

Agenda item 12

DERBYSHIRE HEALTH AND WELLBEING BOARD

1 March 2018

Report of Strategic Director Adult Care and Public Health

**DERBYSHIRE BETTER CARE FUND 2017-18:
QUARTER 3 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 three return for 2017-18.

2. Information and analysis

The Better Care Support Team published the Q3 2017-18 National Return template on 13 December 2017 with the expectation that completed templates will be returned by 19 January 2018, following sign-off from respective local Health and Wellbeing Boards (HWBs). It should be noted that the submission deadline has been brought forward by six weeks to align the BCF quarterly reporting with that of the iBCF reporting requirements from the Department for Housing, Communities and Local Government.

In bring the reporting date forward it has not been possible to include a quarterly performance update as full quarter performance data is not available from the NHS. However it should be noted that in November, delayed transfers of care across Derbyshire were the lowest for any shire county (858 total bed days delayed compared to 2,064 in November 2016, a 58% reduction); with Social Care attributable delays at their lowest ever (111 bed days delayed compared to 574 in November 2016 – an 80% reduction).

Requirements of the Q3 template are the same as those introduced for the Q2 template in 2017-18 (a Q1 template was not required due to planning process still ongoing). It provides an overview of performance against the four national metrics for monitoring BCF plans, as well as progress in delivering the High Impact Change Model for Transfers of Care as part of the national planning requirements for Health and Wellbeing Boards to reduce delayed transfers of care.

As with previous quarterly reporting arrangements the Q3 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 15 January 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.

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.

4. Background papers:

Copies of the 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/

RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. Receive the report and note the responses provided in the Quarter 3 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 2017-18.

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Derbyshire County Council

Better Care Fund Template Q3 2017/18**1. Cover**

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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	Data not available to assess progress	"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.		Data not available to assess progress
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 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	Reconfiguration of direct-care service to focus predominantly on short-term services. 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. 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%).	307 people still able to live independently at home following period of reablement, which is an increase on Q2. Figures may alter due to earlier data collection 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	Delayed days attributable to Social Care have continued to reduce into the start of Q3 with November performance being at a record low. NHS rates are also lower, but fluctuating during each quarter. These improved DToC rates are testament to the ongoing close working between partners in the Derbyshire system.	None

4. High Impact Change Model

		Maturity assessment			Narrative			
		Q2 17/18 (Current)	Q3 17/18 (Planned)	Q4 17/18 (Planned)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg 1	Early discharge planning	Plans in place	Established	Mature		Given the pressure on the system as a result of winter escalation, there has not been an opportunity to review the HICM progress with key partners - to date this has been the Discharge to Assess Board however the January meeting was cancelled due to the escalation levels within the urgent care system. Progress for q3 is therefore being reported as per that submitted in q2. Work on key HICM areas does however continues to be delivered.	None	
Chg 2	Systems to monitor patient flow	Plans in place	Established	Mature			None	
Chg 3	Multi-disciplinary/multi-agency discharge teams	Established	Established	Mature			None	
Chg 4	Home first/discharge to assess	Established	Established	Mature			None	
Chg 5	Seven-day service	Plans in place	Established	Mature		Given the pressure on the system as a result of winter escalation, there has	None	

		Maturity assessment			Narrative			
		Q2 17/18 (Current)	Q3 17/18 (Planned)	Q4 17/18 (Planned)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg 6	Trusted assessors	Plans in place	Established	Mature		not been an opportunity to review the HICM progress with key partners - to date this has been the Discharge to Assess Board however the January meeting was cancelled due to the escalation levels within the urgent care system. Progress for q3 is therefore being reported as per that submitted in q2. Work on key HICM areas does however continues to be delivered.		None
Chg 7	Focus on choice	Plans in place	Established	Mature				None
Chg 8	Enhancing health in care homes	Plans in place	Established	Mature				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 (Current)	Q3 17/18 (Planned)	Q4 17/18 (Planned)	If there are no plans to implement such a scheme, please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.	Challenges	Achievements / Impact	Support needs
UEC	Red Bag scheme	Plans in place	Plans in place	Established		To ensure scheme is fully integrated into hospital work flow –it requires all key workers to own and implement the new approach	Since Q2 update: planning meetings are now underway, Red Bags have been ordered, local communication plans being developed for each hospital.	None

5. 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".

Challenges:

- Opportunities to review progress against the HICM as a “system” has not progressed beyond the quarter 2 update as a result of the winter escalation.

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 were at a record low in November 2017, despite increasing pressure on acute services.

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.