

DERBYSHIRE HEALTH AND WELLBEING BOARD

31 January 2019

Report of Strategic Director Adult Care and Public Health

**DERBYSHIRE BETTER CARE FUND 2018-19:
QUARTER 2 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 two (Q2) return for 2018-19.

2. Information and analysis

The Department of Health and Social Care's Better Care Support Team published the Q2 2018-19 National Return template on 6 September 2018 with the requirement that completed templates be returned by 19 October 2018, following sign-off from respective local Health and Wellbeing Boards (HWBs). The quarterly reporting dates for 2018-19 do not correlate with the meeting dates for the Derbyshire Health and Wellbeing Board. Therefore, submissions are approved via the Joint BCF Programme Board (a delegated sub-group of the Health and Wellbeing Board) and signed-off for submission by the Health and Wellbeing Board Chair.

The reporting requirements of the Q2 template are largely unchanged from previous reporting periods in 2017-18. The main change has been the inclusion of improved Better Care Fund (iBCF) monitoring information into the same template so that there is now only one return to be provided each quarter. It should be noted that iBCF monitoring returns were issued separately by the Ministry for Housing, Communities and Local Government in 2017-18 and were not required to be reported to the Health and Wellbeing Board. (The iBCF is an additional grant provided directly to Local Authorities with Social Care responsibilities and was announced in the Spring Budget 2017).

It should be noted that the submission deadlines for the reporting periods in 2018-19, as in 2017-18, are earlier than in previous years. As such, full quarter data will not be available for the reporting period which means that performance assessments included in the returns are subject to change throughout the year.

The BCF and iBCF Q2 2018-19 return can be found 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.

RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. Receive the report and note the responses provided in the Quarter 2 Statutory Return;
2. Continue to receive regular updates on the progress of the Integration and Better Care Fund throughout 2018-19.

Helen Jones
Strategic Director Adult Care and Public Health
Derbyshire County Council

Better Care Fund Template Q2 2018/19

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	Not on track to meet target	Total Non-Elective activity for Derbyshire is above plan at Month 5. The largest variance against plan and year on year is at Hardwick and North Derbyshire CCGs. There is currently an issue at CRHFT relating to the Non-Elective SUS data. The month 4 and 5 positions are incorrectly inflated. The size of the issue and reason for this issue is currently unknown. This is currently under investigation and the findings will be fed back through the CCG's data quality log and monitored as part of the contract.	Non-Elective admissions in August had reduced by 1% from July but were 2% above planned levels for the period.	None

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 and increased rate of admissions in 2017-18.	Admission rates remain steady during start of Q2 and based on data currently available indications show that year-end target will be achieved. However, there is always a time-lag in receiving the data, and as 2017-18 showed early forecasts can change throughout the year.	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 continues.</p> <p>Known issues in recruitment and capacity of workforce in rural areas of the County continue to be a challenge despite increased support to the market.</p> <p>Ensuring all referrals are appropriate also continues to be a challenge with the proportion of older people back in hospital at the 91-day point increasing.</p>	<p>The proportion of older people still at home in July and August had increased to 80.2% from 75.3% in Q1. However, despite this improved performance to-date it is unlikely that year-end target will be achieved.</p> <p>With more people staying at home there have been decreases in the proportion of older people either having another episode of reablement or who have died at the point the 91-day indicator was undertaken.</p>	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	Maintaining a consistent decrease in DToCs across all partners and ensuring the challenging targets for 2018-19 are maintained, particularly over the winter period where there is a low level of assurance from NHSE on system performance across Derbyshire for its winter planning.	Current performance shows that increase in DToCs in July appears to have been a spike, with August performance being the third lowest month for DToCs in 2018/19	None

4. High Impact Change Model

		Maturity assessment					Narrative			
		Q4 17/18	Q1 18/19	Q2 18/19 (Current)	Q3 18/19 (Planned)	Q4 18/19 (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	Established	Established	Established	Established	Mature		<p>Challenges in this area are ongoing in terms of ensuring that there is consistency in the way in which the multi-disciplinary integrated care teams across the County deliver early discharge planning for both planned and non-planned activity across the County.</p> <p>There are also challenges arising from the introduction of Red Bags and ensuring they are used effectively in supporting hospital discharges.</p>	Red bag scheme is now fully operational across the County - but too early to identify impact of their use.	None
Chg. 2	Systems to monitor patient flow	Plans in place	Plans in place	Plans in place	Established	Established		Work is currently in progress, through the Urgent Care workstream of Joined Up Care Derbyshire (JUCD,) to have a monitoring tool in place to support the local health and social care system during the coming winter.	Benchmarking and monitoring in place across organisations and agreement reached through A&E Delivery Board to develop system wide daily monitoring tool.	None

		Maturity assessment					Narrative			
		Q4 17/18	Q1 18/19	Q2 18/19 (Current)	Q3 18/19 (Planned)	Q4 18/19 (Planned)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg. 3	Multi-disciplinary/multi-agency discharge teams	Established	Established	Established	Established	Mature		Challenges in this area are ongoing in terms of consistency in both the delivery of MDTs and ensuring there is an appropriate skill-mix due to ongoing workforce recruitment challenges.	Priorities for the HICM were reviewed towards end of 2017-18 through Joined Up Care (STP) Board and Exec Lead identified. HICM Changes 4, 6 and 8 chosen as priority areas with expectation that these will move to 'Mature' by end of 2018-19. Targets previously published in 2017-19 BCF Plan have been revised to reflect local ambitions and provided in this return. 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

		Maturity assessment					Narrative			
		Q4 17/18	Q1 18/19	Q2 18/19 (Current)	Q3 18/19 (Planned)	Q4 18/19 (Planned)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg. 4	Home first/ discharge to assess	Established	Established	Established	Established	Mature		<p>The main challenges for the D2A work in Derbyshire over the past quarter have been:</p> <ul style="list-style-type: none"> - ensuring consistent application of the D2A guidance across the County; - securing agreement and funding to roll-out a track and triage tool across the County following successful City pilot. 	During summer period (not Q2) 1,276 people were discharged to be assessed at home, in community support bed, or community hospital (Pathways 1, 2, and 3). With only 76 people leaving hospital on a different pathway than had been originally suggested.	None

		Maturity assessment					Narrative			
		Q4 17/18	Q1 18/19	Q2 18/19 (Current)	Q3 18/19 (Planned)	Q4 18/19 (Planned)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg. 5	Seven-day service	Plans in place	Plans in place	Plans in place	Plans in place	Established		Ensuring consistency across partners in their provision of seven-day services to support patient flow and appropriate / timely transfers from hospital.	Priorities for the HICM were reviewed towards end of 2017-18 through Joined Up Care (STP) Board and Exec Lead identified. HICM Changes 4, 6 and 8 chosen as priority areas with expectation that these will move to 'Mature' by end of 2018-19. Targets previously published in 2017-19 BCF Plan have been revised to reflect local ambitions and provided in this return. 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

		Maturity assessment					Narrative			
		Q4 17/18	Q1 18/19	Q2 18/19 (Current)	Q3 18/19 (Planned)	Q4 18/19 (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	Plans in place	Established	Established	Established		<p>Trusted Assessment forms are being used across the system to support D2A.</p> <p>Challenges include ensuring consistency of understanding to prevent duplicate assessments being undertaken</p>	A Derbyshire D2A task and finish group have created a Trusted Assessor approach with key principles. The driver for the Trusted Assessor model is to reduce duplication of assessments, enhance patient experience and improve timely safe access to appropriate levels of care.	None
Chg. 7	Focus on choice	Established	Established	Established	Established	Mature		Challenges include continued awareness raising of the Derbyshire Transfer of Care Protocol and ensuring it is applied consistently across the system.	Derbyshire Transfer of Care Protocol is in place and continues to be used effectively by health and social care community staff. Recent review has highlighted need to reconsider timescales to take account of any potential legal involvement. Expect revised version to be produced in Q3.	None

		Maturity assessment					Narrative			
		Q4 17/18	Q1 18/19	Q2 18/19 (Current)	Q3 18/19 (Planned)	Q4 18/19 (Planned)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg. 8	Enhancing health in care homes	Established	Established	Established	Established	Mature		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 and awaiting outcomes of CCG QIPP decisions which may affect continued delivery.	Quality impact assessments undertaken as a result of the QIPPs to demonstrate the impact of this work.	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.										
		Q4 17/18	Q1 18/19 (Current)	Q2 18/19 (Planned)	Q3 18/19 (Planned)	Q4 18/19 (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	Established	Established	Mature	Mature		Ensuring consistent and appropriate use of Red Bags in acute settings continues to be a challenge. Current lack of capacity to ensure effective monitoring of their use.	Care Home providers have welcomed receiving 2 bags per home and supportive of their use.	None

5. Narrative

Progress against local plan for integration of health and social care

The Derbyshire BCF 2017-19 Plan sets 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 has been identified as success areas during the second quarter, due to lack of available data:

- Delayed Transfers of Care have reduced overall following a spike in July 2018. This has resulted in fewer people spending longer than necessary in a hospital setting, and associated savings to NHS. Comparative performance to 2017-18 also shows average monthly delays have reduced from 1,522 to 1,086.
- The percentage of people still at home 91 days after a period of reablement has improved during Q2 (to date).

Challenges for 2018-19

- Non-Elective admissions in August had reduced by 1 % from July, but based on year-to-date performance the 2018-19 target will not be achieved - with predicted growth of 3% compared to 2017-18
- Nursing Home provision is also an area of concern in 2018-19 with a number of providers having, or planning to, deregister their nursing provision;
- Financial pressures, particularly the QIPP challenge for local CCGs, has yet to take full effect and may impact on ability of some services to meet demand, especially during the winter;
- Workforce capacity continues to remain 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 pilot joint health and social care apprenticeship 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 good performance in maintaining delayed transfers of care at relatively low levels for a County area should be noted. This is particularly noteworthy considering the higher than planned non-elective admissions during the summer months which, although caused a spike in DToCs in July, have not had resulted in the anticipated increase in delays with August's delays the third lowest of the year so far.

This performance reflects the excellent joint working undertaken across Derbyshire by health and social care professionals as well as demonstrating that funding decisions around iBCF made last year have proved fruitful. The development of a new Standard Operating Procedure for social care-led Community Support Beds (Pathway 2 of the Discharge to Assess Pathways in Derbyshire) will also start to ensure greater consistency and access across the County to help more people to leave hospital in a safe and timely manner.

The latest data, from the D2A work, shows that over 40% of the 1,276 people leaving hospital for an assessment elsewhere are receiving it in their usual place of residence which is in line with aspirations for the winter period. Furthermore, only 78 people left hospital on a different pathway than was originally anticipated.

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.

6. iBCF Part 1

This single average should include fees paid under spot and block contracts, fees paid under a dynamic purchasing system, payments for travel time in home care, any allowances for external provider staff training, fees directly commissioned by your local authority and fees commissioned by your local authority as part of a Managed Personal Budget.

If you only have average fees at a more detailed breakdown level than the three service types of home care, 65+ residential and 65+ nursing (e.g. you have the more detailed categories of 65+ residential without dementia, 65+ residential with dementia) please calculate for each of the three service types an average weighted by the proportion of clients that receive each detailed category:

1. Take the number of clients receiving the service for each detailed category.
2. Divide the number of clients receiving the service for each detailed category (e.g. age 65+ residential without dementia, age 65+ residential with dementia) by the total number of clients receiving the relevant service (e.g. age 65+ residential).
3. Multiply the resultant proportions from Step 2 by the corresponding fee paid for each detailed category.
4. For each service type, sum the resultant detailed category figures from Step 3.

If you are unable to provide rates for both 2017/18 and 2018/19, please ensure that you provide the estimated percentage change between 2017/18 and 2018/19 in the table below. Please leave any missing data cells as blank e.g. do not attempt to enter '0' or 'N/A'.

	2017/18	2018/19	If rates not yet known, please provide the estimated uplift as a percentage change between 2017/18 and 2018/19
1. Please provide the average amount that you paid to external providers for home care in 2017/18, and on the same basis, the average amount that you expect to pay in	£ 21.31	£ 22.35	

2018/19. (£ per contact hour, following the exclusions as in the instructions above)			
2. Please provide the average amount that you paid for external provider care homes without nursing for clients aged 65+ in 2017/18, and on the same basis, the average amount that you expect to pay in 2018/19. (£ per client per week, following the exclusions as in the instructions above)	£ 490	£ 555	
3. Please provide the average amount that you paid for external provider care homes with nursing for clients aged 65+ in 2017/18, and on the same basis, the average amount that you expect to pay in 2018/19. (£ per client per week, following the exclusions in the instructions above)	£ 513	£ 581	
4. If you would like to provide any additional commentary on the fee information provided please do so. Please do not use more than 250 characters.			