

**Agenda item 10**

**DERBYSHIRE HEALTH AND WELLBEING BOARD**

**5 January 2017**

**Report of the Strategic Director of Adult Care**

**BETTER CARE FUND 2016-17:  
QUARTER 2 PERFORMANCE RETURN**

**1. Purpose of the Report**

To inform the Health and Wellbeing Board of the performance and work of the Derbyshire Better Care Fund as at the second quarter reporting period of the 2016-17 financial year.

**2. Information and Analysis**

This report has been split into two sections comprising:

- Summary of the National Quarter 2 (Q2) 2016-17 Reporting Template
- General Better Care Fund (BCF) Performance Overview

National Q2 2016-17 Reporting Template

The Better Care Support Team published the Q2 2016-17 National Return template on 21 October 2016 with the expectation that completed templates would be returned by 25 November 2016, following sign-off from respective local Health and Wellbeing Boards (HWBs). Requirements of the Q2 template mirror those of quarterly returns previously reported to the Health and Wellbeing Board during 2015-16.

As with previous quarterly reporting arrangements, the Q2 return is being reported retrospectively to the Health and Wellbeing Board. Further quarterly reports will be provided during 2016-17 in line with the national reporting timescales set out below:

- Quarter 3 return due 24 February 2017;
- Quarter 4 return due 24 May 2017.

The BCF Programme Board reviewed and approved the submission of the performance return at its meeting on 18 November. Detailed information concerning the measures and responses required can be found in Appendix 1.

General BCF Performance Overview

A table summarising performance at the Q2 2016-17 reporting period is provided at Appendix 2. Based on Q2 performance levels, four of the six

metrics are forecast to achieve their targets. More information on each of the metrics is provided below.

**Metric 1**, non-elective admissions (NEAs) to hospital, current performance suggests year-end target will not be achieved despite showing improved performance. At a countywide level for the BCF we have data available for 97% of the HWB area. Based on what we can analyse there has been a reduction in NEAs during Q2 from Q1 in 2016-17. Despite this improvement performance is still above the BCF Plan. Further analysis of the data has shown that two areas have seen reductions in admissions whilst two have seen an increase over their BCF plan. The largest reduction in any area this quarter was 129 admissions, with largest increase being 254 admissions.

**Metric 2**, permanent admissions to residential or nursing homes, is showing as on target. However, it should be noted that there is a time-lag in reporting for this indicator and the quarterly rates change throughout the year. This aside, there has been a continued decrease in the number of people having to go into a permanent care setting throughout 2015-16 and continuing into 2016-17.

**Metric 3**, people still at home 91 days after a period of reablement is showing as on target. There has been a slight decrease in performance compared to Q1; however, there was an increase in referrals to the service with more people remaining at home in Q2 compared to Q1 2016-17. Current performance levels suggest that this is on track to achieve the year-end plan.

**Metric 4**, Delayed Transfers of Care (DToC) continue to be higher than planned despite significant investment, through the BCF, to support the reduction of DToCs as well as the development of the required DToC Action Plan. The data for Q2 indicates that DToC rates have continued to rise and now are at their highest level for two years.

Some of the work undertaken during the last quarter has included development of a 'Zero Days' pilot to begin in Derby during Quarter 3; improved access to provision of weekend therapy services; enhancements to systems within acute settings to improve patient flow and reduce reasons for delays; development of an improved Discharge to Assess Model (D2AM)

Furthermore, the Quality, Assurance, Performance and Resilience Group (QAPR) has been established at an STP level to oversee the work of the new A&E Delivery Boards which has replaced the former System Resilience Groups and taken on their responsibility for monitoring system resilience and system flow. The BCF DToC Action Plan is currently being refreshed in line with the wider system flow work arising from the STP.

**Metric 5**, the locally chosen patient experience metric is showing as on target. There has been change as this indicator is reported on a six-monthly cycle. The latest results suggest that improvements to support services in the community are having a positive impact on people with long-term conditions.

**Metric 6**, The percentage of people diagnosed with dementia in relation to prevalence rates continues to improve, with Q2 outturn showing a 0.7 percentage point increase over Q1 2016-17. Dementia has been a key local priority since the beginning of the BCF, and continued investment in a range of health and care services for people living with dementia and their carers remains a priority for 2016-17.

### **3. Background papers:**

Copies of the 2015-16 and 2016-17 Better Care Fund Plans and associated documents can be found on the Derbyshire County Council website at: [http://www.derbyshire.gov.uk/social\\_health/integrated\\_care/](http://www.derbyshire.gov.uk/social_health/integrated_care/)

### **4. Officer Recommendations**

The Health and Wellbeing Board is asked to:

1. Receive the report and note the responses provided in the National Quarterly Reporting template;
2. Note the work being undertaken across the health and social care system to achieve the high-level metric targets.
3. Continue to receive regular updates on the progress of the Better Care Fund throughout 2016-17.

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

## APPENDIX 1

## BCF 2016-17 Q2 RETURN

## SECTION 1: COVER

Q2 2016/17	
Health and Well Being Board	Derbyshire
completed by:	Graham Spencer
E-Mail:	graham.spencer@derbyshire.gov.uk
Contact Number:	01629532072
Who has signed off the report on behalf of the Health and Well Being Board:	Councillor Dave Allen

## SECTION 2: BUDGET ARRANGEMENTS

Have the funds been pooled via a s.75 pooled budget?	Yes
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**SECTION 3: NATIONAL CONDITIONS**

<b>Condition (please refer to the detailed definition below)</b>	<b>Q1 Submission Response</b>	<b>Please Select ('Yes', 'No' or 'No - In Progress')</b>
1) Plans to be jointly agreed	Yes	Yes
2) Maintain provision of social care services	Yes	Yes
3) In respect of 7 Day Services – please confirm:		
i) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate	Yes	Yes
ii) Are support services, both in the hospital and in primary, community and mental health settings available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken (Standard 9)?	Yes	Yes
4) In respect of Data Sharing – please confirm:		
i) Is the NHS Number being used as the consistent identifier for health and social care services?	Yes	Yes
ii) Are you pursuing Open APIs (ie system that speak to each other)?	Yes	Yes
iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance?	Yes	Yes
iv) Have you ensured that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights?	Yes	Yes
5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional	Yes	Yes
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	Yes	Yes
7) Agreement to invest in NHS commissioned out-of-hospital services	Yes	Yes
8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan	Yes	Yes

## SECTION 4: INCOME AND EXPENDITURE

### Income

#### Previously returned data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide, plan, forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£16,247,790	£16,247,790	£16,247,790	£16,247,790	£64,991,159	£64,991,159
	Forecast	£16,247,790	£16,247,790	£16,247,790	£16,247,790	£64,991,159	
	Actual*	£16,247,790					

#### Q2 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£16,247,790	£16,247,790	£16,247,790	£16,247,790	£64,991,159	£64,991,159
	Forecast	£16,247,790	£16,247,790	£16,247,790	£16,247,790	£64,991,159	
	Actual*	£16,247,790	£16,247,790				

## SECTION 4: INCOME AND EXPENDITURE (CONTINUED)

### Expenditure

#### Previously returned data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide, plan, forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£16,247,790	£16,247,790	£16,247,790	£16,247,790	£64,991,159	£64,991,159
	Forecast	£16,247,790	£16,247,790	£16,247,790	£16,247,790	£64,991,159	
	Actual*	£16,247,790					

#### Q2 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£16,247,790	£16,247,790	£16,247,790	£16,247,790	£64,991,159	£64,991,159
	Forecast	£16,247,790	£16,247,790	£16,247,790	£16,247,790	£64,991,159	
	Actual*	£16,247,790	£16,247,790				

Commentary on progress against financial plan:	There has been some potential slippage identified within the expenditure plan. This will continue to be monitored monthly by the BCF Finance and Performance sub-group with appropriate action to be undertaken if necessary. It is anticipated that the total pool will be spent by year end.
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**SECTION 5: SUPPORTING MEASURES**

<b>Non-Elective Admissions</b>	Reduction in non-elective admissions
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	At a countywide level for the BCF we have data available for 97% of the HWB area. Based on what we can analyse there has been a reduction in NEAs during Q2 from Q1 in 2016-17. Despite this improvement performance is still above the BCF Plan. Further analysis of the data has shown that two areas have seen reductions in admissions whilst two have seen an increase over their BCF plan. The largest reduction in any area this quarter was 129 admissions, with largest increase being 254 admissions.

<b>Delayed Transfers of Care</b>	Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	<p>Despite significant investment, through the BCF, to support the reduction of DToCs as well as the development of the required DToC Action Plan, DToCs continue to be higher than planned. The data for Q2 indicates that DToC rates have continued to rise and now are at their highest level for two years.</p> <p>Some of the work undertaken during the last quarter has included development of a 'Zero Days' pilot to begin in Derby during Quarter 3; improved access to provision of weekend therapy services; enhancements to systems within acute settings to improve patient flow and reduce reasons for delays; development of an improved Discharge to Assess Model (D2AM)</p> <p>Furthermore, the Quality, Assurance, Performance and Resilience Group (QAPR) has been established at an STP level to oversee the work of the new A&amp;E Delivery Boards which has replaced the SRGs and taken on their responsibility for monitoring system resilience and system flow. The BCF DToC Action Plan is currently being refreshed in line with the wider system flow work arising from the STP.</p>



**SECTION 5: SUPPORTING MEASURES (CONTINUED)**

<b>Local performance metric as described in your approved BCF plan</b>	Number of people diagnosed and the prevalence of dementia.
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	The percentage of people diagnosed with dementia in relation to prevalence rates continues to improve, with Q2 outturn showing a 0.7 percentage point increase over Q1 2016-17. Dementia has been a key local priority since the beginning of the BCF, and continued investment in a range of health and care services for people living with dementia and their carers remains a priority for 2016-17.

<b>Local defined patient experience metric as described in your approved BCF plan</b>	GP Patient Survey: Q32. In the last 6 months, have you had enough support from local services or organisations to help you to manage your long-term health condition(s)? (Respondents answering "Yes, definitely" or "Yes, to some extent")
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	The Q2 figure relates to the results of the GP Satisfaction Survey undertaken between January and March 2016 as reported at the Q1 monitoring period. The outturn as at July 2016 shows 70.17% of people responding to the survey felt that they were receiving appropriate support from services in the local area to meet their Long Term Condition. (The outturn for the same monitoring period in 2015-16 was 64.9%). Performance is currently on track to achieve the planned target.

**SECTION 5: SUPPORTING MEASURES (CONTINUED)**

<b>Admissions to residential care</b>	Rate of permanent admissions to residential care per 100,000 population (65+)
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	The Q2 admission rates continue to suggest that the year-end target will be achieved. However, there is often a time-lag in receiving data for this indicator so the current position should still be viewed with a degree of caution.

<b>Reablement</b>	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	The Q2 outturn shows 86% of people were still at home 91 days following discharge; therefore current performance continues to be on track to achieve the BCF plan. This is a slight decrease in performance compared to Q1; however, there was an increase in referrals to the service with more people remaining at home in Q2 compared to Q1 2016-17.

## SECTION 6: ADDITIONAL MEASURES

### Improving Data Sharing: (Measures 1-3)

#### 1. Proposed Measure: Use of NHS number as primary identifier across care settings

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual	Yes	Yes	Yes	Yes	Yes	Yes
Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number	Yes	Yes	Yes	Yes	Yes	Yes

#### 2. Proposed Measure: Availability of Open APIs across care settings

*Please indicate across which settings relevant service-user information is currently being shared digitally (via Open APIs or interim solutions)*

	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
From GP	Shared via Open API	Shared via Open API	Not currently shared digitally	Shared via Open API	Shared via Open API	Shared via Open API
From Hospital	Shared via interim solution	Shared via Open API	Shared via interim solution	Shared via Open API	Shared via interim solution	Shared via interim solution
From Social Care	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Community	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via Open API	Shared via interim solution	Shared via interim solution

**SECTION 6: ADDITIONAL MEASURES (CONTINUED)**

	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
From Mental Health	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Shared via Open API	Shared via interim solution
From Specialised Palliative	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Shared via interim solution	Shared via Open API

*In each of the following settings, please indicate progress towards instillation of Open APIs to enable information to be shared with other organisations*

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	Live	Live	In development	Live	Live	Live
Projected 'go-live' date (dd/mm/yy)			not available			

**3. Proposed Measure: Is there a Digital Integrated Care Pilot Currently underway?**

Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area?	Pilot currently underway
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## SECTION 6: ADDITIONAL MEASURES (CONTINUED)

### Other Measures: Measures (4-5)

#### **4. Proposed Measure: Number of Personal health Budgets per 100,000 population**

Total number of PHBs in place at the end of the quarter	22
Rate per 100,000 population	2.8

Number of new PHBs put in place during the quarter	9
Number of existing PHBs stopped during the quarter	0
Of <b>all</b> residents using PHBs at the <b>end</b> of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	77%

Population (Mid 2016)	785,513
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#### **5. Proposed Measure: Use and prevalence of Multi-Disciplinary/Integrated Care Teams**

Are integrated care teams (any team comprising both health and social care staff) in place and operating in the <b>non-acute</b> setting?	Yes - throughout the Health and Wellbeing Board area
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the <b>acute</b> setting?	Yes - throughout the Health and Wellbeing Board area

## SECTION 7: NARRATIVE

Please provide a brief narrative on overall progress, reflecting on performance in Q2 16/17. A recommendation would be to offer a narrative around the stocktake themes as below:

### **Highlights and successes**

What would you consider to be your most significant area of success, or development since the last quarter? What has contributed to this improvement?

### **Challenges and concerns**

Does the information on National Conditions and Supporting metrics point to any issues or areas of improvement? Are there any new anticipated challenges for the coming quarter?

### **Potential actions and support**

What actions could be taken and what support could be offered to address performance challenges and capitalise on successes for subsequent quarters?

### **Highlights and successes**

The following have been identified as areas of particular note during quarter two:

- Non-elective admissions have reduced from quarter one and are now closer to the original BCF plan figures.
- Residential admission rates continue to show encouraging signs of reduction;
- Dementia diagnosis rates continue to improve on a quarterly basis and are above the national average;
- A development plan and associated budget has been approved for development of the autism pathway (identified as a development area within the BCF plan).

### **Challenges and concerns**

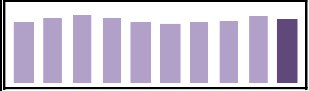
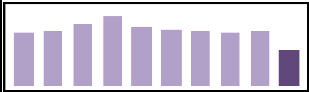

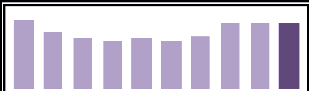

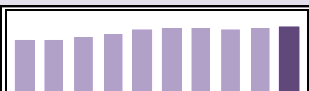
- Delayed Transfers of Care – challenge to reduce an increasing number of bed days lost to delays. This is a system wide problem that BCF is assisting with, but is not the single solution for. Improved system ownership of the problems causing delays is emerging through development of the two A&E Delivery Boards
- Workforce capacity remains an area of concern both in terms of existing capacity and retention and ability to recruit and retain new staff across the health and care system (and across all sectors of provision). The issue is not limited to rural areas either and remains a challenge for the system wide Workforce Delivery Group to address.

### **Potential actions and support**

- Ensuring delivery of BCF aligned activity contributes effectively to system-wide winter planning;
- Continued development & monitoring of BCF risk assurance to ensure programme is delivering as planned.

## Appendix 2: BCF National Reporting Metrics: Quarterly Performance Summary

PUBLIC

Metric	Reporting Period <sup>1</sup>	Q1	Q2	Q3	Q4	Year End (Projection)	Year End Target	Quarterly Performance Trend (Q1 2014 - Q1 2016)	Performance Against National Average
1. Non-Elective Admissions (NEAs) General and Acute - actual number <sup>2</sup>	2014/15	21,081	20,795	21,723	21,141	84,739	N/A		BELOW
	2015/16	22,264	21,816	22,529	22,786	89,394	N/A		BELOW
	2016/17	21,259	20,790			85,036	84,100		N/A
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) <sup>3</sup>	2014/15	182.5	183.1	200.1	232.1	797.8	688.4		BELOW
	2015/16	193.6	189.3	183.8	178.2	744.9	669.2		N/A
	2016/17	180.5	148.8			658.6	743.6		N/A
3. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	2014/15	81.6%	86.6%	79.0%	87.1%	83.6%	81.7%		ABOVE
	2015/16	84.1%	89.4%	82.4%	73.6%	82.4%	82.5%		N/A
	2016/17	88.4%	86.0%			87.2%	85.3%		N/A
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		ABOVE
	2015/16	632.7	596.8	655.3	830.2	678.8	966.0		ABOVE
	2016/17	825.4	854.3			839.85	710.6		N/A
5. Patient Experience - GP Patient Survey Q32: Percentage answering "yes" - In the last 6 months, have you had enough support from local services/organisations to help manage your long-term condition?	2014/15	70.32%	70.32%	70.80%	70.80%	70.56%	65.90%		ABOVE
	2015/16	70.41%	70.41%	70.50%	70.50%	70.46%	66.20%		ABOVE
	2016/17	70.20%	70.20%			70.20%	66.50%		N/A
6. Percentage of people diagnosed compared to prevalence of dementia.	2014/15	59.5%	58.9%	61.9%	64.7%	61.3%	67.0%		BELOW
	2015/16	70.5%	71.5%	71.3%	70.6%	71.0%	68.0%		ABOVE
	2016/17	72.1%	72.8%			72.5%	71.0%		N/A

### Notes:

1. 2014/15 is BCF Baseline Year and used as comparator.
2. NEAs data source changed for 2016/17, no RAG rating available for previous reporting years. Figures provided equate to 97% of total NEAs in Derbyshire - remaining 3% of data is not obtainable.
3. 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.