Agenda item 6

DERBYSHIRE HEALTH AND WELLBEING BOARD

4 April 2019

Report of Strategic Director Adult Care and Health

DERBYSHIRE BETTER CARE FUND 2018-19: 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 (Q3) return for 2018-19.

2. Information and analysis

The Department of Health and Social Care's Better Care Support Team published the Q3 2018-19 National Return template on 6 December 2018 with the requirement that completed templates will be returned by 25 January 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 Q3 template are unchanged from the previous quarters – with the exception of the removal of any iBCF reporting. It should also be noted that full data is not yet available for the whole reporting period which means that performance assessments included in this return are subject to change in future reports.

The BCF Q3 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 3 Statutory Return;
2. Continue to receive regular updates on the progress of the Integration and Better Care Fund.

Simon Stevens
Acting Strategic Director Adult Care and Health
Derbyshire County Council

Better Care Fund Template Q3 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 7. The largest variance against plan and year on year continues to be at Hardwick and North Derbyshire CCGs.	Despite being above planned levels, there has been a small decrease in non-elective admissions between October and November.	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 2018-19.	Admission rates remain steady during start of Q3 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	Reconfiguration of Adult Care's in-house direct-care service to focus predominantly on short-term services continued during Q3 with implementation commencing in Q4. 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. Ensuring all referrals are appropriate also continues to be a challenge with the proportion of older people going into long-term care at the 91 day point increasing.	The proportion of older people still at home in October was 82.8% and 85.2% in November - the second highest & highest, respectively during 2018-19. However, despite this improved performance to-date it is unlikely that year-end target will be achieved (year to date is currently 79.1%). With more people staying at home there have been minor decreases in the proportion of older people either having another episode of reablement or who have gone into long-term care settings at the point the 91-day indicator was undertaken.	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 all NHS Providers, particularly out of are ones, are having appropriate sign-off discussions has been a challenge. Letters have been issued and arrangements are being put in place to improve this. For Q3, the November target was not achieved, but October's was.	Year to date there have been a total of 8682 days lost to delayed transfers of care against a target of 8860. This compares well against the same period in 2017-18 where there had been 10769 days lost to delays.	None

4. High Impact Change Model

		Maturity assessment				Narrative			
		Q1 18/19	Q2 18/19	Q3 18/19 (Current)	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	Mature		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. There are also challenges arising from the introduction of Red Bags and ensuring they are used effectively in supporting hospital discharges.	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	Established	Established		Development of a daily reporting tool had taken longer than anticipated but was implemented in time for the winter period. Ensuring consistent reporting styles across different organisations will be a challenge.	Daily reporting of local health and care systems have been taking place throughout the winter through Implementation of a revised OPEL reporting tool.	None

Chg. 3	**Multi-disciplinary/multi-agency discharge teams**	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. The Place Board for Derby & Derbyshire has undergone a refresh and has identified the development of appropriate MDTs as an area of ambition within its outcomes.	None
Chg. 4	**Home first/ discharge to assess**	Established	Established	Established	Mature		The main challenges for the D2A work in Derbyshire over the past quarter has been: - development of the track and triage	In October 2018, 477 people left hospital through the D2A process - accounting for 8% of all acute discharges (from Chesterfield & Derby Hospitals).	None

		Maturity assessment				Narrative			
		Q1 18/19	Q2 18/19	Q3 18/19 (Current)	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
							tool across the County following successful City pilot.	Of these 45% went directly home for ongoing support and assessments; 18% went into a social care setting; 37% went to a Community Hospital setting. There continue to be some differences in the volume of people leaving Chesterfield to go home (higher) than from Derby (lower), which is currently subject to a review.	

Chg. 5	**Seven-day service**	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. All relevant Social Care and Community Health services are available Seven Days a week. D2A work has highlighted where additional Primary, Secondary or other care elements are required.	None

		Maturity assessment				Narrative			
		Q1 18/19	Q2 18/19	Q3 18/19 (Current)	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	Established	Established	Established		Trusted Assessment forms are being used across the system to support D2A. Challenges include ensuring consistency of understanding to prevent duplicate assessments being undertaken	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. Countywide multi-agency Occupational Therapy Group project group has established shared access of diagnostic tool via e-whiteboard (for University of Derby & Burton Hospitals NHS Foundation Trust)	None

		Maturity assessment				Narrative			
		Q1 18/19	Q2 18/19	Q3 18/19 (Current)	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. 7	Focus on choice	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 and amendment to timescales for issuing of letters concerning people who lack capacity.	Derbyshire Transfer of Care Protocol has been revised, is in place and continues to be used effectively by health and social care community staff.	None
Chg. 8	Enhancing health in care homes	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.

		Q1 18/19	Q2 18/19	Q3 18/19 (Current)	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**	Established	Established	Established	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 - hence remaining at established rather than 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: • 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 for year to date shows there have been 2,087 fewer days delayed than for same period in 2017-18; • The percentage of people still at home 91 days after a period of reablement has improved during Q3 (to date). Challenges for 2018-19 and into 2019-20 • Non-Elective admissions have continued to increase throughout the year with October showing a 6% increase compared to 2017-18; • Nursing Home provision continues to be 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; • Workforce capacity continues to remains 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 continued higher than planned non-elective admissions during 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 and weekly monitoring of the social care-led Community Support Beds (Pathway 2 of the Discharge to Assess Pathways in Derbyshire) has helped to ensure greater consistency and access across the County to help more people to leave hospital in a safe and timely manner. Social Care OT support into Acute Trusts within the STP to demonstrate 'single handling' practices and challenge decision making has also helped with reducing delays in sourcing potentially inappropriate care packages. The latest data, from the D2A work, shows that in October 45% of the 477 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 45 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.