

Agenda item 12

DERBYSHIRE HEALTH AND WELLBEING BOARD

7 December 2017

Report of Strategic Director Adult Care and Public Health

**DERBYSHIRE BETTER CARE FUND 2017-18:
QUARTER 2 PERFORMANCE UPDATE REPORT**

1. Purpose of the Report

To provide the Derbyshire Health and Wellbeing Board with an update on progress of the Derbyshire Better Care Fund, including a copy of the submitted national quarter two return.

2. Information and Analysis

This report has been split into two sections comprising:

- General Better Care Fund (BCF) Performance Overview
- Summary of the National Quarter 2 (Q2) 2017-18 Reporting Template

The Better Care Support Team published the Q2 2017-18 National Return template on 3 November 2017 with the expectation that completed templates were returned on 17 November 2017, following sign-off from respective local Health and Wellbeing Boards (HWBs). The Derbyshire submission was reviewed by the BCF Programme Board at its meeting on 17 November and submitted following sign-off by the Chair of the Health and Wellbeing Board on the same day. It should be noted that a report was not required for Quarter 1 due to the delays in the planning process.

Requirements of the Q2 template have altered from previous years to reflect changes to the national BCF policy and planning changes for 2017-19. The most notable of these changes is the requirement to report on progress against delivering the High Impact Change Model for Transfers of Care as the BCF will now be the main source of reporting against this model to NHS England for assurance purposes.

As with previous quarterly reporting arrangements, the Q2 return is being reported retrospectively to the Health and Wellbeing Board. Future quarterly reporting dates are currently unavailable. A full copy of the draft return is provided at Appendix 1.

General BCF Performance Overview

A table summarising performance at the Q2 2017-18 reporting period is provided at Appendix 2. At the current monitoring period three of the four metrics are on target. More information on each of the metrics is provided below.

Metric 1, non-elective admissions (NEAs) to hospital, performance during Q2 was lower than planned, and a reduction on the Q1 figure which was above plan.

A number of the CCGs mapped to the HWB area have shown consistently higher than planned rates of admissions all but one of which are external to the County and outside the remit of the BCF Plan. The CCG within the County that has consistently been above plan year to date is North Derbyshire CCG.

Metric 2, the Q2 admission rates suggest that the numbers of older people having their care needs met in a residential setting continues to reduce and is expected to achieve the year-end target. 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. Despite year-on-year improved performance, Derbyshire is still an outlier for long-term admissions nationally.

Metric 3, the Q2 outturn shows 79.6% of people were still at home 91 days following discharge (301 out of 378), i.e. clients who received reablement between April and June and reviewed between July and September. This is a decrease in performance from the previous quarter, 83.4%, and would suggest that year-end target (86%) will not be achieved. Of the remaining 20.4% of clients who were not at home 3.2% were in a long-term care setting, 4.5% were in hospital, 4.5% receiving another reablement episode, and 8.2% were deceased.

Metric 4, Delayed transfers of care for Q2 2017-18 were at their lowest levels overall since the same period in 2015-16, reducing by 4% from the Q1 position (4,481 delayed days down to 4,161). Social care attributable delays were down 26% from Q1 (1,722 down to 1,276), however NHS attributable delays increased marginally by 4%. (2,699 to 2,803) and jointly attributable delays also increased by 37% (60 to 82). This means that the quarterly target of 791.3 delayed days per 100,000 population was achieved with the actual rate for the quarter being 654.4.

This improvement in performance is testament to the excellent work being undertaken by Adult Care staff across the department to help support people to be discharged from hospital in a timely and appropriate manner. The links between Adult care and the local NHS providers have improved, particularly in relation to non-acute delays where monthly DToC Meetings with Derbyshire Community health Services NHS FT have helped to both drive the numbers of

lengthy delays down and also raise more awareness of the services provided by Adult Care.

3. 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 National Quarterly Reporting template;
2. Note the work undertaken across the health and social care system to support delivery of the high-level metric targets.
3. Continue to receive regular updates on the progress of the Integration and Better Care Fund throughout 2017-18.

Joy Hollister
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Derbyshire County Council

Better Care Fund Template Q2 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	Not on track to meet target	System cost of non-electives has grown by £15m (full year effect) despite less activity (due to HRG4+). 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.	Growth is below the national growth assumptions and activity remains in plan. Three acute wards were closed across the HWB footprint during the quarter as result of low activity.	None
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. Ensuring all referrals are appropriate continues to be a challenge with 9% of clients referred during the quarter back in hospital or receiving another reablement episode and 8% had died.	301 people still able to live independently at home following period of reablement.	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 the good performance achieved in Q2 continues in light of demand increases particularly during the winter period. Known issues relating to community therapy support recruitment and retention.	Delayed days attributable to both the NHS and Social Care have reduced substantially during August and September to levels similar to 2014/15. This demonstrates the good working relationships between NHS and Social care in Derbyshire.	None

4. High Impact Change Model

		Maturity assessment			Narrative		
		Q2 17/18 (Current)	Q3 17/18 (Planned)	Q4 17/18 (Planned)	Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg 1	Early discharge planning	Plans in place	Established	Mature	Early discharge planning is happening in many places, but not completely across the system. Specific challenges include ongoing communications and engagement across acute wards.	SAFER, R2G and discharge co-ordinators are in place across all acute wards. Hospital Social Work Teams are in place at the two main acute providers serving Derbyshire, but could be involved in discharge planning at an earlier stage. Planned activities include continuing roll-out of D2A model to further understand role, capacity planning with the main community health provider and learning from a track and triage style hub being developed at Derby Teaching Hospital with Derby City Council	None
Chg 2	Systems to monitor patient flow	Plans in place	Established	Mature	Consistent acute staff engagement with flow programmes e.g. Red 2 Green (R2G), has been identified as a challenge. Planned mitigation activities include a system-wide "discharge week" in November to maintain focus and communication strategy. A&E Board have oversight in terms of overall system performance.	Winter escalation process is in place which includes the monitoring of patient flow. Derbyshire County Council is working with Derbyshire Community Health Services to ensure there is sufficient capacity in the community to meet winter plan demands. Capacity and demand activity is being derived from D2A datasets and DToC analysis to provide assurance that alternatives to bedded-care are in place in appropriate areas.	None

		Maturity assessment			Narrative		
		Q2 17/18 (Current)	Q3 17/18 (Planned)	Q4 17/18 (Planned)	Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg 3	Multi-disciplinary/multi-agency discharge teams	Established	Established	Mature	CHC and out of hospital assessments, particularly risk-sharing and ownership of cases remains a challenge.	Continue to work collaboratively to embed D2A pathways and understand the barriers to patients being discharged to the correct onward destination first time.	None
Chg 4	Home first/discharge to assess	Established	Established	Mature	An ongoing challenge is the inability to readily monitor D2A pathways across health and social care due to different IT systems. Mitigation includes health and social care actively working together with current systems to create a single dataset that can be trusted. There continues to be evidence of inappropriate use of pathways and poor communication between providers particularly in relation to requests for Pathway 2 (social care beds).	An ADASS Peer review highlighted a reliance on bedded-care rather than home-first as the default in Derbyshire amongst providers. Work has been undertaken since to engage with staff and highlight need for home-first as part of continued roll-out of D2A model across the County. Data collection has been improved and highlighted where pathways are not being used effectively despite capacity - improved reporting in Q3 onwards will enhance D2A moving forward.	None
Chg 5	Seven-day service	Plans in place	Established	Mature	Understanding, tracking and monitoring the broader community health capacity (beyond that supporting the acute hospital) remains the single biggest challenge for the system, particularly over the 7-day period. Recruitment issues across the system for therapy and care staff also affecting ability to maximise the available resources.	7-day services are 'Established' in many parts of the system, but there are some areas that we are still working on to enable 24/7 transfers of care. Progress includes continued roll out of D2A across system 7-days; further development of the demand and capacity Tool; preparations for improved discharge arrangements via the track and triage hub.	None

		Maturity assessment			Narrative		
		Q2 17/18 (Current)	Q3 17/18 (Planned)	Q4 17/18 (Planned)	Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg 6	Trusted assessors	Plans in place	Established	Mature	Challenges include staff engagement, and sharing patient information across the system (realms of health and care).	Work ongoing between partners in the South of the County to establish Trusted Assessor model. Therapy leads within the acute are engaged.	None
Chg 7	Focus on choice	Plans in place	Established	Mature	As a system we are continuing to monitor delayed discharge reasons and area of residence to understand what choices are available. Continuous engagement with staff in acute settings to ensure that patients and family are informed of choices available when appropriate and that are realistic for individuals.	System-wide discharge focus week in November celebrating the work staff have done to improve processes and to renew focus on R2G, SAFER and D2A.	None
Chg 8	Enhancing health in care homes	Plans in place	Established	Mature	Care Home 'Surge' in North East of the County highlighted areas for learning and improvements, particularly in relation to in-reach support to care homes from NHS providers.	Continued engagement with care home providers particularly in relation to use of iBCF to provide increased payments, improved travel rates and FNC for Nursing providers.	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)	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	Pilot undertaken by Hardwick CCG and local Acute hospital demonstrated effectiveness. People using the red bag had their belongings medication and records follow them through the acute setting back to their home. Client without a red bag was found to be discharged back to their care home without their medication which required a taxi delivery.	All resources are available and we can call on Vanguards who have successfully implemented.

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".

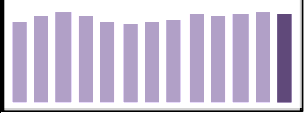
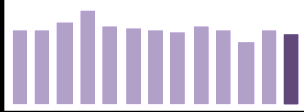
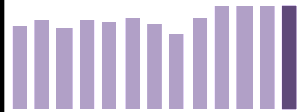
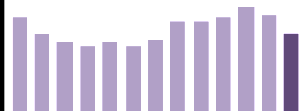
Please tell us about the progress made locally to the area's vision and plan for integration set out in your BCF narrative plan for 2017-19. This might include significant milestones met, any agreed variations to the plan and any challenges.

Integration success story highlight over the past quarter

Monthly meetings between Derbyshire County Council Adult care and Derbyshire Community health Service to review non-acute delayed transfers of care have paid dividends as shown in the Q2 DToC reporting. An ADASS Peer review was also helpful in identifying areas for further development across the system and a challenge around the reliance on bed-based care to support delays.

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.

BCF National Reporting Metrics: Quarterly Performance Summary

Metric	Reporting Period ¹	Q1	Q2	Q3	Q4	Year End (Projection)	Year End Target	Quarterly Performance Trend (Q1 2014-15 - Q4 2016-17)	Performance Against National Average
1. Non-Elective Admissions (NEAs) General and Acute - actual number	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	21,888	21,479	22,135	22,441	87,943	86,709		BELOW
	2017-18	22,134	22,106			88,536	87,932		
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) ²	2014-15	182.5	183.1	200.1	232.1	797.8	688.4		BELOW
	2015-16	193.4	189.1	183.6	178	744.1	669.2		BELOW
	2016-17	190.6	183.4	152.1	118.6	644.7	743.6		BELOW
	2017-18	171.1	146.4			585.6	683.4		
3. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services ³	2014-15	81.6%	86.6%	79.0%	87.1%	87.1%	81.7%		BETTER THAN
	2015-16	84.1%	89.4%	82.4%	77.0%	77.0%	82.5%		BELOW
	2016-17	88.4%	86.0%	84.8%	83.2%	83.2%	85.3%		BETTER THAN
	2017-18	83.4%	79.6%				86.0%		
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		BETTER THAN
	2015-16	641.6	596.8	655.3	830.2	681.0	966.0		BETTER THAN
	2016-17	825.4	854.3	982.9	885.7	883.3	710.6		BETTER THAN
	2017-18	704.7	654.4			679.5	716.7		
Notes:									
1. 2014/15 is BCF Baseline Year and used as comparator.									
2. 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.									
3. The Annually reported figured for reablement is based on the Q4 outturn, rather than cumulative performance across the year.									