

DERBYSHIRE HEALTH AND WELLBEING BOARD

4 October 2018

Report of Strategic Director Adult Social Care and Health

**DERBYSHIRE BETTER CARE FUND 2018-19:
QUARTER 1 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 one (Q1) return for 2018-19.

2. Information and analysis

The Department of Health and Social Care's Better Care Support Team published the Q1 2018-19 National Return template on 11 June 2018 with the requirement that completed templates be returned by 20 July 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 Q1 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 data will not be available for the reporting period which means that performance

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assessments included in the returns are subject to change throughout the year.

The BCF and iBCF Q1 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 1 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 Social Care and Health
Derbyshire County Council

Better Care Fund Template Q1 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	On track to meet target	Keeping Non-Electives at or below planned levels during 2018-19. Winter Planning is already underway and will continue during Q2. Diagnostic work also being undertaken by Newton Europe to support this.	Non-Elective admissions in April had reduced by 5.17% from March but were 0.7% above planned levels for May. However, based on year-to-date performance the 2018-19 target will be achieved.	None
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 Q1 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
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. Ensuring all referrals are appropriate continues to be a challenge with the proportion of older people back in hospital at the 91 day point has increased between March and April.	<p>The proportion of older people still at home in April had increased to 74.1% from 73.7% in March, however May's performance is down to 71.7% - suggesting that achieving the year-end target even at this early stage of the year will be difficult.</p> <p>There were, however, also decreases in the proportion of older people being admitted in to long-term care or re-admitted to hospital.</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	Ensuring good performance in reducing DToCs, attributable to Social Care, NHS, and Jointly, continues once CCG QIPP schemes have been confirmed and implemented.	Total number of delayed days decreased from 1,247 in March to 1,102 for April and 992 in May. Targets for DTOCs still awaited but early projections suggest overall reduction in DTOCs again for 2018-19	None

4. High Impact Change Model

		Maturity assessment					Narrative			
		Q4 17/18	Q1 18/19 (Current)	Q2 18/19 (Planned)	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
Ch g 1	Early discharge planning	Established	Established	Established	Established	Mature		<p>Ensuring consistency in the delivery of early discharge planning for both planned and non-planned activity across the County.</p> <p>Ensuring Red Bags are used effectively in supporting hospital discharges.</p>	<p>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.</p> <p>Red Bags have been procured and distributed during Q1 2018-19 along with relevant awareness raising.</p>	None

		Maturity assessment					Narrative			
		Q4 17/18	Q1 18/19 (Current)	Q2 18/19 (Planned)	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
Ch g 2	Systems to monitor patient flow	Plans in place	Plans in place	Plans in place	Plans in place	Established		Alignment of organisational focused systems for monitoring flow to provide a system level view. Work is currently underway through the Urgent Care STP workstream to develop and deliver this and is being supported by Newton Europe.	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
Ch g 3	Multi- disciplinary/multi- agency discharge teams	Established	Established	Established	Established	Mature		Ensuring consistency in the delivery of MDTs including appropriate skill-mix will be challenging due to 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 (Current)	Q2 18/19 (Planned)	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
Ch g 4	Home first/disch arge 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"> - Revising and finalising D2A Guidance to be shared across all partners in the STP; - Revising data collection methods and timetable to monitor effectiveness of D2A. 	<p>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.</p> <p>Specific Milestones for this change area include:</p> <ul style="list-style-type: none"> - Revised D2A Guidance has been issued; - Workshop sessions in South of the County (including City) have started following on work undertaken in North earlier in calendar year; - D2A continues to provide supported discharge for a number of patients and is contributing to the reduction in DToCs across Derbyshire. 	None

		Maturity assessment					Narrative			
		Q4 17/18	Q1 18/19 (Current)	Q2 18/19 (Planned)	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
Ch g 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. 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.	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 (Current)	Q2 18/19 (Planned)	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
Ch g 6	Trusted assessors	Plans in place	Plans in place	Plans in place	Plans in place	Established		<p>The main challenges for the Trusted Assessor work in Derbyshire over the past quarter have been:</p> <ul style="list-style-type: none"> - Establishing a working group to identify what needs to be done and what can be done (See also milestones); - Ensuring appropriate membership of the group (which has been achieved and has right level of management support to trial new ways of working / support improvements). 	<p>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.</p> <p>Specific milestones for this change area include the establishment of a Trusted Assessor Group which is focussed on:</p> <ul style="list-style-type: none"> - improving the process around acute to community and community to community referrals; - reducing duplication of community assessments and make process more efficient. 	None

		Maturity assessment					Narrative			
		Q4 17/18	Q1 18/19 (Current)	Q2 18/19 (Planned)	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
Ch g 7	Focus on choice	Established	Established	Established	Established	Mature		<p>Challenges include continued awareness raising of the protocol and ensuring it is applied consistently across the system.</p> <p>Action Plan has been developed with partners to help support promotion of the patient choice protocol.</p>	<p>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.</p> <p>A Transfer of Care Protocol Action Plan has been developed by Health and Social Care partners to ensure consistent use of the document across the STP footprint.</p>	None

		Maturity assessment					Narrative			
		Q4 17/18	Q1 18/19 (Current)	Q2 18/19 (Planned)	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
Ch g 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.	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

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 that Red bags are used effectively to support clients and reduce length of stay and potential delayed discharges from hospital.	Red Bags have been procured and delivered to in-house and independent providers during the quarter. Communication and engagement work continues to be undertaken across the care home sector and with acute and ambulance providers. Outcome monitoring process also established.	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".

The following has been identified as success areas during the first quarter, due to lack of available data:

- Non-Elective admissions in April had reduced by 5.17% from March. Based on year-to-date performance the 2018-19 target will be achieved.
- Delayed Transfers of Care have reduced overall following a spike in March 2018. This has resulted in fewer people spending longer than necessary in a hospital setting, and associated savings to NHS.

Challenges for 2018-19

- The percentage of people still at home 91 days after a period of reablement has improved marginally but is still below planned levels;
- 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 emerging Place and Prevention workstreams of the Derbyshire Joined Up Care Programme (of which 94% of BCF pooled Funding supports) has already started to demonstrate the benefits of improved joint working between health, social care, and voluntary sector partners. As a result of this work non-elective growth is currently below planned levels and delayed transfer of care have continued to decrease. The metrics used to support iBCF investment demonstrate the effectiveness of current preventative approaches at the place level further – whilst social care referrals have increased the conversion rate for assessments has reduced along with the number of hours of home care being provided (along with reduction in long-term admissions). The number of people being admitted to hospital following a fall has also decreased based on latest available data.

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

Additional improved Better Care Fund - Part 1

Section A

What proportion of your additional iBCF funding for 2018-19 are you allocating towards each of the three purposes of the funding?			
	a) Meeting adult social care needs	b) Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready	c) Ensuring that the local social care provider market is supported
Please enter the amount you have designated for each purpose as a percentage of the total additional iBCF funding you have been allocated for the whole of 2018-19 . If the expenditure covers more than one purpose, please categorise it according to the primary purpose. Please ensure that the sum of the percentage figures entered does not exceed 100%. If you have not designated any funding for a particular purpose, please enter 0% and do not leave a blank cell.	47%	21%	32%

NB: The percentages shown above equate to the total expenditure by Derbyshire County Council from the combined additional iBCF funding announced in the Spring Budget 2017 and the additional social care funding for the BCF announced in the 2015 Spending Review. The requirements of this section make reference only to the 2017 Spring Budget funding, however due to the way in which Adult Care has planned its expenditure on the combined total it is not possible to provide an accurate split of the use of the 2017 budget funding only.

6. iBCF Part 1(Continued)

Section B

	Initiative/Project 1	Initiative/Project 2	Initiative/Project 3	Initiative/Project 4	Initiative/Project 5
B1) Provide individual titles for no more than 10 initiative / projects. If you are funding more than 10 initiatives / projects, you should list those with the largest size of investment in 2018-19. Please do not use more than 150 characters.	Reduce Budget Savings to Protect Social Care	Supporting the Care Market	Support to Improve System Flow & Support Hospital Discharge	Preventative Services (inc Public Health and Health and Housing)	Enablers (System and Service Redesign to increase capacity)
B2) Is this a continuation of an initiative / project from 2017-18 or a new project for 2018-19? Use the drop-down menu, options below: Continuation New initiative/project	Continuation	Continuation	Continuation	Continuation	Continuation
B3) If you have answered question B2 with "<u>Continuation</u>" please provide the name of the project as provided in the 2017-18 returns. See the link above for a reminder of the initiative / project titles submitted in Q4 2017-18. <u>Please do not select the same project title more than once.</u>	Reduce Budget Savings to Protect Social Care	Supporting the Care Market	Support to Improve System Flow & Support Hospital Discharge	Preventative Services (inc Public Health and Health and Housing)	Enablers (System and Service Redesign to increase capacity)
B4) If this is a "<u>New Initiative / Project</u>" for 2018/19, briefly describe the key objectives / expected outcomes. Please do not use more than 250 characters.					

	Initiative/Project 1	Initiative/Project 2	Initiative/Project 3	Initiative/Project 4	Initiative/Project 5
B5) Use the drop-down menu provided or type in one of the categories listed to indicate which of the following categories the initiative / project primarily falls under. Hover over this cell to view the comment box for the list of categories if drop-down options are not visible.	12. Protection	16. Stabilising social care provider market - fees uplift	3. DTOC: Reducing delayed transfers of care	11. Prevention	2. Expenditure to improve efficiency in process or delivery
B6) If you have answered question B5 with "Other", please specify. Please do not use more than 50 characters.					
B7) What is the planned total duration of each initiative/project? Use the drop-down menu, options below. <u>For continuing projects, you should also include running time before 2018/19.</u> 1) Less than 6 months 2) Between 6 months and 1 year 3) From 1 year up to 2 years 4) 2 years or longer	3. From 1 year up to 2 years	3. From 1 year up to 2 years	3. From 1 year up to 2 years	3. From 1 year up to 2 years	3. From 1 year up to 2 years
B8) Use the drop-down options provided or type in one of the following options to report on progress to date: 1) Planning stage 2) In progress: no results yet 3) In progress: showing results 4) Completed	3. In progress: showing results	3. In progress: showing results	3. In progress: showing results	3. In progress: showing results	3. In progress: showing results

7. iBCF Part 2

Section C

What impact does the additional iBCF funding you have been allocated for 2018-19 have on the plans you have made for the following:			
	a) The number of home care packages provided for the whole of 2018-19:	b) The number of hours of home care provided for the whole of 2018-19:	c) The number of care home placements for the whole of 2018-19:
C1) Provide figures on the planned number of home care packages, hours of home care and number of care home placements you are purchasing/providing as a direct result of your additional iBCF funding allocation for 2018-19. The figures you provide should cover the whole of 2018-19. Please use whole numbers with no text, if you have a nil entry please could you enter 0 in the appropriate box.	7,689	2,307,592	1,118

Section D

Indicate no more than five key metrics you will use to assess your performance.					
	Metric 1	Metric 2	Metric 3	Metric 4	Metric 5
D1) Provide a list of up to 5 metrics you are measuring yourself against. Please do not use more than 100 characters.	Referrals to Adult Care: Increasing - 11,282 at Q4 2017/18 compared to 9,437 in Q3.	Conversion Rate of Assessments: Decreasing- 62% at Q4 2017/18 compared to 66% in Q3.	Total Hours of Home Care: Decreasing - 561,332 at Q4 2017/18 compared to 591,221 at Q3.	DToC Bed Days Per Month: Decreasing - 36.7 in April 2018 compared to 40.2 in March 2018	Hospital Falls Admissions: Decreasing - 1,118 admissions in Q4 compared to 1,354 in Q3.