

**BETTER CARE FUND
2016/17 FOURTH QUARTER RETURN AND PERFORMANCE REPORTING**

Recommendation: That the Board note this report.

1. Introduction

The Health and Wellbeing Board is required to consider the high level metrics that are contained in the agreed Better Care Fund Plan. This is normally done through the monthly performance reports, which are received by the Joint Commissioning Coordinating Group (JCCG) and the BCF finance group monthly.

On a quarterly basis the Health and Wellbeing Board is also required to formally endorse the template supplied by the central Better Care Fund Programme support team.

2. BCF 2016/17 Fourth Quarter Return

The BCF 2016 /17 fourth Quarter Return was submitted on 31st May 2017 and this paper provides an overview and summary of that return.

3. Performance Summary

The table below summarises the BCF activity in terms of the work towards the National Conditions.

Fig 1. Performance against National Conditions

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 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

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? ii) Are you pursuing Open APIs (ie system that speak to each other)? iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance? 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	Yes
8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan	Yes

4. Outcome measures

Agreement on local action plan to reduce delayed transfers of care

The level of delayed transfers of care continues to be in excess of the same period in 2015-16. This remains a particular issue in the Royal Devon and Exeter hospital. It should be noted that improvement has been made in recent months in line with the agreed trajectory. There is a comprehensive plan in place to reduce delays and this will be a particular focus for 2017/18.

Non-elective admissions

Non-elective admissions are slightly above the levels reported in the previous year. There has been a high number of A&E attendances but work is ongoing to ensure this does not convert into high numbers of non-elective admissions.

The BCF schemes that are focused on reduction of non-elective admissions are developed, implemented and monitored via the A&E Delivery Boards. This is in addition to further investment in Rapid Response in 2015/16 and close monitoring of outcomes to inform future intentions.

Local metric - dementia

We monitor our support for people with dementia, but instead of monitoring diagnosis rates (which continue to be monitored elsewhere), we now measure the length of stay for people with dementia who are admitted to hospital. Length of stay for

patients with dementia has remained stable in 16/17 but there has been a slight increase in the number of emergency admissions. There is a comprehensive, multi-agency 10 point dementia plan in place, based on best practice and national direction.

Permanent admissions to residential and nursing care homes

Out target for 2016/17 was 514.6 admissions per 100,000 population (aged 65 and over). Current performance has slipped and now stands at 530.9 per 100,000 population (aged 65 and over). However, performance is still ahead of 2015-16 comparators.

Effectiveness of re-ablement services

Our reablement services are effective for around 87% of older people who were in receipt of these services in Devon, above our target of 81.5%. This is significantly higher than the South West (84%), our local authority comparator group (82.8%) and England (82.1%).

5. Year end feedback

As this is the final submission for 2016/17, we are required to provide feedback on our performance throughout the year.

Statement	Comments
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Joint health and social care teams have continued to develop and innovate services. Vertical Integration of Acute and Community providers in Eastern Devon has assisted in furthering whole system working.
2. Our BCF schemes were implemented as planned in 2016/17	Plans for 2016/7 were delivered as set out in the planning document. Some schemes under-utilised resources which were then released for increased discharge work during the winter period.
3. The delivery of our BCF plan in 2016/17 had a positive impact on the integration of health and social care in our locality	The teams have continued to work in an integrated manner to deliver seamless health and social care. Introduction of a single point of access within the acute trust will further facilitate joint working.
4. The delivery of our BCF plan in 2016/17 has contributed positively to managing the levels of Non-Elective Admissions	The Rapid Response teams have helped maintain people within their own homes. This in turn has had a positive impact on the level of potential NEL admissions.
5. The delivery of our BCF plan in 2016/17 has contributed positively to managing the levels of Delayed Transfers of Care	DTOC has reduced across the system this year with trajectories in place to get levels further reduced. Due to bed reductions, the proportionate level of DTOC may have a temporary increase, however, the system remains focussed on absolute levels of DTOC.

6. The delivery of our BCF plan in 2016/17 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Improvements in the discharge to assess, domiciliary care provision and rapid response/social care reablement teams have helped to maintain patients within their own homes for longer periods of time.
7. The delivery of our BCF plan in 2016/17 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)	System wide initiatives, both within and additional to the Better Care Fund, are seeing a culture shift to one of promoting independence and reducing reliance on bed-based care. This includes improved personal care provision, and the joining up of rapid response and reablement teams.

6. Better Care Fund Plan 2017-19

At the time of writing, the formal planning guidance for the Better Care Fund for 2017-19 had not been published, and is unlikely to be released until after the General Election.

Tim Golby
Devon County Council
Rob Sainsbury
NEW Devon CCG
Simon Tapley
South Devon and Torbay CCG

Electoral Divisions: All

Chief Officer: Adult Care and Health: Jennie Stephens
 Cabinet Member: Cllr Leadbetter – Adult Social Care and Health

Contact for Enquiries: Solveig Sansom, Senior Manager (Older People), Adult Commissioning and Health solveig.sansom@devon.gov.uk