

**Agenda Item no. 8**

**DUDLEY HEALTH AND WELLBEING BOARD**

**REPORT SUMMARY SHEET**

<b>DATE</b>	<b>20<sup>th</sup> September 2018</b>
<b>TITLE OF REPORT</b>	<b>Better Care Fund and Transforming Care Partnership</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 (ICE).</p> <p>ICE delivered the plans within the overall financial budget set as part of the BCF. A revised financial plan for 2018/19 has been submitted to NHS England to reflect the budgets approved by the Council and CCG</p> <p>The improvements reported in the second half of 2017/18 have been sustained. There has been a significant reduction in emergency admissions to Russell's Hall Hospital, and Delayed Transfers of Care have been maintained below the target level of 3.5% for seven months.</p> <p>Quarterly monitoring by NHSE is in place and reports have been delivered on time with targets delivered</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. Emergency Response Team – **10** diversion beds have been commissioned to prevent avoidable admissions to hospital.

For the period 01/09/2017 to 13/08/2018, there have been **101** admissions and **87** discharges from this resource (all bed stock is used flexibly). The outcomes for the discharges are as follows:

- **33** people returned home
- **38** people transferred to long term placements
- **13** people were admitted to hospital
- **3** people sadly died

For the period 01/10/2017 to 31/07/2018, **946** patients (not distinct count) have been seen by Front of House staff, providing hospital diversions through **non** bed based activity. The breakdown of the outcomes is as follows:

- **119** diverted with nil services
- **60** into emergency bed placement
- **467** home with a package of care
- **175** signposted
- **125** hospital admission

**87%** of those people seen by the Emergency Response Team have not been admitted to hospital as a result of their initial hospital attendance.

**80%** of those people seen by the Emergency Response Team have not been admitted to hospital and returned to their own home as a result of the team's intervention.

7. Pathway 3 – **35** beds have been commissioned (*Bed stock figure as at 13/08/2018*), 17 residential, 13 nursing care beds and 5 complex beds for Dementia.

We currently have **27** non-block beds, **3** residential and **24** nursing beds. This number is in constant flux based on demand (*Bed stock figure as at 13/08/2018*).

Some beds have been sourced for under 60 years of age placements, to reduce hospital length of stay for these complex clients.

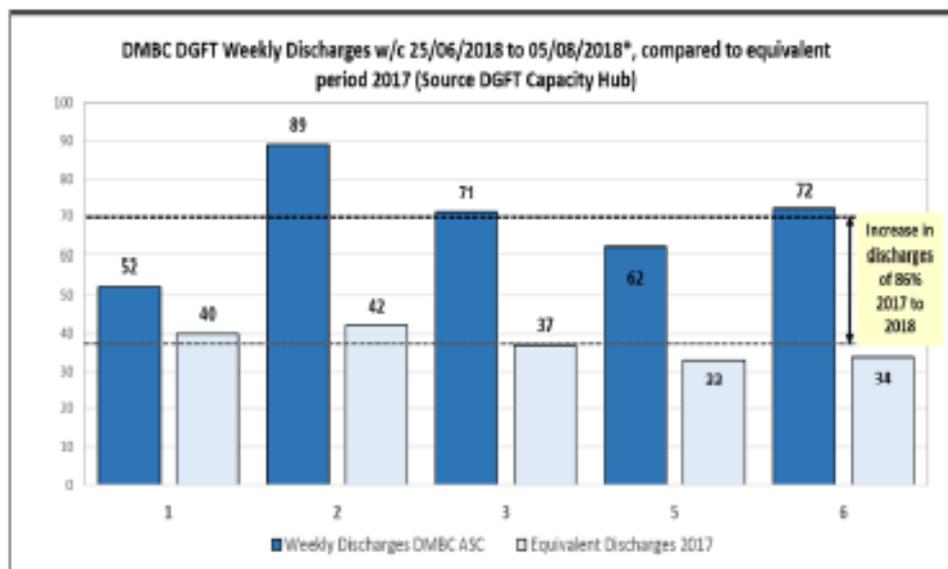
There have been **371** admissions into these temporary placements, reducing the length of stay in hospital.

There have been **323** people discharged from their Pathway 3 placement and the outcomes are as follows:

- 7 people returned home without care
- 36 people returned home with a care package provided
- 147 people transferred to 24hrs placements
- 52 people were readmitted into hospital
- 39 people sadly died
- 41 people were in a self-funding position and received time away from the acute setting to identify their long term placements

All of these people achieved a timelier discharge. All these people were identified as requiring 24hrs placement, though with time away from hospital and the ability to be supported to recover with **13%** of people returned to their own homes.

8. **Improved Discharge Flow** – additional assessment and screening capacity (alongside increased reablement care hours in the community) have enabled the discharge team to increase the level of discharge activity. The updated Improved Discharge Flow data is as follows:



For the above 5 week period (w/c 25/06/2018 to 05/08/2018\*) the average weekly discharges were **69.2** per week.

This level of average discharges is significantly above the MoU target.

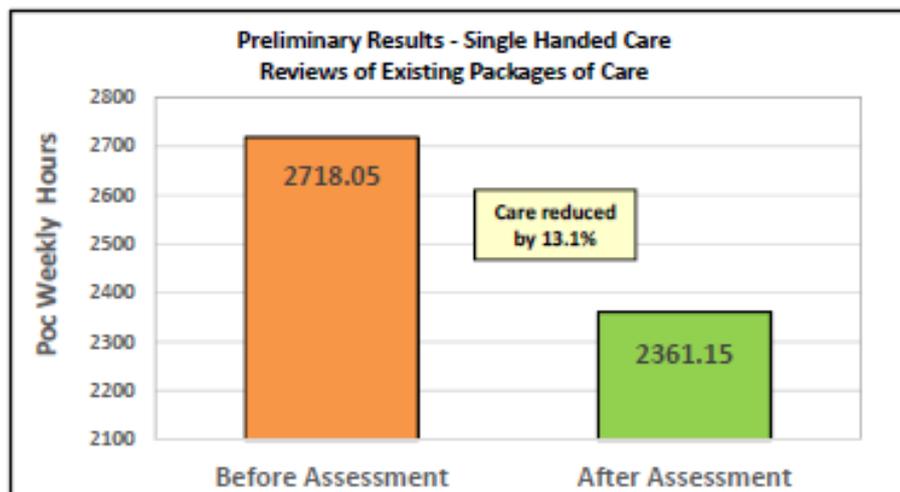
The impact of the IDF scheme can be seen from the increase in average weekly discharges facilitated by DMBC when the equivalent 5 week period from 2017 is compared to recent activity (missing week has been compensated for in the comparative data).

**Average discharges have increased by 86% from 37.2 p/w to 69.2 p/w across the same 5 week period 2017 to 2018.**

Single Handed Care – Recent progress includes:

- Single Handed Care Training organised with A1 Risk Solutions now completed.

- Community Equipment Store (CES) managing the stock of SHC equipment from 07/01/2018.
- There has been 10 staff appointed. Last one joined the team on 01/03/2017, ACC Social Worker.
- All staff in post have been trained.
- The pilot has started with **191** assessments completed so far (10/07/2018), **120** reviews of existing packages of care (PoC) and **71** reviews of new referrals



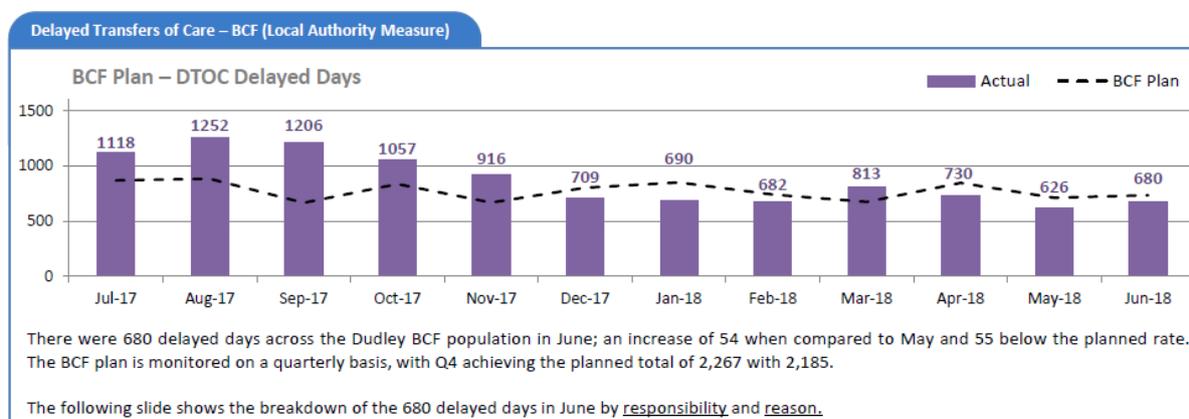
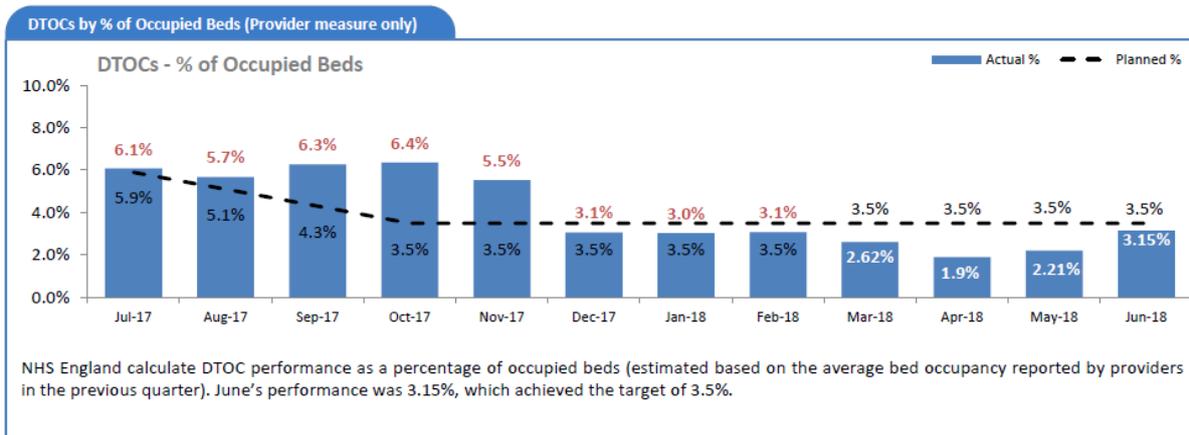
There has been a **13.1%** reduction of hours for POC's assessed by the Single Handed Care Team. ***N.B. Changes in care hours still based on a small sample.***

9. Palliative Care – Ongoing discussions at the Integrated Commissioning Executive in regard to the future needs for this service are yet to be determined. Agreement has been made for additional investment from the ibcf monies to be invested in this service for 2018/19. This will allow for service partners to scope, model and implement an updated model that will transfer to the MCP.

### ***Delayed Transfers of Care (DToC)***

10. The Better Care Fund schemes have delivered a significant reduction in Delayed Discharges of Care. At the time of the March report to the Health and Wellbeing Board, Dudley had achieved the 3.5% DTOC target for the first time. The latest figures demonstrate that this improved performance has been sustained at Russell's Hall

## Better Care Fund - Delayed Transfers of Care Overview



11. In terms of national performance, the following is based on the most up to date available national DTOC data (May 2018).

**Table 1 - Dudley Delayed Days National Ranking (1 to 151, highest - 151 lowest)**

Ranking Type	November	December	DOT	January	DOT	February	DOT	March	DOT	April	DOT	May	DOT
DMBC Adult Social Care Ranking	120 <sup>th</sup>	89 <sup>th</sup>	91	121 <sup>st</sup>	94	110 <sup>th</sup>	91	131 <sup>st</sup>	94	105 <sup>th</sup>	91	77 <sup>th</sup>	91
DMBC Whole System Ranking	101 <sup>st</sup>	87 <sup>th</sup>	91	72 <sup>nd</sup>	91	87 <sup>th</sup>	94	88 <sup>th</sup>	91	80 <sup>th</sup>	91	66 <sup>th</sup>	91

### Scheme Evaluations

12. In the past quarter all of the iBCF schemes have been evaluated to evidence delivery against their original targets. These evaluations have helped to inform the priorities for the next 12 months and work is underway to underpin these services with recurrent funding to reflect the tapering of the iBCF funding over the next year. It is intended to have a recurrent funding plan over the next few months to inform the next iteration of the Better Care Fund plan.

### ***Transforming Care Partnership***

13. There is a possibility that the existing “Transforming Care Programme” for people with learning disabilities may be linked to the BCF in the future.

Members will recall that this programme is designed to reduce reliance on inpatient assessment and treatment facilities for learning disability clients. Work is progressing locally with the development and commissioning of alternative community based services as an alternative to inpatient beds and a further update will be given to the Board in due course.

In the meantime, further guidance on any potential link between the two programmes is awaited

### **LAW**

14. 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**

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

### **RECOMMENDATIONS**

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

**Signature of author/s**

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