

BETTER CARE FUND PLAN Q4 REPORT

Report of the Head of Adult Commissioning and Health, DCC, and the Chief Operating Officer NEW Devon CCG and South Devon and Torbay CCG

Please note that the following recommendations are subject to consideration and determination by the Committee before taking effect.

Recommendation: that the Board note this report detailing the Devon Better Care Fund Q4 submission to NHS England.

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### **1. Background/Introduction**

- 1.1 The Better Care Fund is the only mandatory policy to facilitate integration, providing a framework for joint Health and Social Care planning and commissioning, bringing together ring fenced budgets from Clinical Commissioning Group (CCG) allocations, the Disabled Facilities Grant and, from 2017/18, funding paid to local government for adult social care services.
- 1.2 We are required to submit quarterly returns to NHS England, reporting on our performance against a core set of metrics relating to the Better Care Fund. The Health and Wellbeing Board is required to formally endorse the returns.
- 1.3 Submission dates do not always coincide with Health and Wellbeing Board meetings, and in these cases are approved by the Chair and presented to the board retrospectively.
- 1.4 The BCF Q4 return was submitted on 20<sup>th</sup> April 2018 and this paper provides an overview and summary of that return.

### **2. Compliance with national conditions**

- 2.1 We have confirmed we have met each of the four national conditions, as well as confirmation of a s75 pooled budget.

| National Condition                                                                                                                            | Confirmation |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1) Plans to be jointly agreed?<br>(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          |

| Statement                                            | Response |
|------------------------------------------------------|----------|
| Have the funds been pooled via a s.75 pooled budget? | Yes      |

### 3. Performance against national metrics

3.1 We are on track to meet two of the four metrics:

3.1.1 the rate of permanent admissions to residential care per 100,000 (65yrs+); and

3.1.2 the proportion of older people still at home 91 days after discharge from hospital into reablement / rehabilitation services.

3.2 We have declared we are not on track to meet the targets for non-elective admissions and delayed transfers of care.

3.3 We have seen a small increase in the numbers of non-elective admissions over the winter, and an increase in acuity of those being admitted. Whilst we continue to take a system-wide approach that includes prevention and early intervention, the huge focus on DTOC may have had an impact on the successful implementation of those plans (and this appears to be the case nationally). Nonetheless, we are continuing to support people in their own homes wherever possible.

3.4 Whilst we have seen positive improvement for delayed transfers within the wider system, with incremental reductions across Trusts, we did not meet the very challenging trajectory for Q4.

3.3 We have established daily monitoring of delays to identify prevailing issues as they arise. This is happening alongside the implementation of the system

wide plan to tackle DTOC, overseen by the A&E Delivery Boards, and which is continually reviewed and refreshed.

3.4 Daily monitoring of delayed transfers of care shows activity is now much closer to target.

| Definition                                                                                                                                      | Assessment of progress against the planned target for the quarter | Challenges                                                                                                                                                                                                  | Achievements                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Reduction in non-elective admissions                                                                                                            | Not on track to meet target                                       | Increased patient acuity and activity over the last 12 months. Significant challenges within the system as a result of winter pressures in late Q4 with increased escalation across all Devon Acute Trusts. | Devon benchmarks well regarding the rate of emergency admissions (13th/150) and length of stay (8th/150).                                                                                          |
| Rate of permanent admissions to residential care per 100,000 population (65+)                                                                   | On track to meet target                                           | We continue to develop our alternative services to allow us to keep people living well at home wherever possible.                                                                                           | Numbers have been successfully reduced by better supporting people in their own homes. Performance is currently ahead of target and benchmarks ahead of published national 2016-17 data.           |
| Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services | On track to meet target                                           | Extending the reach and scope of our health and care reablement services - plans are underway                                                                                                               | Services are effective at keeping people from being readmitted to hospital. Joining up of in-house teams providing short term services to provide a more efficient and more comprehensive service. |
| Delayed Transfers of Care (delayed days)                                                                                                        | Not on track to meet target                                       | Significant challenges in keeping delays to a minimum throughout the winter (Q4) period with increased escalation across all Devon Acute Trusts.                                                            | Aside from winter pressures, we have seen positive signs of improvement with incremental reductions across Trusts.                                                                                 |

#### 4.0 High Impact Change Model

- 4.1 We were required to assess our progress against each of the metrics outlined in the High Impact Change Model – a set of best practice recommendations for tackling delayed transfers of care. Our submission took representative highlights from across the system.

|                                                 | Challenges                                                                                                                                                                                                                                                                                                                                                                                      | Milestones met during the quarter / Observed impact                                                                                                                                                 |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Early discharge planning                        | High acuity, winter pressures, snow has created challenge re continuity of planning. Change in model actioned with community clinicians based in Acute for face to face discharge planning<br>Effective communication across the pathways when the patient needs fluctuates and plans rapidly change.<br>Review of community core groups to focus on high needs, preventative and elective work | East: New model evolving and under 2-week review<br>North: Improved LOS in community hospitals<br>Additional resources agreed to support discharges from NDHT - recruitment started                 |
| Systems to monitor patient flow                 | Closer ownership of transfer and improved follow up/ fewer hand offs<br>Recruitment in the personal care sector.<br>Recruitment to our own workforce - high level of nursing and therapy vacancies.                                                                                                                                                                                             | Improved communication and triage of transfer needs                                                                                                                                                 |
| Multi-disciplinary/multi-agency discharge teams | Market sufficiency - improving picture but challenges remain.<br>Increase close working and integration with the acute of clinical triage/ social care & hospital staff. Requires further behavioural and cultural change                                                                                                                                                                       | Enhancing the Home First (D2A), pushing this philosophy.<br>Increased face to face interaction and improved cross system understanding. Regular touch points in place across health and social care |
| Home first/discharge to assess                  | Capacity issues in wider dom care market have improved in the past quarter- with reduced backfill required                                                                                                                                                                                                                                                                                      | Enhancing the Home First (D2A), pushing this philosophy across Devon                                                                                                                                |

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| Seven-day service              | Consultant led discharge and access to private provider market at the weekends                                                                                  | Review of cluster staffing under way. Reviewing plans for seven-day therapy.<br>Short Term Services in place in some areas covering the seven days                                                                                     |
| Trusted assessors              | Impact of winter pressure- detracted full focus on use of TA in pure form<br>Buy in from the multiplicity of providers.<br>Recruitment challenges               | PDSAs progressed - learning being evaluated<br>Northern Devon - Trusted assessors established and working.                                                                                                                             |
| Focus on choice                | Refresh and redevelop our reluctant discharge policy. Choice policies are in place for LA and CHC.<br>Contingency planning not fully embedded across all teams. | Full cost individuals understanding that they need to self-fund care after short term services no longer required.<br>Information leaflet updated<br>Vanguard work started in Northern Devon - focusing on personalised care planning. |
| Enhancing health in care homes | Main principles already in place as standard practice but more to be done to develop links with primary care.<br>Obtaining data to prove the effectiveness.     | Considering further opportunities that can be developed. Further OT in post.<br>Small functioning team working across Northern Devon.                                                                                                  |

## 5.0 Year End Feedback

5.1 For the Q4 report, we were required to outline local successes and challenges in relation to the Social Care Institute for Excellence (SCIE) enablers for integration:

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production

5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

| 8. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2017/18. | SCIE Logic Model Enablers, Response category:                                   | Response - Please detail your greatest <b>successes</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Success 1                                                                                                                         | 5. Integrated workforce: joint approach to training and upskilling of workforce | <p>1. The Devon Proud to Care campaign raises the profile of careers in health and care, with more than 100 ambassadors across health and care organisations in Devon. Ambassadors are frontline health and social care staff who attend events to talk positively about their role, encouraging people to start a career in care and health.</p> <p>2. We have created the Nursing Associate role - working alongside healthcare support workers and registered nurses to care for patients and the public. During their two-year training, Nursing Associates work in a variety of settings including hospitals, care homes and people's own homes.</p> <p>3. We have established links with the NHS graduate trainee scheme, offering placements in social care alongside those in NHS settings.</p> |
| Success 2                                                                                                                         | 2. Strong, system-wide governance and systems leadership                        | <p>Clear vision with common set of objectives shared across all health and care organisations, with clear accountability and governance structures in place</p> <p>Strategic commissioning function defined through a workshop approach, and a draft outcomes framework has been developed</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

| 8. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical | SCIE Logic Model Enablers, Response category: | Response - Please detail your greatest <b>challenges</b> |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------|
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| model) in 2017/18. |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Challenge 1        | 1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors) | There can't be a 'one size fits all' solution for Devon due to its size and diverse geography. We see particular challenges in the personal care market - recruiting and retaining staff in a near to full-employment economy in some areas (this is also the same with our own health and care staff); and securing the delivery of personal care in isolated rural areas. Health and care needs differ, with pockets of deprivation and homelessness with contrasting needs to areas with wealthier and/or elderly populations. We have low admissions but relatively high DTOC and we need to better understand why this is the case. |
| Challenge 2        | 3. Integrated electronic records and sharing across the system with service users                               | This continues to be a challenge. Our joint community teams ensure integrated care coordination: joint care management and joint discharge planning, but we need to continue to work towards a joint needs assessment. Made more complex due to the different systems used across different services.                                                                                                                                                                                                                                                                                                                                    |

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**Electoral Divisions: All**

Cabinet Member for Adult Care and Health: Councillor Andrew Leadbetter

Chief Officer for Adult Care and Health: Jennie Stephens

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

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| BACKGROUND PAPER | DATE | FILE REFERENCE |
|------------------|------|----------------|
| Nil              |      |                |