Health and Wellbeing Board
April 2019

BETTER CARE FUND PLAN Q4 REPORT

Report of the Joint Associate Director of Commissioning, DCC and NHS Devon 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 Devon Better Care Fund Q4 report before its submission to NHS England on 18th April 2019.

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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 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 The 2018/19 BCF Q4 return is due on 18th April 2019 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? (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
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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 A reduction in the number of non-elective admissions

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

3.3 The numbers of people we place in residential care homes had continued to reduce significantly over a number of years, reaching a plateau in 2017-18, partly due to our changing population, with people living longer with more complex conditions, who can no longer be supported in their own home. The rise this last quarter is in part due to the lack of capacity in the personal care market, meaning more people have to go into care homes in the meantime, with some of those turning into long term placements.

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

3.5 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. The daily figures show we have been performing better than target most days over the last month, so we are able to enter the next quarter with more confidence for this metric.

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 in the early part of the winter especially for older people. However, the demand pressure has since reduced	The level of non-elective admissions had improved over the summer period. As a result performance remains broadly on plan and the target is expected to be achieved across the year.
Rate of permanent admissions to residential care per 100,000 population (65+)	Not on track to meet target	Difficulties in sourcing personal care in certain parts of the county has made supporting people in their own homes more difficult to achieve. Upward pressure in placement numbers has been evident since July 2018 both in cost and volume terms.	Numbers in placement had continued to reduce significantly over a number of years reaching a plateau at year end 2017-18 with published performance ahead of target and all comparator groups. We have excellent relationships with the care home sector and have a systemwide and joint approach to improving market sufficiency.
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	Current arrangements screen people into the service rather than out and future arrangements will seek to support those with the most potential to recover independence rather than those that 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 however this remains above that of 2017-18.	Services remain effective at keeping people from readmission 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	Significantly challenges are currently being experienced at keeping delays to a minimum throughout the winter period with increased escalation across all Devon Trusts. Market capacity pressures are impacting on both NHS and Social Care related delays. Short term services are being utilised to bridge gaps in the personal care market.	A comprehensive and system wide plan is in place to tackle DToC, which includes daily monitoring of delays across all Devon's Acute Trusts - unvalidated numbers show a marked improvement in March. On-going work with the market place to ensure sustainability of providers, which includes working with providers to ensure continuity of supply through targeted investment to secure capacity and stability to meet future 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 / 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. Daily MDTs in operation to monitor progress for transfer Short Term Services offer in place

Systems to monitor patient flow	Maintain consistent use of PTS / Trackcare - with new staff recruited IT access to Power BI for all relevant staff with NHS email	Electronic live system in place- consistent use in Acute and in community, across hospital and community teams. Daily MDTs to monitor flow within the acute and community system Active daily monitoring of DTOCs
Multi-disciplinary/multi-agency discharge teams	GP as part of Urgent community Response MDTs	GP test of change agreed in principle to assess benefit of GP within MDT Enhancing the Home First (D2A), pushing this philosophy.
Home first/discharge to assess	Recruitment of registered staff in certain areas of Devon to meet core functions and build capacity in community/acute teams	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 Recruitment of registrants to cover core vacancies	Review of cluster staffing under way. Reviewing plans for seven-day therapy. Short Term Services in place in some areas covering the seven days
Trusted assessors	current staffing levels insufficient to manage demand Provider engagement and leadership capacity	Further Trusted Assessor posts under recruitment

Focus on choice	Refresh and redevelop our reluctant discharge policy. Choice policies are in place for LA and CHC. Contingency planning not fully embedded across all teams.	MDT training delivered across Acute and Community to progress/ embed the choice agenda Further strength-based MDT training planned
Enhancing health in care homes	Main principles already in place as standard practice but more to be done to develop links with primary care. Obtaining data to prove the effectiveness	iBCF funding has been devolved to localities to further the implementation of EHICH to meet local need. Working with NHS England EHICH lead

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 Logic Model Enablers, Response category:	Response - Please detail your greatest **successes**

SCIE's logical model) in 2017/18.		
Success 1	5. Integrated workforce: joint approach to training and upskilling of workforce	Our strength-based approach training has been rolled out to all teams - social care and health, community and acute settings. By focusing on people's strengths, such as their social and community networks, and not on their 'deficits', we are seeing their outcomes improve, as can their wellbeing. This is a core building block that underpins our "promoting independence" approach which is central to everything that we do.
Success 2	9. Joint commissioning of health and social care	The strong partnership between local NHS organisations and Devon County Council continues, with jointly developed BCF plans and agreement on how best to deploy the iBCF money. This also includes greater engagement with the private provider market and the community and voluntary sector and the development of more jointly commissioned services. Our BCF-funded dementia memory cafes continue to grownin number, run by a vibrant and thriving network of community volunteers, and supporting more people with dementia and their carers than any other county.

8. Outline two key challenges 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 **challenges**
Challenge 1	3. Integrated electronic records and sharing across the system with service users	This continues to be a challenge for us. Even when working together to procure a new system, we are finding that there are few providers that can meet the needs of social care, primary care and acute and community health settings.
Challenge 2	6. Good quality and sustainable provider market that can meet demand	Whilst the quality of our provider market is good, the lack of capacity in the personal care workforce continues to be a challenge that impacts on the whole system. We have an award-winning campaign to encourage recruitment, Proud to Care, but we have still had to use out of area agency staff to help us cope with demand over winter.

6.0 Successes and challenges with the additional iBCF funding

6.1 We were required to identify three key successes and three key challenges associated with the additional iBCF funding, choosing from a menu of key measures.

	Success 1	Success 2	Success 3
A3) Please use the options provided to identify your 3 key areas of success associated with the additional iBCF funding during 2018/19.	Reducing demand	Reducing DTOC	Reducing pressure on the NHS (non-DTOC)
You can add some brief commentary on your key successes if you wish. Please do not use more than 200 characters.	Neighbourhood Friends: 750 discharges supported 250 people matched with neighbourhood friend 300 people supported to engage w/services in their community >300 volunteers recruited	Respiratory ESD: 61 patients supported home 5 days- Average length of stay 300 bed days saved	Health coaches and community connectors: 183 referrals received 92 enrolled onto Ways to Wellbeing Improved Mental health and Wellbeing (via WEMWBS - Warwick-Edinburgh Mental Well-being Scale)

	Challenge 1	Challenge 2	Challenge 3
A6) Please use the options provided to identify your 3 key areas of challenge associated with the additional iBCF funding during 2018/19.	Tackling capacity within the local care market	Workforce – recruitment	Financial pressure
You can add some brief commentary on your key successes if you wish. Please do not use more than 200 characters.	Sufficiency in the personal care market remains our biggest challenge	Recruitment of staff including nurses, rapid response and reablement, is a challenge in a near full-employment area.	Planning for sustainable and meaningful change using non-recurrent funding is challenging, particularly when many of the solutions include recruitment of more staff.

7.0 Additional capacity purchased as a direct result of additional iBCF funding

7.1 The return required us to identify the specific additional number of care home placements and packages of care the iBCF allowed us to purchase.

7.2 The iBCF was used to fund spot placements in care homes – short term placements whilst the person recuperated sufficiently to return home – and intermediate care packages. Figures are still being collated at the time of writing, but we know that at least 204 additional placements were funded by the iBCF.

7.3 Our approach for supporting the personal care market doesn't directly equate to additional hours of care provided, so we have marked this as zero in the return. This is because we have invested in improving the terms and conditions of staff employed in this sector, aiming to secure regular working patterns and a guarantee of income. It is too soon for that to have been translated to additional hours provided.

8.0 Metrics used locally to assess the impact of the additional iBCF funding

8.1 At the beginning of the year, we chose metrics which we felt best measured the impact of integrated working and promoting independence.

Metric (automatically populated based on Q1 18/19 return):	Older people (65+) still at home 91 days after hospital discharge into reablement/rehab services (effectiveness of the service)	Older people (65+) still at home 91 days after hospital discharge into reablement/rehab services (offered the service)	Received a short term service during the year where the sequel to the service was either no ongoing support or support of a lower level
D2) If a metric is shown in either of the two rows above, use the drop-down menu provided or type in one of the categories listed to indicate which of the following categories the metric primarily falls under	Reablement & Rehabilitation	Reablement & Rehabilitation	Reablement & Rehabilitation
D4) If a metric is shown above, use the drop-down options provided or type in one of the following options to report on the overall direction of travel during the reporting year	Improvement	Not yet able to report	Improvement

9.0 Response to the health and adult care scrutiny committee task group report - update

9.1 Measurement and Evaluation – Recommendation 2

That the Executive Team of the STP should consider the following:

i. That beyond monitoring of targets and outcomes, ongoing evaluation of impact is built into the system and this robust evidence accrued is used to review, change and develop the system for the benefit of the service users.

ii. That the evaluation framework should include significant public engagement and involvement.

iii. That serious consideration should be given to fund external evaluation of the BCF using iBCF monies to inform the development work of creating the Integrated Care System.

9.1.1 In our original response, we acknowledged the rigour we need to apply to the evaluation of the use of the BCF money, but that funding for external evaluation falls outside the criteria. We confirmed we have introduced a more robust process, and we have now established a multi-organisational iBCF governance group which reports to the Joint Co-ordinating Commissioning Group.

9.1.2 We have agreed funding for two years so it is currently too soon to commence evaluation of iBCF-funded schemes. Evaluation planning will commence in the next quarter.

9.2 Workforce – Recommendation 4

That DCC should use its expertise to generate a mixed economy of care businesses to help alleviate the shortage of workers by setting up feasibility studies of new business models of care delivery that would lead to the possibility of investing in innovative practices.

9.2.1 In our original response, we acknowledged that the Devon social care economy is already highly diversified, with relatively few large national providers in evidence. This has the advantage of reducing risk of business failure but is a more complex environment within which to manage market relationships. We outlined a series of workstreams underway to support care businesses and which are continuing as planned – including those listed below.

9.2.2 The Council is continuing to encourage new and innovative business models through its Creative Innovation and Growth Programme which offers a mixture of free business and enterprise support, with potential access to revenue and capital grants. This programme is administered by the DCC economy team

and funded by Adult Commissioning and Health and we aim to continue this for 2018/19.

9.2.3 The DCC workforce team is developing leadership and management capability within the private sector. This includes development resources to support managers, and a focus on stability and retention within the workforce. Support is offered through train the trainer programmes, and templates and resources for managers to train staff to ensure a capable and confident workforce to deliver quality care and support.

9.2.4 We are exploring joint/shared training opportunities across organisations for a more sustainable and integrated approach. DCC are looking to fund a percentage of apprenticeship qualifications for the external workforce using the levy transfer, to enable further opportunities for joint training.

9.2.5 The Proud to Care programme works closely with several organisations across Devon including job centres, colleges and schools to promote roles in the care and health sector as a career of choice. This includes identifying and promoting career pathways and widening access through different routes into roles, supported through the care ambassador programme. The latest Proud to Care campaign is aimed at attracting 17-25 year olds to care and health jobs and uses video clips on social media to attract the target audience.

9.3 Technology – Recommendation 5

i. ***That DCC should consider using iBCF money to develop quality Big Data and Big Data Analytics to support strategic decision making by commissioners.***
ii. ***That both Social Care and the CCGs should ensure that there is full access for professionals and patients across both health and adult care to patient records and explorations around common assessment tools should be encouraged.***

9.3.1 Our original response confirmed that one of the STP organisational development workstreams is knowledge management, where the potential for a single data warehouse is being explored, enabling better analysis of activity, cost and outcomes across health and care pathways.

9.3.2 The STP Integrated Care Model focuses on risk stratification, using health and care data to populate a frailty index, to identify those most at risk of escalating needs. This enables early intervention through targeted initiatives such as voluntary sector support and social prescribing.

9.3.3 The STP Digital Transformation Board, including representatives from DCC, continue to work towards achieving the aim for staff to be able to work across

boundaries in an operational system that is centred around the person. This includes an aim to reduce the number of systems in use within Devon to allow more effective integration between systems.

Tim Golby
Joint Associate Director of Commissioning, DCC and NHS Devon 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
Contact for Enquiries:
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BACKGROUND PAPER	DATE	FILE REFERENCE
Nil		