Health and Wellbeing Board
13 December 2018

BETTER CARE FUND PLAN Q2 2018/19 REPORT

Report of the Head of Adult Commissioning and Health DCC, and the Deputy Chief Executive Officer / Director of Commissioning 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 Q2 2018/19 submission to NHS England and the Ministry of Housing, Communities and Local Government.

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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 and the Ministry of Housing, Communities and Local Government, 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 Q2 return was submitted on 19th October 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.
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National Condition	Confirmation
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

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 three of the four metrics:

- Reduction in non-elective admissions
- the rate of permanent admissions to residential care per 100,000 (65yrs+)
- the proportion of older people still at home 91 days after discharge from hospital into reablement / rehabilitation services.

3.2 We declared we are not on track to meet the target for delayed transfers of care.

3.3 Whilst we saw positive improvement for delayed transfers within the wider system, with incremental reductions across Trusts, we did not meet the trajectory for Q2.

3.3 We have established daily monitoring of delays to identify 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.

Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements
Reduction in non-elective admissions	On track to meet target	Non-elective admissions did increase significantly over the last winter and had remained high through April - June. This is linked to the high levels of flu and the cold weather which increased admissions especially for older people	The level of non-elective admissions has fallen again slightly and performance is now broadly on plan. There have also been improvements in delayed transfers of care which has mitigated some the bed pressure
Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	Difficulties remain in sourcing personal care in certain parts of the County, which has made supporting people in their own homes more difficult to achieve.	Numbers of placements have been steadily reducing by better supporting people in their own homes. Current performance is well ahead of target and benchmarks ahead of published national data (2016-17).
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	Currently screen in rather than out so future arrangements will seek to support those with most potential to recover independence not just those who need temporary support while they make a natural recovery. Extending the reach of services, including making it a step up as well as a step down offer, may impact on currrent performance which is well in excess of plans.	Performance is currently well ahead of target with services effective at keeping people from being readmitted to hospital. Joining up of in-house teams providing short term services is providing a more efficient and comprehensive service.

Delayed Transfers of Care (delayed days)	Not on track to meet target	The significant challenges in minimising delays throughout the winter period have continued through the summer resulting in increased escalation across Acute Trusts in recent months.	We have a comprehensive and system wide plan in place to tackle DTOC, which is having a positive effect. Our system wide winter plan is in place to cope with the anticipated increase in demand.

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	Social Care and Trusted Assessor capacity to meet demand when high flow	Community in-reach in place, with cluster teams being accountable to pull their population home. Improving transfer times
Systems to monitor patient flow	Maintain consistent use of PTS - with new staff recruited	Power BI (online tool) also put in place to monitor availability of personal care at cluster level, along with use of short term services
Multi-disciplinary/multi-agency discharge teams	GP as part of Urgent community Response MDTs Exeter leadership capacity	GP test of change agreed in principle to assess benefit of GP within MDT Additional Community Services Manager post for Exeter funded and under recruitment
Home first/discharge to assess	Capacity issues in wider personal care market have deteriorated in past quarter with increased backfill - the pressure of Summer effect	Guaranteed hours block provision of dom care maturing with providers Development of work with Fire Service to increase community response Simplification of process under way
Seven-day service	Access to private provider market at the weekends	Review of cluster staffing under way. Short Term Services in place in some areas covering the seven days.

Trusted assessors	current staffing levels insufficient to manage demand	Further Trusted Assessor posts under recruitment
Focus on choice	Choice policies are in place for LA and CHC. Need to embed choice further with health teams	MDT training delivered across Acute and Community to progress/ embed the choice agenda
Enhancing health in care homes	Capacity of team to reach beyond Mid Devon	Work with Commissioners to consider wider working with partners

5.0 Progress against local plan for integration of health and care

5.1 We were required to report on the progress made locally to the area's vision and plan for integration set out in our BCF narrative plan.

Progress against local plan for integration of health and social care

Our BCF plan recognises that integration is not an end in itself, but that taking an integrated approach to person-centred care is vital, and that to do this requires system transformation.

There were three key elements at the core of our plan:
1. Comprehensive assessment to identify people who are frail or could soon be, to put a care plan in place to outline potential avenues for escalating care when it is required.
2. A single point of access making it easier for GPs and others to get additional support when it is needed urgently. It will be connected to a comprehensive Rapid Response service.
3. Comprehensive Rapid response (care at home) service, to help to people to remain at home with support, rather than being admitted to hospital and where hospital admission is unavoidable, it will provide the additional support at home that makes it safe to leave hospital. This will include health and care workers delivering reablement alongside traditional care.

We continue to make progress against each of these key areas and in our second year of additional improved BCF funding we are able to implement these plans further, with learning from the work we started last year:
We continue to strengthen our integrated model to maximise flows, increase admission avoidance capacity and increase overall efficiency

Our focus in the past quarter has been to increase resilience ahead of Winter by:
• Over recruitment by 10% & consideration of appointable posts
• Increase social care worker and Trusted Assessor capacity to progress timely complex assessment
• Maximise efficient use of short term services
• GP test of change in Multi-Disciplinary teams (MDT) – to increase risk management capacity in community teams
• Improve flow management in community hospitals

6.0 Lastly, the iBCF section of the return required us to detail the average fees paid by us (including client contributions) to external care providers.

	2017/18	2018/19
1. Please provide the average amount that you paid to external providers for home care in 2017/18, and on the same basis, the average amount that you expect to pay in 2018/19. (£ per contact hour, following the exclusions as in the instructions above)	£ 17.96	£ 18.64
2. Please provide the average amount that you paid for external provider care homes without nursing for clients aged 65+ in 2017/18, and on the same basis, the average amount that you expect to pay in 2018/19. (£ per client per week, following the exclusions as in the instructions above)	£ 553	£ 605
3. Please provide the average amount that you paid for external provider care homes with nursing for clients aged 65+ in 2017/18, and on the same basis, the average amount that you expect to pay in 2018/19. (£ per client per week, following the exclusions in the instructions above)	£ 607	£ 679

Tim Golby
Head of Adult Commissioning and Health
Simon Tapley
Deputy Chief Executive Officer / Director of Commissioning NEW Devon CCG and South Devon and Torbay CCG

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		