

**DUDLEY HEALTH AND WELLBEING BOARD**

**Agenda Item no. 6(a)**

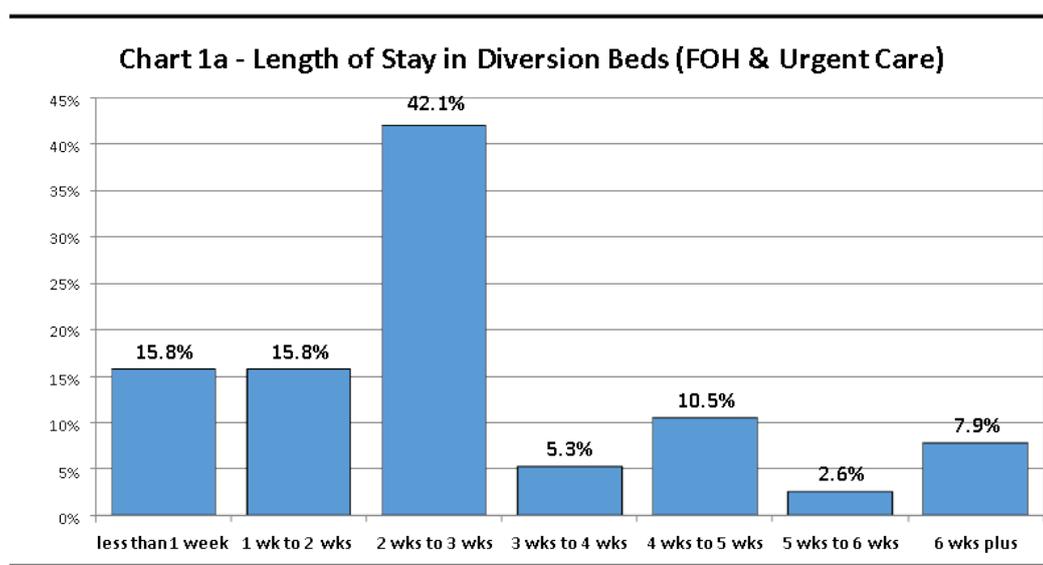
**REPORT SUMMARY SHEET**

<b>DATE</b>	22 <sup>nd</sup> March 2018
<b>TITLE OF REPORT</b>	<b>Integration &amp; Better Care Fund Plan 2017-19</b>
<b>Organisation and Author</b>	<b>Joint report of the Chief Officer, Adult Social Care, DMBC and the Director of Commissioning, Dudley CCG</b>
<b>Purpose of the report</b>	<b>To provide an update on the status and performance of the Dudley Integration &amp; Better Care Fund Plan 2017-19</b>
<b>Key points to note</b>	<p>Delivery of the plan's improvement schemes is underway. Oversight is being exercised on behalf of the Health &amp; Wellbeing Board by the Integrated Commissioning Executive.</p> <p>There is evidence over Quarter 3 that the improvement measures made possible by the Council's improved BCF grant have made a significant impact on performance. There has been a significant reduction in emergency admissions to Russell's Hall Hospital, and Delayed Transfers of Care have reduced to be below the target level of 3.5% for the first time in December 2017. The Council's performance against peer authorities has also improved</p> <p>Quarterly monitoring by NHSE is in place, and the focus of the next quarter will be on evaluating current schemes to determine which should form part of the longer term strategy</p>
<b>Recommendations for the Board</b>	Note the report and assurance it provides
<b>Item type</b>	Approval
<b>H&amp;WB strategy priority area</b>	Integration



primary care, single point of access in care homes, telehealth and front of house services in social care and health.

6. The focus of schemes is to provide greater support in preventative services. One of the most significant developments in terms of evidenced diversion from acute care is the creation of a front of house team for those who do arrive at A&E. Adult Social care have a presence within the Emergency Department of Russell's Hall Hospital (DGFT) to provide a social care response to Dudley residents who may need immediate support and assistance at home, alongside clinical intervention. The social care team are able to divert the person away from hospital (should this be achievable and appropriate) to enable them to receive the appropriate support in the most appropriate non acute care setting.
7. This is achieved through a mix of bed and non-bed schemes; 10 beds have been commissioned as short term placements to allow assessment and stabilisation. For the period 01/09/2017 to 06/03/2018, there have been 50 admissions and 43 discharges from this resource



42.1% of stays are completed within 2 to 3 weeks, with an average LOS of 2 weeks and 5 days for these beds. This is very close to the operational requirement of 2 weeks. These admissions all avoided the need for a hospital admission. Further work is being undertaken to look at the long term outcome for service users in these beds to compare their discharge outcomes to those experienced by those admitted to hospital.

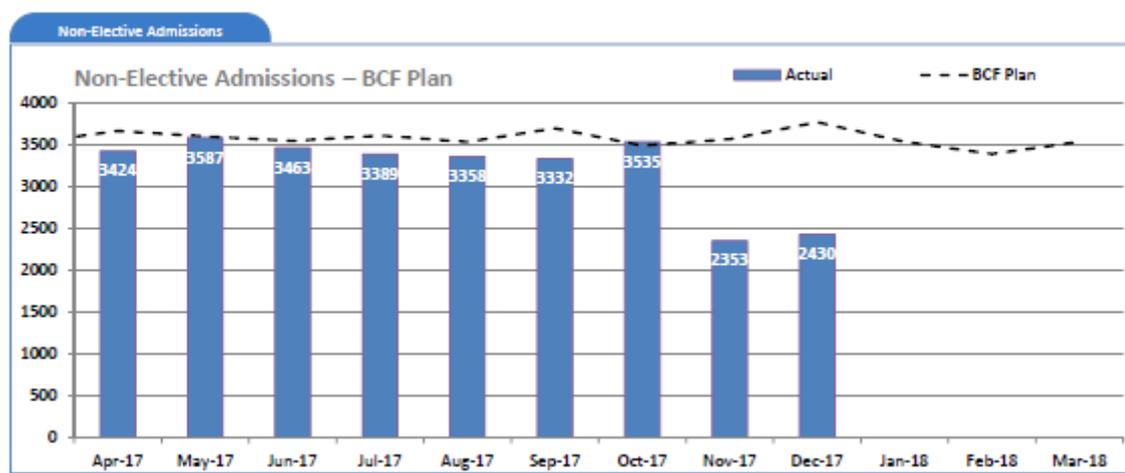
8. In terms of the non-bed based activity; for the period 01/10/2017 to 06/03/2018, 391 patients have been seen by Front of House staff, providing hospital diversions.

The breakdown of the outcomes is as follows:

**190** home with a package of care,  
**104** signposted  
**44** hospital admission,  
**27** into emergency bed placement,  
**26** diverted with nil services,

9. Referrals have been increasing into the scheme and further work is underway to look at further opportunities to integrate with other services, and maintenance of referrals over a 7 day cycle
10. The changes to the counting methodologies at the acute trust make it difficult to directly attribute reductions in activity to the new services, but the patterns in activity demonstrate a significant reduction, both within the Trust and when compared to other areas nationally.

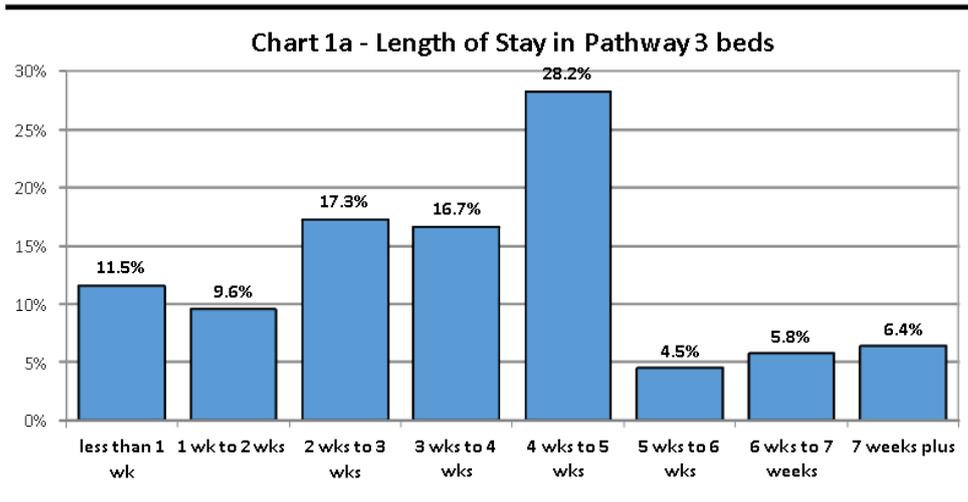
### Better Care Fund – Non-Elective Admissions



### Delayed Transfers of Care (DToC)

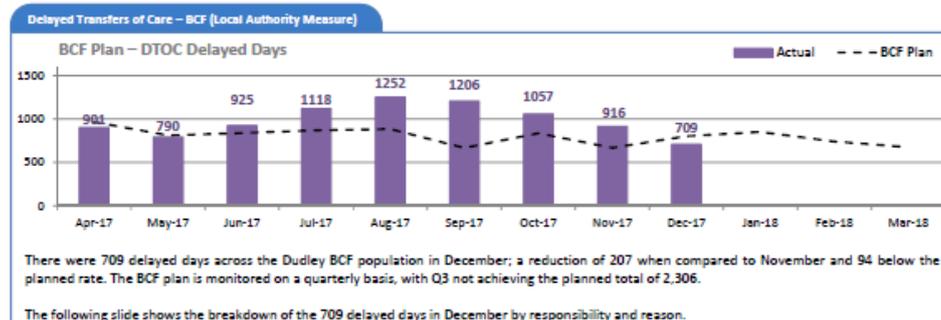
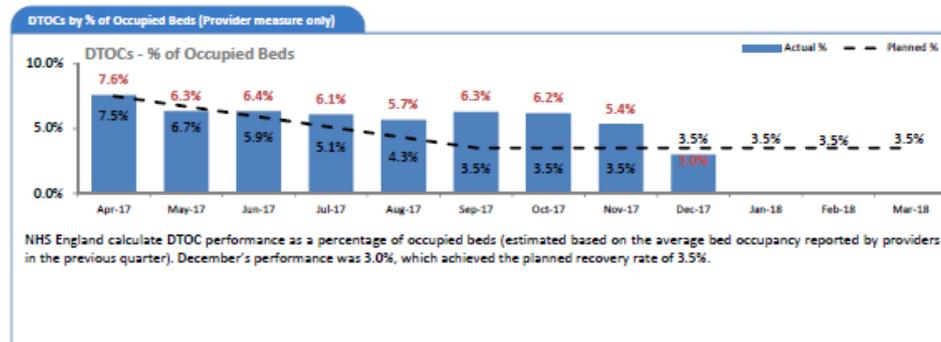
11. A key strand of the plan to reduce delayed transfers of care was the introduction of the Discharge 2 Assess Pathway 3 at Dudley Group Foundation Trust (DGFT) for patients with 24hr care needs. This provides a period of non-acute bed based assessment that would provide stabilisation of needs and allow a period of recuperation. The assessment period will gather clear evidence of support needs, to enable an accurate assessment of the long term care support required
12. 60 beds have been commissioned; 22 residential, 33 nursing care beds and 5 complex beds for Dementia, with 184 placements to date. There is evidence from the early stages that a number of service users have reabled to the point that long term placements were not required and 13% returned to their former home, improving the chances of long term independence.

13.28.2% of stays are completed within 4 to 5 weeks, with an average LOS of 3 weeks and 5 days for these beds. This is just under the operational requirement of 4 weeks



14. This coupled with other schemes focussing on earlier discharge (improved discharge flow, single handed care, increased reablement) has resulted in dramatic improvements in the DToc indicators, with the 3.5% target being achieved for the first time in December 2017.

**Better Care Fund - Delayed Transfers of Care Overview**



15. The implementation of these schemes and the continued scrutiny of the reportable delays have allowed the LA performance to show an improvement in the reduction of DToC, both locally and nationally. The following is based on the most up to date available national DTOC data (December 2017).

- DMBC have improved our ranking from 120<sup>th</sup> out of 151 for in November, to **89<sup>th</sup> out of 151 in December** (based on all bed delays per 100,000 population and Adult Social Care responsible delays).
- DMBC resident performance has also risen, from 101<sup>st</sup> out of 151 in November, to **87<sup>th</sup> out of 151 in December** (based on all bed delays per 100,000 population and all Dudley Resident responsible delays).
- Local performance has increased during August 2017 to January 2018, DMBC have reduced the Adult Social Care responsible delayed days at Dudley Group NHS Foundation Trust by **93.6%**.

### ***Scheme Evaluations***

16. Over the next quarter, all of the schemes comprising the BCF will be evaluated to understand their impact and contribution to the improved performance. It will be important to understand the key schemes and capacity required to maintain and continue to improve performance and to look at a sustainable funding model for all of the services required

### **FINANCE**

17. A copy of the latest financial report to Integrated Commissioning Executive is appended. Expenditure to Month 10 (January 2018) was £56.95m against a YTD Plan of £60m, rising to a year-end forecast of £68.05m against the full year budget of £72.5m. This means that there is a forecast underspend of £216k before iBCF carry forward of £4.194m. CCG spending is expected to exceed budget by £307k whilst non-iBCF council expenditure will be £523k below budget.

### **LAW**

18. As previously advised, the legislative framework is provided by The Care Act 2014 whilst planning conditions are set out in the Integration & Better Care Fund policy framework for 2017-19 and associated planning guidance. Funding conditions have been imposed through NHS England's powers under sections 223G and 223GA of the NHS Act 2006 (as amended by the Care Act 2014). The use of the Improved Better Care Fund Grant to local government requires that

local agreement over expenditure plans is reached and that the money is used only for permitted purposes. The council provided confirmation to DCLG in July that these conditions were met and this has enabled the release of the IBCF Grant for investment as planned.

## **EQUALITY IMPACT**

19. There are no new equality impacts to be considered.

## **RECOMMENDATIONS**

20. The Board is asked to note the report and the assurance it provides

### **Signature of author/s**

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