

Agenda item 12

DERBYSHIRE HEALTH AND WELLBEING BOARD

12 July 2018

**Report of Strategic Director Adult Care and Public Health
Derbyshire County Council**

**DERBYSHIRE BETTER CARE FUND 2017-18:
QUARTER 4 STATUTORY RETURN**

1. Purpose of the report

To provide the Derbyshire Health and Wellbeing Board with an update on progress of the Derbyshire Integration and Better Care Fund (BCF) 2017-19 through reporting of the required statutory quarter four return for 2017-18.

2. Information and analysis

The Department of Health and Social Care's Better Care Support Team published the Q4 2017-18 National Return template on 9 March 2018 with the requirement that completed templates be returned by 20 April 2018, following sign-off from respective local Health and Wellbeing Boards (HWBs). The reporting requirements of the Q4 template are the same as those for previous periods with an additional section to reflect on successes and challenges in-line with the Logic Model for Integrated Care (developed by the Social Care Institute for Excellence, SCIE).

As with previous quarterly reporting arrangements the Q4 return is being reported retrospectively to the Board due to the submission deadline falling prior to a scheduled Health and Wellbeing Board meeting.

The draft return was reviewed by the BCF Programme Board at its meeting on 16 April and submitted ahead of the national deadline following agreement from the Chair of the Health and Wellbeing Board. A full copy of the return is provided at Appendix 1.

Performance against the national metrics during 2017-18 has been mixed and a summary is provided below. It should be noted that at the time of the Q4 submission, this data was not available:

- Non-Elective Admissions to hospital totalled 90,752 (3.2% above plan) – an increase of 2,809 admissions from 2016-17.

- The percentage of people still at home 91 days after their reablement episode had ended dropped to 76.9% in 2017-18 compared to 83.2% in the previous year.
- The number of older people having their long-term care needs met in a residential or nursing setting has increased to 1,200 admissions in 2017-18 compared to 1,128 reported in 2016-17. Of these admissions 59% were to independent nursing settings, 23% to independent residential and remaining 18% to local authority run homes.
- The number of bed days lost to delayed transfers of care have reduced markedly from 22,414 in 2016-17 to 15,610 in 2017-18. This is the lowest reported number of delays since the BCF began. The saving of 6,804 bed days is a remarkable achievement for the local system despite increased demands on health and social care services, particularly during a challenging Winter period.

As part of its 2018-19 work programme the BCF Monitoring and Finance Group is reviewing the services funded through the BCF to ascertain their contribution to the vision of the programme, which is wider than just the metrics (i.e. contribution to the BCF vision).

3. Links to the Health and Wellbeing Strategy

The Derbyshire Better Care Fund 2017-19 supports the delivery of the following priority from the Health and wellbeing Strategy:

- Keep people healthy and independent in their own home

The plan sets out how health and social care services will continue to support the move to more community based services to help support older people to live more independently in their own communities.

RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. Receive the report and note the responses provided in the Quarter 4 Statutory Return;
2. Note the improved performance of delayed transfers of care across Derbyshire;
3. Continue to receive regular updates on the progress of the Integration and Better Care Fund throughout 2018-19.

Joy Hollister
Strategic Director Adult Care and Public Health
Derbyshire County Council

Better Care Fund Template Q4 2017/18**1. Cover**

Health and Wellbeing Board:	Derbyshire
Completed by:	Graham Spencer
E-mail:	graham.spencer@derbyshire.gov.uk
Contact number:	01692532072
Who signed off the report on behalf of the Health and Wellbeing Board:	Councillor Carol Hart

2. National Conditions & s75 Pooled Budget

Confirmation of National Conditions			
National Condition		Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:
1) Plans to be jointly agreed? (This also includes agreement with district councils on use of Disabled Facilities Grant in two tier areas)		Yes	
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the Planning Requirements?		Yes	
3) Agreement to invest in NHS commissioned out of hospital services?		Yes	
4) Managing transfers of care?		Yes	
Confirmation of s75 Pooled Budget			
Statement	Response	If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:	If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)
Have the funds been pooled via a s.75 pooled budget?	Yes		

3. Metrics

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements	Support Needs
NEA	Reduction in non-elective admissions	Not on track to meet target	System cost of non-electives has grown by £15m (full year effect) within planned activity (cost increase due to pricing increases). Zero day length of stay has also increased. Ambulatory Care Sensitive Conditions pathway costs are having unintended consequences on price resulting in higher costs to commissioners. Derby Teaching Hospitals NHS FT brought its winter plan online one month earlier than planned. An Urgent Care Strategy is currently being developed and an A&E Winter Review is also underway, learning from the latter and the implementation of former should help to address the increase in admissions in the long-term.	Growth is below the national growth assumptions and activity remains in plan, for CCGs but not in relation to the calculations used for the BCF, i.e. HWB footprint.	Not on track to meet target

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements	Support Needs
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	Sustainability of market	Rate of admissions continues to reduce in line with plan which suggests that whole-system approach to supporting people with long-term conditions to remain in their own homes longer and maintain their independence is working.	None

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements	Support Needs
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Not on track to meet target	<p>Reconfiguration of direct-care service to focus predominantly on short-term services.</p> <p>Known issues in recruitment and capacity of workforce in rural areas of the County continue to be a challenge, along with winter pressures on NHS to increase flow from acute settings.</p> <p>Ensuring all referrals are appropriate continues to be a challenge improvements have been made with lower percentage of clients referred during the quarter back in hospital or receiving another reablement episode compared to Q2 (7% compared to 8%), but a higher percentage had died during the monitoring period (9% compared to 8%).</p>	Full quarter data not available to provide robust analysis of performance. However, number of people remaining at home has declined throughout 2017/18 with higher percentage of people having additional reablement episodes or being re-admitted to Hospital during start of Q4 compared to Q3. Percentage of people needing long-term care or those that have died have decreased in same time period.	None

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements	Support Needs
Delayed Transfers of Care*	Delayed Transfers of Care (delayed days)	On track to meet target	Ensuring continued good performance in reducing DToCs attributable to Social Care, NHS, and Jointly	DToC performance at start of Q4 was highest since July 2017, but still below planned levels across all attributable organisations. This shows continued good joint working across the system is having positive impact on reducing delays even during periods of 'escalation' in the system.	None

4. High Impact Change Model

		Maturity assessment					Narrative		
		Q2 17/18	Q3 17/18	Q4 17/18 (Current)	Q1 18/19 (Planned)	Q2 18/19 (Planned)	Challenges	Milestones met during the quarter / Observed impact	Support needs
Ch g 1	Early discharge planning	Plans in place	Plans in place	Established	Established	Established	Ensuring consistency in the delivery of early discharge planning for both planned and non-planned activity across the County.	<p>Progress against HICM reviewed through Joined Up Care (STP) Board and Exec Lead identified. HICM Changes 4 and 8 chosen as priority areas given work undertaken on each of these areas, with expectation that these will move to 'Mature' by end of 2018-19. All targets published in 2017-19 BCF Plan have been revised to reflect local ambitions. For change areas at 'Plans in Place' expectation will be to be 'Established' by Q4 2018-19, and for those currently at 'Established' will be at 'Mature' by the same period.</p> <p>Red Bags in place in part of the County and will be rolled out across the system during Q1 2018-19</p>	None
Ch g 2	Systems to monitor patient flow	Plans in place	Plans in place	Plans in place	Plans in place	Plans in place	Alignment of organisational focused systems for monitoring flow to provide a system level view. Work is currently underway through the Urgent Care STP	Progress against HICM reviewed through Joined Up Care (STP) Board and Exec Lead identified. HICM Changes 4 and 8 chosen as priority areas given work undertaken on each of these areas, with expectation that these will move to 'Mature' by end of 2018-19. All targets published in 2017-19 BCF Plan have been revised to reflect local	None

		Maturity assessment					Narrative		
		Q2 17/18	Q3 17/18	Q4 17/18 (Current)	Q1 18/19 (Planned)	Q2 18/19 (Planned)	Challenges	Milestones met during the quarter / Observed impact	Support needs
							workstream to develop and deliver this.	ambitions. For change areas at 'Plans in Place' expectation will be to be 'Established' by Q4 2018-19, and for those currently at 'Established' will be at 'Mature' by the same period.	
Ch g 3	Multi-disciplinary/multi-agency discharge teams	Established	Established	Established	Established	Established	Ensuring consistency in the delivery of MDTs including appropriate skill-mix will be challenging due to workforce recruitment challenges.	Progress against HICM reviewed through Joined Up Care (STP) Board and Exec Lead identified. HICM Changes 4 and 8 chosen as priority areas given work undertaken on each of these areas, with expectation that these will move to 'Mature' by end of 2018-19. All targets published in 2017-19 BCF Plan have been revised to reflect local ambitions. For change areas at 'Plans in Place' expectation will be to be 'Established' by Q4 2018-19, and for those currently at 'Established' will be at 'Mature' by the same period.	None
Ch g 4	Home first/discharge to assess	Established	Established	Established	Established	Established	Challenges include implementation of revised Pathway 2 specification & criteria (community bed based care); staffing capacity in community services; continued awareness raising	Progress against HICM reviewed through Joined Up Care (STP) Board and Exec Lead identified. HICM Changes 4 and 8 chosen as priority areas given work undertaken on each of these areas, with expectation that these will move to 'Mature' by end of 2018-19. All targets published in 2017-19 BCF Plan have been revised to reflect local ambitions. For change areas at 'Plans in Place' expectation will be to be 'Established' by Q4	None

		Maturity assessment					Narrative		
		Q2 17/18	Q3 17/18	Q4 17/18 (Current)	Q1 18/19 (Planned)	Q2 18/19 (Planned)	Challenges	Milestones met during the quarter / Observed impact	Support needs
							of 'home-first' principles and use of D2A.	2018-19, and for those currently at 'Established' will be at 'Mature' by the same period.	
Ch g 5	Seven-day service	Plans in place	Plans in place	Plans in place	Plans in place	Plans in place	Ensuring consistency across partners in their provision of seven-day services to support patient flow and appropriate / timely transfers from hospital. Elements of the system are established such as Hospital Social Teams at Chesterfield and Derby and GP primary Care Hubs in Erewash, but not consistently across the county by all partners.	Progress against HICM reviewed through Joined Up Care (STP) Board and Exec Lead identified. HICM Changes 4 and 8 chosen as priority areas given work undertaken on each of these areas, with expectation that these will move to 'Mature' by end of 2018-19. All targets published in 2017-19 BCF Plan have been revised to reflect local ambitions. For change areas at 'Plans in Place' expectation will be to be 'Established' by Q4 2018-19, and for those currently at 'Established' will be at 'Mature' by the same period.	None
Ch g 6	Trusted assessors	Plans in place	Plans in place	Plans in place	Plans in place	Plans in place	Challenges are ensuring most efficient method to capture and share information and reduce duplication of assessment work and develop trust between partners	Progress against HICM reviewed through Joined Up Care (STP) Board and Exec Lead identified. HICM Changes 4 and 8 chosen as priority areas given work undertaken on each of these areas, with expectation that these will move to 'Mature' by end of 2018-19. All targets published in 2017-19 BCF Plan have been revised to reflect local ambitions. For change areas at 'Plans in Place'	None

		Maturity assessment					Narrative		
		Q2 17/18	Q3 17/18	Q4 17/18 (Current)	Q1 18/19 (Planned)	Q2 18/19 (Planned)	Challenges	Milestones met during the quarter / Observed impact	Support needs
							including private sector care home providers.	expectation will be to be 'Established' by Q4 2018-19, and for those currently at 'Established' will be at 'Mature' by the same period. Work underway in developing Trusted Assessor practices through D2A workstream.	
Ch g 7	Focus on choice	Plans in place	Plans in place	Established	Established	Established	Challenges include continued awareness raising of the protocol and ensuring it is applied consistently across the system.	Progress against HICM reviewed through Joined Up Care (STP) Board and Exec Lead identified. HICM Changes 4 and 8 chosen as priority areas given work undertaken on each of these areas, with expectation that these will move to 'Mature' by end of 2018-19. All targets published in 2017-19 BCF Plan have been revised to reflect local ambitions. For change areas at 'Plans in Place' expectation will be to be 'Established' by Q4 2018-19, and for those currently at 'Established' will be at 'Mature' by the same period. Choice Protocol is in place and other services such as Red Cross Home from Hospital help support people in their choices.	None

		Maturity assessment					Narrative		
		Q2 17/18	Q3 17/18	Q4 17/18 (Current)	Q1 18/19 (Planned)	Q2 18/19 (Planned)	Challenges	Milestones met during the quarter / Observed impact	Support needs
Ch g 8	Enhancing health in care homes	Plans in place	Plans in place	Established	Established	Established	<p>Challenges for this work include consistent roll-out of lessons learned from work undertaken in parts of the system for health-led input into care homes (Erewash and Hardwick CCGs).</p>	<p>Progress against HICM reviewed through Joined Up Care (STP) Board and Exec Lead identified. HICM Changes 4 and 8 chosen as priority areas given work undertaken on each of these areas, with expectation that these will move to 'Mature' by end of 2018-19. All targets published in 2017-19 BCF Plan have been revised to reflect local ambitions. For change areas at 'Plans in Place' expectation will be to be 'Established' by Q4 2018-19, and for those currently at 'Established' will be at 'Mature' by the same period.</p> <p>Enhancing health in care homes work is well advanced across the system with a number of initiatives already in place e.g. Red bags, incentivisation of the market, and the Adult Care Quality Team.</p>	None

Hospital Transfer Protocol (or the Red Bag Scheme)

Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.

		Q2 17/18	Q3 17/18	Q4 17/18 (Planned)	Q1 18/19 (Planned)	Q2 18/19 (Planned)	Challenges	Achievements / Impact	Support needs
UEC	Red Bag scheme	Plans in place	Plans in place	Plans in place	Established	Established	<p>Planned to be at 'established' for Q4, but still awaiting delivery of Red Bags.</p> <p>Once delivered, challenge will be to ensure scheme is fully integrated into hospital work flow.</p>	<p>Red Bags ordered for local authority and private care homes during Q3.</p> <p>Communication and engagement work has been undertaken across the care home sector and with acute providers in anticipation of implementing the scheme.</p>	None

5. Income and Expenditure

Income				
	2017/18			
	Planned		Actual	
Disabled Facilities Grant	£	5,965,724	£	5,965,724
Improved Better Care Fund	£	18,218,693	£	18,218,693
CCG Minimum Fund	£	53,425,428	£	53,425,428
Minimum Subtotal		£ 77,609,846		£ 77,609,846
CCG Additional Contribution	£	8,931,831	£	8,931,831
LA Additional Contribution	£	2,234,818	£	2,234,818
Additional Subtotal		£ 11,166,649		£ 11,166,649
	Planned 17/18		Actual 17/18	
Total BCF Pooled Fund	£	88,776,495	£	88,776,495
Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2017/18				

Expenditure		
	2017/18	
Plan	£ 88,776,494	
Actual	£ 88,776,494	
Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2017/18		

6. Year End Feedback

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. The overall delivery of the BCF has improved joint working between health and social care in our locality	Strongly Agree	The BCF Programme has built on and strengthened the existing good working relationships across health and social care as demonstrated by a revised Joint BCF Programme Board between the City and County Councils and Clinical Commissioning Colleagues to ensure alignment of BCF plans to the continued development and delivery of the Derbyshire STP.
2. Our BCF schemes were implemented as planned in 2017/18	Agree	One service that had caused slippage in previous years has now been fully implemented. However, it is not at 100% capacity due to recruitment challenges in parts of the County.
3. The delivery of our BCF plan in 2017/18 had a positive impact on the integration of health and social care in our locality	Agree	Delivery of the BCF Plan in 2017-18 built on the existing good joint working relationships between health and social care staff at all-levels of delivery.
4. The delivery of our BCF plan in 2017/18 has contributed positively to managing the levels of Non-Elective Admissions	Agree	Whilst the performance has not achieved the planned outturn, performance would have been even more challenging if it had not been for the investment from the BCF. Furthermore, through governance structures, BCF has given prominence to these issues at a strategic level which it would not otherwise have had.

CONTROLLED**APPENDIX 1: BCF Q4 2017-18 RETURN**

5. The delivery of our BCF plan in 2017/18 has contributed positively to managing the levels of Delayed Transfers of Care	Strongly Agree	Delivery of the BCF, including additional investment of iBCF, has ensured that since targets were introduced in July 2017, Derbyshire has consistently performed better than expected across NHS, Social Care and Jointly attributable delays. Between April and January 2017, a total of 4,864 bed days have been 'saved' compared to the previous year.
6. The delivery of our BCF plan in 2017/18 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Agree	Whilst the performance has not achieved the planned outturn, performance would have been even more challenging if it had not been for the investment from the BCF. Ensuring people remain at home following reablement remains a priority and part of the long-term approach to the development of Place based community services through the STP.
7. The delivery of our BCF plan in 2017/18 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)	Agree	Admissions have continued to reduce during 2017-18 as in previous years, though Derbyshire remains a comparative outlier in terms of its performance. The overall trajectory is correct and improvements have been made but it is recognised that this is a system-wide issue requiring further work to ensure suitable community-based alternatives are available including preventative measures to reduce numbers of people requiring long-term care.

Part 2: Successes and Challenges		
Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and three Enablers which you have experienced a relatively greater degree of challenge in progressing. Please provide a brief description alongside.		
8. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2017/18.	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	6. Good quality and sustainable provider market that can meet demand	At present we have a good quality and stable provider market which has benefitted from additional iBCF investment during 2017-18. However, looking-forward we are concerned regarding the sustainability of nursing provision across nursing homes and the impact the recent agenda for change pay increase will have on differentials between NHS and Social Care staff.
Success 2	8. Pooled or aligned resources	By aligning resources via the BCF into a pooled budget we have been able to demonstrate delivery of our BCF Plan, particularly the reduction on Delayed Transfers of Care.
8. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2017/18.	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	In Derbyshire, the financial health of the system and the impact this is having upon joint-decision making is currently a challenge. Ongoing demographic pressures coupled with the rurality of the western part of the county, where we have workforce, market stability and inequitable health spend are also presenting the system with challenges.

Challenge 2	3. Integrated electronic records and sharing across the system with service users	Locally, there are multiple variations on recording requirements across the system. The complexities arising from implementation of GDPR standards is also providing a challenge.
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Footnotes:

Question 8 and 9 are should be assigned to one of the following categories:

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care
10. other

7. Narrative

Progress against local plan for integration of health and social care

The Derbyshire BCF 2017-19 Plan set out how the BCF is being used locally to support the wider system-level transformation as outlined in the Derbyshire STP "Joined Up Care Derbyshire".

The following have been identified as success areas during the year:

- Residential admission rates have continued to reduce in line with planned trajectory - early data suggests year-end target will be achieved;
- Delayed Transfers of Care have consistently been lower than expected since targets were introduced in July. This has resulted in fewer people spending longer than necessary in a hospital setting, and associated savings to NHS.

Challenges for 2017-18:

- The percentage of people still at home 91 days after a period of reablement has dipped during 2017-18, though some improvements noted during mid-quarter 4;
- Non-Elective Admission rates were higher than planned during 2017-18, the BCF continues to contribute to the wider-system in addressing this issue.
- Workforce capacity remains an area of concern both in terms of existing capacity and retention and ability to recruit and retain new staff across health and care system (and across all sectors of provision). The Derbyshire and Derby City Talent Academy (joint venture between health and social care) is in place and progressing the development of a pilot joint apprenticeship programme as part of its work to ease workforce issues.

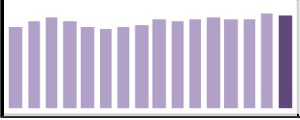
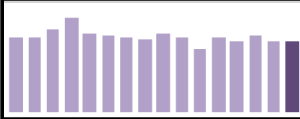
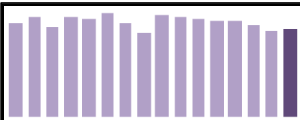
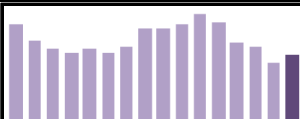
Please tell us about the progress made locally to the area's vision and plan for integration set out in your BCF narrative plan for 2017-19. This might include significant milestones met, any agreed variations to the plan and any challenges.

Integration success story highlight over the past quarter

The continued implementation of D2A and close-working between health and social care colleagues has seen DToCs drop to their lowest figures overall since 2015. Social Care attributable DToCs, particularly, have decreased to levels seen at the start of 2014-15. There have also been substantial reductions in delays occurring at non-acute settings, which had previously been highlighted as a risk area to achieving 2017-18 DToC targets.

Please tell us about an integration success story observed over the past quarter highlighting the nature of the service or scheme and the related impact.

BCF National Reporting Metrics: Quarterly Performance Summary

Metric	Reporting Period ¹	Q1	Q2	Q3	Q4	Year End (Projection)	Year End Target	Quarterly Performance Trend (Q1 2014-15 - Q4 2016-17)	Performance Against National Average
1. Non-Elective Admissions (NEAs) General and Acute - actual number	2014-15	21,081	20,795	21,723	21,141	84,739	92,504		BELOW
	2015-16	22,264	21,816	22,529	22,786	89,394	89,952		BELOW
	2016-17	21,888	21,479	22,135	22,441	87,943	86,709		BELOW
	2017-18	22,111	22,066	23,346	23,228	90,752	87,932		
2. Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes (Rate per 100,000 population) ²	2014-15	182.5	183.1	200.1	232.1	797.8	688.4		BELOW
	2015-16	193.4	189.1	183.6	178	744.1	669.2		BELOW
	2016-17	190.6	183.4	152.1	118.6	644.7	743.6		BELOW
	2017-18	172.3	187.1	175.3	173.5	708.2	683.4		
3. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services ³	2014-15	81.6%	86.6%	79.0%	87.1%	87.1%	81.7%		BETTER THAN
	2015-16	84.1%	89.4%	82.4%	77.0%	77.0%	82.5%		BELOW
	2016-17	88.4%	86.0%	84.8%	83.2%	83.2%	85.3%		BETTER THAN
	2017-18	83.4%	79.6%	75.8%	76.9%	76.9%	86.0%		
4. Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+).	2014-15	859.3	703.8	644.6	605.0	703.2	985.9		BETTER THAN
	2015-16	641.6	596.8	655.3	830.2	681.0	966.0		BETTER THAN
	2016-17	825.4	854.3	982.9	885.7	883.3	710.6		BETTER THAN
	2017-18	703.1	655.9	504.5	588.5	613.0	716.7		BETTER THAN

Notes:

- 2014/15 is BCF Baseline Year and used as comparator.
- There is a time-lag in receiving data for this indicator, therefore quarterly outturns are subject to change during the year and so current outturns should be viewed with this in mind.
- The Annually reported figure for reablement is based on the Q4 outturn, rather than cumulative performance across the year.