care Coordinator back out to recruitment after failing to recruit in January. Recruitment across social care has been a challenge for the local authority; the post has been included in a significant recruitment drive for other social care related positions. It is unlikely that there will be someone in post for the start of April due to notice periods if the successful candidate is currently employed. Business Case submitted to Health and Wellbeing Board for approval at its meeting on 24th March. Substantial underspend for 14/15 (£19k); the intention is for the underspend to be carried into 15/16.						
20	LTC1	Integrated Dementia Pathways	John Morley	1,3,4,6	2015/16 £100k	A	Scheme due to start on 1st April 2015. Contract with the Alzheimer's society has been extended until 31st March 2015. Outcomes to be delivered are being reviewed, the following information has been provided following the request at the last HWB meeting: There are 25 Dementia Champions in Rutland, Approximately 839 Dementia friends in Rutland, there is currently no baseline set for dementia Friends. A new post (Memory Advisor) to be employed by RCC on a fixed term basis initially is currently out to advert; this role will be working with individuals both pre and post diagnosis. This will be an invaluable resource for both GPs and the Local Authority, and a key referral route for the Integrated Care Coordinator and Community Agents.						
21	LTC 2	Falls Prevention and management	Julia Eames	6	2015/16 £84k	A	Agreed by HWB to use funding identified for Learning Disabilities to develop strategies for Falls prevention and Falls Management. Draft business case with some indicative spending of £84k funding available to be presented to the HWB on 24th March. Baseline data provided from EMAS and Spire Homes. Awaiting detail regarding hospital admissions due to falls.						
22	IUR1	Integrated Crisis Response	Julia Eames	1,4,6	2015/16 £450k	G	15 referrals now received from 1.9.14 to 28.2.15 (first 6 months of scheme). Numbers of referrals still appear low despite promotion and concern that still receiving all referrals it could be responding to to prevent admissions to hospital. Balance between EoL and 'other crisis referrals such as falls and acute infections more equal now. No pattern regarding time of night referrals received. Further promotion of Night Nursing pilot to GP's, including out of hours, taking place. EMAS training ongoing to ensure alternative pathways to acute admission being considered. SPA now able to respond to referrals in a responsive way. Scheme now part of step up step down business plan - a number of schemes have been merged to give flexibility. Formal evaluation not yet started.						
23	IUR2	Integrated Health and Social Care Pathways	Yasmin Sidot	2,3	2015/16 £405k	A	This scheme is under development. Engagement on the Community Services Strategy is currently taking place which will in turn result in operational detail being developed regarding how community services will be configured (detail due in May 2015). This is a significant piece of work and potentially involves substantial change across a number of CCG contracts with its main provider. Rutland operational service development event took place on 3rd March between RCC and Leicestershire Partnership Trust staff and colleagues from Lincolnshire to promote local partnership working; the session brought together frontline staff from health and social care working across Rutland, including members of the REACH team, Social workers, and nurses and therapists from Leicestershire Partnership Trust and Lincolnshire. The aim of the session was to develop networks that will facilitate improved partnership working and further integration of services to reduce duplication and improve the customers experience, the session specifically provided operational staff with more detail regarding the BCF schemes, anticipated outcomes and further plans in development.						
24	HDR1	Hospital Discharge	Julia Eames	2,3	2015/16 £50k	R	This scheme is now combined with other schemes under title Step up Step down and will use funding allocated to combined schemes to meet budget requirements to achieve it's metrics. More data now available across different hospitals helping to better understand nature of delays, to be discussed at integration Executive 3.3.15 Data shows 'waiting for a residential or nursing home' and 'completion of assessments' to be top reasons for delays. Highest number of days of delay at Rutland Memorial hospital. Forecast is not to achieve this BCF target 2014/15. Vacant post for Link nurse between PCH and RMH, job description being reviewed.						
25	HDR2	Reablement	Julia Eames	2,3,4,6	2014/15 586.0 2015/16 £536.0	R	This scheme is now combined with other schemes under title Step up Step down and will use funding allocated to combined schemes. Stepping Stones Flat opened 12.2.15, not used as yet. Open days for staff to visit poorly attended. Reablement outcome for cases discharged from scheme in Jan was 60% needed no ongoing eligible service.						
26	E1	IT and Data Sharing	Katy Lynch	Enabler	2014/15 £63,000	G	Data inputter in place to data cleanse the case management system which is supporting good NHS number matching rates; all social care records now have an NHS number logged on the system. An information development officer is in place to develop a directory of support services available in Rutland. The online directory has been purchased and the system is under development with the aim of going live on 1st April 2015, we will be working with Community Agents to ensure this is a resource that they can be using whilst working with individuals in the community (signposting purposes).						
27	E2	Project Management	Katy Lynch	Enabler	2014/15 £50k 2015/16 £50k	G	Transformation Team in place to support delivery of the BCF.						
28	E3	Care Act implementation	Karen DMC	Enabler	2015/16 £110k	G	All on track for being Care Act compliant on 1st April 2015, the cap on care accounts does not go live until April 2016.						