NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

BETTER TOGETHER PROGRAMME UPDATE

Date of the meeting	16/09/2015
Author	S Sandcraft - Deputy Director, Review, Design and Delivery (East)
Purpose of Report	The report provides an overview of the status of the Better Together programme and an update on the better care fund.
Recommendation	The Governing Body is asked to **note** the report.
Stakeholder Engagement	Stakeholder engagement is an integral part of each of the Better Together workstreams.
Previous GB / Committee/s, Dates	Update provided at each GB meeting.

Monitoring and Assurance Summary

This report links to the following Strategic Principles	• Services designed around people • Preventing ill health and reducing inequalities • Sustainable healthcare services • Care closer to home		
	Yes [e.g. ✓]	**Any action required?**	
		Yes Detail in report	**No**
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management &Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

Initials : SSa

1. Introduction

1.1 This report provides an update to the Governing Body on the Better Together Programme and the Better Care Fund.

2 Better Together Programme Update

2.1 As previously reported, The Better Together programme (BTG), which the CCG is part, seeks to deliver whole system approaches for adult care and health, cost reductions for partners, improved health and social care outcomes for residents and greater personalised support for individuals and their families, in particular frail older people and people with long term conditions.

2.2 There is a wide range of change activity occurring across the Dorset, Bournemouth and Poole health and social care system which includes:

- Better Together Programme;
- Urgent Care - focused on developing a strategic direction for urgent care services;
- Clinical Services review – focus on developing a blue print for secondary health- care services taking account of care closer to home;
- Individual Local Authority organisation change programmes – Pathways to independence (DCC), Core Services Review (BBC), Medium-term Financial Plan (BoP).

2.3 Many of these initiatives will impact each other, either providing leverage and support or in some cases, creating tension. A whole BTG programme highlight report is available in Appendix 1, which provides an overview of progress of each of the programme areas.

2.4 An active Sponsor Board provides a leadership structure for the three main programmes set out in paragraph 2.2, with a mechanism to provide a whole view of progress, issues and resolution proposals and a reporting structure that delivers and amalgamates the work to provide a holistic view. This is particularly important in meeting the performance requirement of the Better Care Fund (BCF), which is also overseen by the Joint Commissioning Board (JCB).

2.5 The Better Together programme is due to conclude in March 2016, therefore Miriam Maddison, the Interim Programme Director is planning the transition of the existing work programme into mainstream business, such as that of the JCB and the CSR.

3 The Better Care Fund plan

3.1 There are agreed, assured, Better Care fund plans, one for each of our Health and Well Being Board areas, The Section 75 agreements have been agreed.

Measuring the impact

3.2   The reductions in unplanned admissions (a target measure of at least 3.5% from the level that would otherwise have been anticipated in 2015/16), is now be the sole indicator underpinning the pay for performance element of the BCF. Performance against other BCF metrics will no longer be linked to payment although evidence of strong local ambition against them will be included in the assurance process of plans.

3.3   Three cluster groups of the Systems Resilience Group (SRG) are established around the three main acute trusts, which include key partners across health and social care.

3.4   The cluster groups have identified opportunities and actions to address emergency pressures across the system, focusing on the high impact changes outlined in the Better Care Fund plan and Urgent Care Strategy. Dashboards and performance measures have been agreed and are linked to the high impact changes and KPIs within existing plans. It is recognised that achieving the reduction in total emergency admissions will be a significant challenge.

Pay for Performance

3.5   As highlighted, one of the major outcomes expected of the national Better Care Fund (BCF) programme is a reduction of at least 3.5% in total non-elective admissions to hospital for the calendar year 2015 compared to the baseline of calendar year 2014, saving £1bn a year nationally.

3.6   A proportion of the money saved is made available to local Better Care Fund pooled budgets through the BCF 'payment for performance' (P4P) scheme.

3.7   The pan-Dorset 3.5% saving target requires total non-elective admissions for calendar year 2015 to be no more than 83,252 compared to the actual baseline total of 86,300. Since this data is not available by Health and Well Being Board (HWB), using standard NHS Dorset methodology it is apportioned as Dorset HWB 45,470 (3.5% saving 1,661) and Bournemouth & Poole HWB 37,782 (3.5% saving 1,387).

3.8   Savings are released in direct proportion to the cumulative target – e.g. if 30% of the target has been achieved in quarter 1, 30% of the saving is released; if in quarter 2 the cumulative saving is 45% of target, the new saving released is 45% less the 30% previously released. If savings are made, CCGs are to release money into the BCF pooled fund in May, August, and November 2015 and in February 2016 (all in the financial year 2015/16).

3.9   The approved pan-Dorset BCF Plan noted a 'significant/moderate' element of operational risk in that total non-elective admissions may be driven up by demand more than the BCF schemes can reduce demand, and a 'moderate' financial risk in that hospital providers point out that fixed and semi-variable provider costs will not reduce incrementally with reduced admissions.

3.10 Since P4P payments have not been included in 2015/16 BCF scheme funding and their S.75 agreements, there is no financial risk to the pan-Dorset BCF itself.

3.11 Cashable savings are calculated quarterly in arrears from publically available NHS data using a national formula set out in published NHS technical guidance. Based

on the standard NHS average cost of £1,490 for each avoidable admission, Pan-Dorset's planned BCF P4P savings were £4.242m (Dorset HWB £2.315m, Bournemouth & Poole HWB £1.927m);

3.12   NHS Dorset CCG has advised that the cash saving released by each saved admission will be no more than £755 and the total P4P pot will be in the region of £0.234m for Dorset and £0.746m for Bournemouth & Poole (total £0.980m).

3.13   Most of the planned Pan-Dorset P4P savings were not expected to be achieved until the last quarter of the calendar year 2015.

3.14   NHS England has recently issued a national model that calculates revised P4P using newly-available admissions data. This shows the pan-Dorset target for Jan-Mar 2015 is for no more than 21,124 total non-elective admissions. Data for March 2015 will be available in mid-May 2015; Jan-Feb admissions at 14,076 suggest the target may be achieved.

3.15   Irrespective of the target, the CCG is cautioning that contractual obligations with providers will significantly restrict the amount that can be released into the P4P pot.

3.16   The latest report of performance against the BCF targets is attached in Appendix 2, this highlights that these are not being achieved, continued action through the SRG and the JCB is being progressed.

4   Conclusion

4.1   The report provides an update on the July position of the BTG programme and the BCF. The current BTG projects progress is rated amber or green, apart from the Dorset Care Record, which is red rated and therefore is a key focus of attention of the Interim BTG Programme Director.

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APPENDICES	
Appendix 1	**Better Together Whole Programme Highlight Report**
Appendix 2	**Better Care Fund Performance**

Better Together Whole Programme Highlight Report

Current Reporting Period :	26 June 2015 – 24 July 2015	Next Reporting Period :	24 July 2015 - 26 August 2015

Project Name	Executive Summary of progress since last report	Planned progress next reporting period
Dorset Care Record **Project Lead** **Elizabeth McEleney** **Project Sponsor** **Miriam Maddison**	**Procurement** • Procurement preparation is under way • Working Group recommends to Project Board that the procurement timetable is changed and that OJEU placement moves to 30 September 2015 **Project Team** • Programme Manager – started 0.5wte from 13 July and will be full time in role from next month • Project plan and milestone tracker are being reviewed due to change in procurement timetable • Good partner representation maintained at Working Group • Approach made to BT Sponsor Board to identify a CEO who would act as Executive Sponsor for the DCR **Benefits Planning** • Profile template completed and submitted 30 June with updated return on Investment. • Internal report produced for approval by Borough of Poole and Bournemouth Borough Council to progress to Stage 2 and continue their contributions to funding agreement	**Procurement** • Confirm where there are gaps in existing procurement preparation and prepare a strawman that reflects the remaining activities and associated timescales • Revise and circulate final version of specification • Revise and approve evaluation approach, scoring and weighting and user measurement • Agree weighting, final user scenarios and evaluation plans • Agree evaluation team and requirements around resources **Project Team** • Review and re-advertise Benefits Realisation post • Review and update project documentation, including risk register • Confirm team roles and remits • Develop resource plan, identifying and prioritising any gaps for resources to secure programme delivery that need to be filled. • Prepare financial profile and update budget plan • Identify CEO from Sponsor Board to lead on DCR • Continue CCIO recruitment in the light of advice from the Board **Benefits Planning** • Start preparing full business case and benefits baseline documents.
Status	**Risks and Issues**	**Mitigating actions**

Previous	Current		
		Issues	• Develop a more detailed resource plan to accompany the programme timeline.
		• People resource capacity - programme team and partner organisations - insufficient to achieve volume of work needed to meet milestones	• Present resource plan to Board to agree any additional capacity, within budget, that is required to ensure delivery.
			• Flex resources from the Better Together team to add capacity at times of high volume activity in the DCR programme
		• Lack of clarity in governance arrangements to ensure timely decision-making, identify and resolve blocks and/or to resolve disputes between partners	• Ensure clear governance of programme through restating roles and responsibilities
			• Programme Manager to lead work to update programme documentation including tools such as milestone tracker, risk register, version control of programme documentation, highlight reporting
			• Identify CEO from Sponsor Board to act as Exec Sponsor for Programme and ensure regular updates at Sponsor Board given interdependencies for other transformation activity such as the Clinical Services Review
		Risk	
		• No medical interest in the Chief Clinical Information Officer (CCIO) role so post still vacant.	• Board to review if another professional discipline acceptable for role.

Project Name	Executive Summary of progress since last report	Planned progress next reporting period
Shared Information & Communication Technology	**Information governance**	**Information governance**
	• DISC now with CEOs for partner sign up – 3 received to date, others being chased	• Engage with contractors to develop communications plan
Project Lead		• Engage with user requirements and procurement for DCR activities
David Vitty / Helen Cheleda	• Resources and guidance materials in draft	
Project Sponsor	• Discussion in progress with contractors already engaged	• Produce literature, resources and materials

Notes :
Please copy and paste additional project boxes as required   **Green** – on target
                                                                      Amber – Some challenges, but mitigating action in place
                                                                      Red – Serious challenges

David Vitty	with workforce work stream to support the communications process using existing contracts • Discussions in progress with SWAST, Fire and Police to join the Charter **Business processes** • Common data sets and portability agreement awaiting LA adoption • Workshop taken place to develop plans for full H&SC single assessment process. Report with recommendations to steering group in Sept with plan in place to start implementation end Sept onwards	• Implement information sharing agreements for localities **Business process** • Cascade portability agreement • Finalise common terminology and dictionary agreement • Prepare report and recommendations for steering group for single assessment process

Status		Risks and Issues	Mitigating actions
Previous	**Current**	• PMO have had to divide their time between this work stream and the DCR project until recruitment of a programme manager was completed. The deadlines associated with the Dorset Care Record are, by necessity, giving this work priority over the Process & IG work streams. • Recruitment of the benefits post for the DCR was unsuccessful and the role requirement is undergoing review.	• A programme manager has now been recruited but currently only part time until 10 August. Discussions are underway to review priorities and remits which should free capacity from PMO to balance needs of the work streams. • This will impact PMO capacity for the work streams but are expected to ease once these posts are in place around autumn 2015.

Project Name	Executive Summary of progress since last report	Planned progress next reporting period
Joint Commissioning Board **Project Lead** Catherine Driscoll **Project Sponsor** Catherine Driscoll	• Interviews held for Senior Commissioning Manager and Finance Performance Manager posts. • Continuing Health Care – work commenced on joint delivery programme structure across two work streams; managing CHC demand and managing costs. • Learning disability - Gathering information at an individual level to identify whether strategic intention is viable. • Domiciliary Care – engagement with providers and feedback from carers received on some suggested proposals.	• Agree priorities and work programme for Senior Commissioning Manager and Finance and Performance Manager posts to utilise new resources to the best effect. • Publish the Market Position Statement and consider engagement with providers. • Develop detailed work programme.

Notes :
Please copy and paste additional project boxes as required

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Red – Serious challenges

	• JCOG Business Day 24 July 2015 to develop a detailed work programme identifying priorities, lead responsibilities and time scales considering other transformation work or groups, e.g. SRG and Commissioning Intelligence Group. •	
Status	**Risks and Issues**	**Mitigating actions**
Previous **Current**	**Risks** • Recruitment of a Senior Commissioning Manager has been unsuccessful.	• Interim arrangements agreed.

Project Name	Executive Summary of progress since last report	Planned progress next reporting period
Workforce and Organisational Development **Project Lead** **Debbie King** **Project Sponsor** **Charles Summers**	Nursing Academy • On 23 July 2015 a meeting is being held to facilitate initial discussions about the potential for setting up a pan Dorset Nursing Academy, which might facilitate a strategic approach to the delivery of training, education and CPD in the local area.(KB) Domiciliary Care Workers • A meeting was held to discuss the proposal to set up the Dorset Care Centre of Excellence. It was agreed that the next step should be to ask the LEP to undertake a feasibility study. (DK) Rotation pilot (BB) Staff already employed • Three employees from Borough of Poole, Pramacare and Poole Hospital are ready to commence their rotation on the 7 September. Student Placements • Placements will begin February 2016. • HEW to discuss evaluation principles with an organisation that they are currently using for another project. (DK) Strategic Aim: Improving effectiveness - leadership will be	• Continuing with the mobilisation phase of the Promoting Integrated Care Programme, with the aim of agreeing dates to deliver the training to all of the 13 localities. (DK) • Interviewing applicants for the PhD student that is being co funded by the Better Together Programme and Bournemouth University to undertake research for the Workforce and Organisational Development work stream. (DK) • Poole Central locality event. • Further meeting with Twynham Training to review the plan for the Dementia Training

Notes :
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Red – Serious challenges

critical in delivering these changes.

- On the 10 July 2015, L&D professionals from the three Local Authorities and the CCG met with representatives from Twynham Training to review the content of the two Dementia programmes. We are aiming to commence the delivery of the pilots in October. (DK)

Strategic Aim: Integrating service delivery – the aim is to help partners develop the workforce and organisational development that will deliver better integrated care across Dorset.

Promoting Integrated Care Plan Dorset (DK)

- The first integrated working development event took place in Weymouth and Portland locality on 14 July 2015. Over 90 people attended the event from all agencies involved in providing care for elderly people with long term conditions, hearing about the new Integrated Hub, Acute Out of Hospital Care, the Care Act and the support that can be offered by voluntary organisations.

- Practice-based MDT teams took part in an interactive session working through how to achieve optimal MDT working, building on their success to date. Each team identified what was working well and the issues to tackle next to fully realise the benefits of integrated working for people and their carers, and move their ways of working to the next level.

- Additional events planned so far are:

    Weymouth and Portland   14 July

    Mid Dorset   10 September

    Poole Central   15 September

    Poole North   15 September

    North Dorset   22 September

    Poole Bay (subject to agreement with the Integrated locality leadership teams))   23 September

    East Dorset (subject to agreement with the Integrated locality leadership teams))   26 November

    Two Phase 1b events have also been planned

Notes :
Please copy and paste additional project boxes as required

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Red – Serious challenges

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	Poole Central locality would like support facilitating up to 2 workshops for GPs, Practice Managers and nurses 30 July Poole Bay 23 September	

Status		Risks and Issues	Mitigating actions
Previous	**Current**	•	•

Notes :
Please copy and paste additional project boxes as required   **Green** – on target
                                                                                                          Amber – Some challenges, but mitigating action in place
                                                                                                          Red – Serious challenges

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Project Name	Executive Summary of progress since last report	Planned progress next reporting period
Integrated Locality Teams **Project Lead** Sally Sandcraft **Project Sponsor** Sally Sandcraft	• Channel 3 Consortium and Verve communications have continued to meet with localities to develop and confirm design and delivery timetable of events and workshops; main delivery confirmed September to November 2015. • Pilot event held in Weymouth & Portland locality on Tuesday 14 July 2015. • Dorset MID Cluster workshop held on 30 June 2015. • First issue of staff locality newsletter published on Dorset for You, shared with locality leadership teams and partner communication leads. • Next issue – September 2015 • Worked with Cath Granger at CCG to further develop evaluation methodology. Questionnaire developed and case studies being collected. • Exploring current performance measures that are already being collected to see if they could be used. • Shared progress of the domiciliary care project work with locality leadership teams. • Continued to consolidate progress in risk profiling and case finding, MDT team meetings and case management and care co-ordination. These are the three key features and functions areas where most progress has been made. • Continued to work with locality leadership teams to identify where additional support is needed to deliver better progress in personalised assessment and care planning and working with hospitals key features and functions.	• Finalise key milestones document and project plan. • Finalise "Integrated care across Dorset" programme (Channel 3 consortium and Verve communications). • Start to collect more detailed information from GP Practices and work with them to identify and provide additional support where required. In particular: - Join up DCR/ICT working in information sharing and patient consent. - Join up carers and early help work to make sure the carer and the person are placed at the centre of MDT working. • Finalised job definitions for case manager, health & social care co-ordinator and key worker.
Status	**Risks and Issues**	**Mitigating actions**
Previous **Current**	•	•

Notes :
Please copy and paste additional project boxes as required

Green – on target
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Red – Serious challenges

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Project Name	Executive Summary of progress since last report	Planned progress next reporting period

Early Help
 	
Project Lead
Paul Leivers
Project Sponsor
Paul Leivers
	• Develop a common understanding of the whole system - gain an overview to deliver a "route map" to develop a whole system approach
	
	• Data Gathering and collation from all partners to:
	   o Identify existing data collection points and develop these for early help purposes
	   o Identify triggers for early help intervention
	   o Understand volumes and patterns of need.
	   o Identify people who have needs but are not currently eligible
	   o Examine self – referrals to services- who they are and why they self-refer
	   o Develop a robust process of storing and using data not currently collected to inform early prevention services
	   o Monitor and measure success
	
	• Identify risks along the route map so Early Help Board can mitigate.
	
	• Dorset Community Action using funding to enable an action learning approach at a grass roots level to inform system redesign.
	
	• The charity 'Tax Help for Older People' has been linked to My Life My Care and PoPP to contribute to the delivery of the Care Act obligations. The charity's work is held in high regard in the tax profession and is partly-funded by HMRC.
		• Full project plan development and implementation
		• Establish a clear picture of how partner organisations currently work and where data is currently collected
		• Poole and Bournemouth CVS to develop action plans for NHS Funding
		• Development plan of MLMC
		• Use information from early help project to inform the strategy refresh of the Health and Wellbeing Boards and align priorities.

Status		Risks and Issues	Mitigating actions
Previous	**Current**	• With news of unsuccessful EU bid there needs to be further work to develop an alternative solution for building community capacity. • Care cap costs delayed to 2020	• Some funding allocated to VCS to support involvement in locality MDTs • Review planned developments for self-funders

Project Name	Executive Summary of progress since last report	Planned progress next reporting period
Carers Services	• Role of Carers Lead added to integrated locality leadership teams • Presentation developed to use at various events, highlighting the needs and support of carers • Feedback collated on first draft of strategy • Timeline for strategy engagement and design agreed • Carers Services Board provided feedback on Domiciliary Care review proposals • Currently mapping services available to identify any gaps and potential areas for joint working	• Co-production of carers strategy version 2 • Development of strategy implementation framework • Carers Intervention pathway development • Health and wellbeing check review and liaising with SAIL for early identification of carers
Project Lead		
Paul Miller		
Project Sponsor		
Paul Miller		

Status		Risks and Issues	Mitigating actions
Previous	**Current**	• Carer engagement on Carers Services Board	• Work underway engaging with new carers • Carers engagement model included in draft strategy

Project Name	Executive Summary of progress since last report	Planned progress next reporting period
Tricuro - LATC	• All essential Go Live criteria met and launch was 1 July 2015 • Shareholder Agreement signed by each LA • A number of policies have been developed, to be signed off by Tricuro. The Complaints Policy is to be completed • The first meeting of the Executive Shareholder Group has been held, a Chair was agreed and Terms of Reference are to be reviewed in a year • It has been agreed that the Implementation Board will continue until December 2015 • Interim transport arrangements are in place for Go Live • Pan Dorset Commissioning group have developed a suite of service specifications incorporating a range of	• Work on review of business case with finance leads and heads of service to ensure all set up costs captured appropriately and appointed on a share basis or linked to company profits. • Post Go Live Implementation tasks to be completed • Long term solution to transport issues to be identified and progressed • The Implementation Board is to undertake an evaluation and review of the journey • Consider development of a new Tricuro Financial System (zero based budgets)
Project Lead		
Andy Sharp		
Project Sponsor		
Andy Sharp		

Notes :
Please copy and paste additional project boxes as required

Green – on target
Amber – Some challenges, but mitigating action in place
Red – Serious challenges

Status		Risks and Issues	Mitigating actions
Previous	**Current**	**Risks** • Recruitment of MD and FD • Recruitment of Chair	• Interim arrangements in place. Executive search for MD post. FD post to be re-advertised in September • Recruitment process to be agreed

Project Name	Executive Summary of progress since last report	Planned progress next reporting period

Systems Resilience group
 	
Project Lead
Dr Simon Watkins
Project Sponsor
Miriam Maddison
	• **Urgent and Emergency Care Networks –** Clinical Chair has been sought.
	
	• **8 High Impact Areas -** NHS England have reviewed and provided feedback. Teleconference held 14 July – open to partners to dial in.
	
	• **Dashboard –** Showing more green activity although high increase in bed days lost due to delayed transfers of care compared to this time last year. . Page created for local authority data.
	• **ORCP –** Allocation going across many schemes not just focusing on escalation beds.
	• **Urgent & Emergency Care Vanguard Application** – Expression of interest submitted.
		• Workplan for urgent care network to be developed
		• First Wessex Network meeting expected Sept
		
		• Provide further assurance to NHS England on
		  - Work with Primary Care – Access
		  - Resolving 111 performance issues
		  - Rapid assessment and treatment in A & E
		
		• Further teleconference 19 Aug and will focus on some key areas including falls prevention and discharge management.
		• To include information around Out of Hours
		
		• Vanguard application unsuccessful

Status		Risks and Issues	Mitigating actions

Previous	**Current**	• Delivery of 8 high impact interventions
		  - delivering DTOC
		  - winter preparedness
			• DTOC group working on and looking at discharge to assess models
			• To start winter planning as soon as possible

Notes :
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Green – on target
Amber – Some challenges, but mitigating action in place
Red – Serious challenges

Pan-Dorset Better Care Fund Performance Report - Summary Quarter 1 (April - June) 2015/16

KEY:

🔴	Off target by more than 5%		
🟡	Within + or - 5% of target		
🟢	Within target by more than 5%		

100 (pink)	Number is worse than planned/target	
100 (green)	Number is better than planned/target	

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Emergency Admissions to Hospital (Payment for Performance - P4P)

2015 actual vs revised target?	*Improvement indicated by:* **Decrease** Total non-elective admissions into hospital (general & acute), all-age, per 100,000 population		Baseline (calendar year 2014)				Pay for performance period (calendar year 2015)				
			Q4 (Jan 14 - Mar 14)	Q1 (Apr 14 - Jun 14)	Q2 (Jul 14 - Sep 14)	Q3 (Oct 14 - Dec 14)	Q4 (Jan 15 - Mar 15)	Q1 (Apr 15 - Jun 15)	Q2 (Jul 15 - Sep 15)	Q3 (Oct 15 - Dec 15)	Q4 (Jan 16 - Mar 16)
🔴 〰	Dorset	Planned	11,594	10,595	10,763	11,152	11,510	11,050	10,330	9,660	9,370
		Revised target 2	>>	>>	>>	>>	11,834	11,043	10,602	9,911	
		ACTUAL	11,748	11,812	11,698	12,040	11,834	11,771	-	-	-
🔴 〰	Bournemouth & Poole	Planned	9,627	8,765	8,908	9,228	9,610	9,130	8,535	7,960	7,723
		Revised target 2	>>	>>	>>	>>	9,844	9,196	8,737	8,167	
		ACTUAL	9,419	9,808	9,710	10,017	9,844	9,781	-	-	-

"Planned" is from the CCG's plans. "Revised target 2" is the P4P revised target advised by CCG June 2015 based on (short-term emergency admissions - 3.5%). "Actual" is as reported by NHS Dorset and apportioned to HWBs.

Delayed transfers of care

15/16 actual vs planned?	*Improvement indicated by:* **Decrease** Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+), all causes		2013/14 Baseline	2014/15				2015/16			
			Q4 (Jan 14 - Mar 14)	Q1 (Apr 14 - Jun 14)	Q2 (Jul 14 - Sep 14)	Q3 (Oct 14 - Dec 14)	Q4 (Jan 15 - Mar 15)	Q1 (Apr 15 - Jun 15)	Q2 (Jul 15 - Sep 15)	Q3 (Oct 15 - Dec 15)	Q4 (Jan 16 - Mar 16)
🔴 〰	Dorset	Planned	1,443.0	1,301.0	1,296.5	1,267.1	1,203.2	1,188.5	1,173.9	1,159.2	1,139.9
		ACTUAL		1,302.4	1,440.4	2,170.2	2,186.1	1,736.7	-	-	-
🔴 〰	Bournemouth & Poole	Planned	903.1	878.0	845.6	811.7	772.7	742.3	713.8	685.2	653.0
		ACTUAL		877.8	1,205.5	1,205.1	1,255.3	1,112.5	-	-	-

Pan-Dorset Better Care Fund Performance Report - Summary Quarter 1 (April - June) 2015/16

Residential care admissions

15/16 actual vs planned?	Improvement indicated by: Decrease		Baseline 2013/14 full year	Planned 2014/15 full year		Actual 2014/15 full year	Planned 2015/16 full year	Target 2015/16 year to date	Actual 2015/16 year to date
	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population								
🔴	Dorset		531.9	501.3		602.7	469.9	117.5	130.4
🟡	B & P		871.8	824.1		870.5	788.3	197.1	192.5

June data for BoP n/a so forecast @avg Apr-May

Reablement

15/16 actual vs planned?	Improvement indicated by: Increase		Baseline % 2013/14 full year	Planned % 2014/15 full year		Actual % 2014/15 year to date	Planned % 2015/16 full year	Target % 2015/16 year to date	Actual % 2015/16 year to date
	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services								
🟡	Dorset		89.6%	90.3%		87.4%	91.0%	91.0%	86.6%
🔴	B & P		81.2%	84.8%		82.4%	85.5%	85.5%	79.1%

Patient / Service User Experience

15/16 actual vs planned?	Improvement indicated by: Increase		Baseline 2013/14 full year	Planned 2014/15 full year		Survey 2014/15 full year	Planned 2015/16 full year	Target 2015/16 year to date	Survey 2015/16 full year
	Client satisfaction with care and support: % of people 'extremely' or 'very' satisfied in annual survey								
n/a	Dorset		63.5%	64.9%		66.5%	66.0%	66.0%	-
n/a	B & P		64.4%	66.7%		65.6%	67.2%	67.2%	-

14/15 ASC Survey result is restricted - public results expected Oct 2015

Dementia Diagnosis

15/16 actual vs planned?	Improvement indicated by: Increase		Baseline 2013/14 full year	Planned 2014/15 full year		Actual 2014/15 full year	Planned 2015/16 full year	Target 2015/16 year to date	Actual 2015/16 year to date
	Estimated diagnosis rate for people with dementia								
🔴	Dorset		38.3%	62.9%		49.3%	65.1%	65.1%	-
🔴	B & P		54.8%	68.1%		65.7%	69.8%	69.8%	-

National dementia data not yet available