

DERBYSHIRE HEALTH AND WELLBEING BOARD

22 September 2016

Report of the Strategic Director of Adult Care

**BETTER CARE FUND 2016/17:
QUARTER 1 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 first 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 1 (Q1) 2016/17 Reporting Template
- General Better Care Fund (BCF) Performance Overview

National Q4 2015/16 Reporting Template

The Better Care Support Team published the Q1 2016/17 National Return template on 22 July with the expectation that completed templates would be returned by 26 August. An updated template was issued on 18 August with a new completion date of 9 September. Submission of the template requires sign-off from respective local Health and Wellbeing Boards (HWBs). As with previous template returns undertaken in 2015/16, this is being sought retrospectively as Health and Wellbeing Board meeting dates do not align with the national reporting dates.

Requirements of the Q1 template mirror those of previous quarterly returns submitted throughout 2015/16 and reported to this Board, i.e. to provide assurances to the national Better Care Support Team that local BCF plans are being delivered in line with national requirements.

The BCF Programme Board reviewed a draft response of the template at its meeting on 19 August 2016, and approved its return subject to further clarity of the commentary against the performance metrics. The return was subsequently submitted to the National Better Care Support Team ahead of

the revised national deadline. A copy of the completed return can be found at Appendix 1 to this report.

Quarterly reports will be provided during 2016/17 in line with the national reporting timescales set out below:

- Quarter 2 return due 25 November;
- Quarter 3 return due 24 February 2017;
- Quarter 4 return due 24 May 2017.

General BCF Performance Overview

A table summarising performance at the Q1 2016/17 reporting period is provided at Appendix 2. Based on Q1 performance levels, three 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. The current outturn is marginally above plan, but is lower than the previous reporting period. Analysis of data has not highlighted any significant reasons for non-elective admissions remaining high. Performance against this indicator and associated BCF expenditure will continue to be monitored closely during the year.

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. Performance has also improved compared to end of 2015/16 performance levels. A review of the reablement and intermediate care service currently being undertaken by Adult Care is due to be completed in the early autumn, and it is expected to identify areas for improvement, though implementation of these may effect subsequent performance levels.

Metric 4, Delayed Transfers of Care (DToC) continue to be higher than planned following on from a trend that began in Q4 of 2015/16. The latest Q1 data indicates that DToC rates are decreasing but not sufficiently to meet planned targets.

There has been investment through the BCF for 2016/17 to support the reduction of DToCs as well as the development of the local DToC action plan. This includes reviewing community bed criteria to achieve standardised

approach; audit of patient care needs for those currently in a community setting; development of a risk-share agreement between organisations to ensure no patient remains in a hospital bed whilst awaiting outcome of a CHC funding decision.

Furthermore, a Quality Assurance, Performance and Resilience Group is being established at an STP level and will oversee the work of the new A&E Delivery Groups which will replace existing System Resilience Groups and take on responsibility of monitoring system resilience and the BCF DToC Action Plan.

Metric 5, the locally chosen patient experience metric is showing as on target. This is based on results from the most recent GP satisfaction survey and suggests that the improvements to 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 has increased marginally from Q4 2015/16 into Q1 2016/17. Performance is still above both national target and BCF plan. The BCF continues to support investment in Dementia services through the establishment of the countywide Memory Assessment Service and recently re-procured Dementia Support Service. Waiting times into these services are also being improved which should have an impact later in the year on the performance against this metric.

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/

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.

Graham Spencer
Group Manager – Better Care Fund

BCF 2016-17 Q1 Template Return

Section 1: Cover

Q1 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

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

	No. of questions answered
1. Cover	5
2. Budget Arrangements	2
3. National Conditions	24
4. I&E	21
5. Supporting Metrics	13
6. Additional Measures	67
7. Narrative	1

Section 2: Budget Arrangements

Have the funds been pooled via a s.75 pooled budget?	Yes
If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)	

Section 3: National Conditions

Condition (please refer to the detailed definition below)	Please Select ('Yes', 'No' or 'No - In Progress')	If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	If the answer is "No" or "No - In Progress" 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	Yes		
2) Maintain provision of social care services	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		
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		

Section 3: National Conditions (Continued)

Condition (please refer to the detailed definition below)	Please Select ('Yes', 'No' or 'No - In Progress')	If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	If the answer is "No" or "No - In Progress" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:
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		
ii) Are you pursuing Open APIs (ie system that speak to each other)?	Yes		
iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance?	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		
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		
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	Yes		
7) Agreement to invest in NHS commissioned out of hospital services, which may include a wide range of services including social care	Yes		
8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan	Yes		

Section 4: Income and Expenditure

Income

Q1 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Total BCF pooled budget for 2016-17
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					

Please comment if one of the following applies:

- There is a difference between the planned / forecasted annual totals and the pooled fund
- The Q1 actual differs from the Q1 plan and / or Q1 forecast

Section 4: Income and Expenditure (Continued)

Expenditure

Q1 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Total BCF pooled budget for 2016-17
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					

Please comment if one of the following applies: - There is a difference between the planned / forecasted annual totals and the pooled fund - The Q1 actual differs from the Q1 plan and / or Q1 forecast	
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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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Footnotes:

*Actual figures should be based on the best available information held by Health and Wellbeing Boards.

Source: For the pooled fund which is pre-populated, the data is from a quarterly collection previously filled in by the HWB.

Section 5: Supporting Metrics

Non-Elective Admissions	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 via our CSU for 93% of the population. Based on what we can analyse there has been an increase in the number of non-elective admissions over the first quarter of 2016/17 of 1.3% over BCF plan. However, this is a decrease of 148 people over the quarter 4 2015/16 outturn. An analysis of data has highlighted that an area has seen a small reduction in admissions over BCF plan whilst others have seen a small increase in admissions over BCF plan. The biggest increase in any Derbyshire CCG is 172 people over BCF plan.

Delayed Transfers of Care	Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	<p>Delayed Transfers of Care continue to be higher than planned following on from a trend that began in Q4 of 2015/16. The latest Q1 data indicates that DToC rates are decreasing but not sufficiently to meet planned targets.</p> <p>There has been investment through the BCF for 2016/17 to support the reduction of DToCs as well as the development of the local DToC action plan. This includes reviewing community bed criteria to standardise this; audit of patient care needs for those currently in a community setting' development of a risk-share agreement between organisations to ensure no patient remains in a hospital bed whilst awaiting outcome of a CHC funding decision.</p> <p>Furthermore, a Quality Assurance, Performance and Resilience Group is being established at an STP level and will oversee the work of the new A&E Delivery Groups which will replace existing SRGs and take on responsibility of monitoring system resilience and the BCF DTOC Action Plan.</p>

Local performance metric as described in your approved BCF plan	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 has increased marginally from Q4 2015/16 into Q1 2016/17.

Section 5: Supporting Measures (Continued)

Local defined patient experience metric as described in your approved BCF plan	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)? (Respondants 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 Q1 figures relate to results of the GP Satisfaction Survey undertaken between January to March 2016 as reported in the July 2016 GP Survey results. 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 at same monitoring point in 2015/16 was 64.9%). Performance is therefore on track to meet the year end target of 66.5%.

Admissions to residential care	% Change in rate of permanent admissions to residential care per 100,000
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Current admission rates suggest that year-end target will be achieved. However, there is often a time-lag in receiving data for this indicator so current position should be viewed with a level of caution.

Reablement	Change in annual percentage of people still at home after 91 days following discharge, baseline to 2015/16
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Q1 outturn shows 88.4% of people still at home after 91 days following discharge; therefore current performance on track to meet year end target of 85.3%. This is also an improvement on performance as at end of the previous quarter.

Section 6: New Integration Metrics

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 interim solution	Shared via interim solution	Shared via interim solution
From Hospital	Shared via interim solution	Shared via Open API	Not currently shared digitally	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
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

Section 6: New Metrics (Continued)

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	In development	In development	In development	In development	In development	In development
Projected 'go-live' date (dd/mm/yy)	01/04/17	01/04/17	not available	01/04/17	01/04/17	01/10/16

3. Proposed Measure: Is there a Digital Integrated Care Record 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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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	13
Rate per 100,000 population	2
Number of new PHBs put in place during the quarter	0
Number of existing PHBs stopped during the quarter	0
Of all residents using PHBs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	100%
Population (Mid 2016)	785,513

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 non-acute 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 acute setting?	Yes - throughout the Health and Wellbeing Board area

Section 7: Narrative

Please provide a brief narrative on year-end overall progress, reflecting on the first full year of the BCF. Please also make reference to performance on any metrics that are not directly reported on within this template (i.e. DTOCs).

The following narrative provides an overview of performance of the Derbyshire BCF programme to date - taking into account previous quarterly returns.

BCF Planning and Assurance 2016/17:

The Derbyshire BCF Plan refresh for 2016/17 has been approved at both regional and national levels. The final plan outlines how the increased BCF pooled budget (£64.9m up from £61.4m) will be split across six schemes aimed at promoting greater independence and self-management for people, along with an increased provision of services within local communities.

Work is currently underway to develop a new scheme level assurance reporting tool to provide assurance to the Programme Board and Health and Wellbeing Board that this work is being delivered as planned. Improvements have also been made in monitoring and reporting of risk.

There are joint plans being developed to look at possible efficiencies across City and County for more effective use of Equipment, Wheelchairs, Assistive Technology and DFG, although this work is just commencing.

National Conditions:

As outlined in the 2016/17 Derbyshire BCF refresh plan, 7 day services are in place across the county which meet the expectations of Standard 9. However, we acknowledge there are some areas for improvement in respect of equity of access across the county to all of these services. Updates will be provided throughout 2016/17 on this work.

BCF Performance:

Latest available data for reporting at Q1 against the national metrics shows mixed performance with 4 currently on target for improved performance and 2 not on target to improve performance. The latter 2 being Non Elective Admissions and Delayed Transfers of Care (DToC). Both of these areas will continue to be monitored closely through the BCF governance structure.

It should also be noted that we can only receive 93% of the data required to report on the Non-Elective Admission target set as part of the HWB mapping exercise in the 2016/17 planning templates due to the required data being held by Commissioning Support Units external to the HWB area. A local alternative is being used to monitor performance by tracking only the performance of the Derbyshire based CCGs and using a revised set of targets for this (i.e. the 93% of available data).

BCF National Reporting Metrics: Quarterly Performance Summary

APPENDIX 2

Metric	Reporting Period ¹	Q1	Q2	Q3	Q4	Year End (Projection)	Year EndTarget	Quarterly Performance Trend (Q1 2014 - Q1 2016)
1. Non-Elective Admissions (General and Acute - actual number) ²	2014/15	20,148	21,440	22,397	21,797	85,782	N/A	
	2015/16	20,018	19,615	20,256	20,487	80,376	N/A	
	2016/17	20,335				81,340	79,953	
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) ³	2014/15	182.5	183.1	200.1	232.1	797.8	688.4	
	2015/16	193.6	189.3	183.8	178.2	744.9	669.2	
	2016/17	142.5				570	743.6	
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%	
	2015/16	84.1%	89.4%	82.4%	73.6%	82.4%	82.5%	
	2016/17	88.4%				88.4%	85.3%	
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	
	2015/16	641.6	596.8	655.3	830.2	681.0	966.0	
	2016/17	805				805	710.6	
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%	
	2015/16	70.41%	70.41%	70.50%	70.50%	70.46%	66.20%	
	2016/17	70.20%				70.20%	66.50%	
6. Percentage of people diagnosed compared to prevalence of dementia.	2014/15	59.5%	58.9%	61.9%	64.7%	61.3%	67.0%	
	2015/16	70.5%	71.5%	71.3%	70.6%	71.0%	68.0%	
	2016/17	72.1%				72.1%	71.0%	
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 periods.								
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.								