

DUDLEY HEALTH AND WELLBEING BOARD

REPORT SUMMARY SHEET

Agenda Item no. 11

DATE	Wednesday 26th June 2019
TITLE OF REPORT	Better Care Fund and Transforming Care Partnership
Organisation and Author	Joint report of the Chief Officer, Adult Social Care, DMBC and the Director of Commissioning, Dudley CCG
Purpose of the report	To provide an update on the status and performance of the Dudley Integration & Better Care Fund Plan 2017-19
Key points to note	<p>Delivery of the plan's improvement schemes is underway. Oversight is being exercised on behalf of the Health & Wellbeing Board by the Integrated Commissioning Executive (ICE).</p> <p>ICE is delivering the plans within the overall financial budget set as part of the BCF. A revised financial plan for 2019/20 has been approved by 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 well over 12 months.</p> <p>Quarterly monitoring by NHSE is in place and reports have been delivered on time with all targets delivered</p> <p>National planning guidance for 2019/20 has not been received to this point and no quarterly reporting is required for quarter 1</p>
Recommendations for the Board	Note the report and assurance it provides.
Item type	Approval
H&WB strategy priority area	Integration

DUDLEY HEALTH AND WELLBEING BOARD

DATE

26th June 2019

REPORT OF:

Joint report of the Chief Officer, Adult Social Care, DMBC and the Director of Commissioning, Dudley CCG

TITLE:

Better Care Fund and Transforming Care Partnership

PURPOSE OF REPORT

1. To provide assurance over the approval and delivery of the Dudley Integration & Better Care Fund Plan 2017-19 and plans for 2019-20.

BACKGROUND

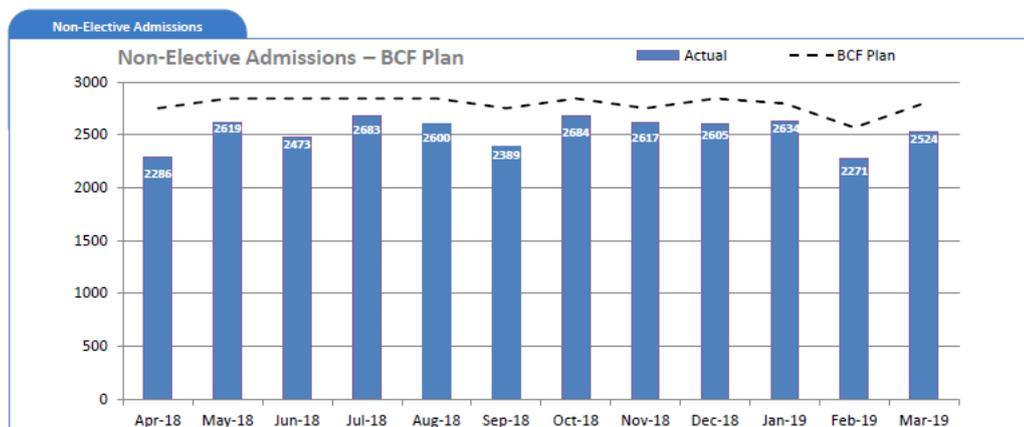
2. The Dudley Integration & Better Care Fund Plan 2017-19 was submitted to NHS England and the LGA for assurance on 11th September 2017 under delegated authority. The financial element of the plan has been updated to reflect the budgets approved by the Council and CCG for 2018/19. These amendments have been approved by NHS England. The 2019/20 guidance has not yet been issued and local systems have been asked to maintain services until it is finalised.
3. Integration & Better Care Fund Plans provide the basis for integrated health and social care provision. The Dudley plan makes clear that this is happening in parallel with the emergence of the Dudley Multispecialty Community Provider. I&BCF activity will help establish the capabilities needed once the MCP is operational.

MAIN ITEMS OF THE REPORT

4. Since the update to the Health and Wellbeing Board in March, further performance data has been received demonstrating that the key areas of focus for the Better Care Fund are being delivered. There have been significant reductions in emergency admissions to hospital and the reduction in delayed transfers of care for those who are admitted have been maintained.

- All Better Care Fund targets are being delivered and the performance reports have been provided to NHS England on time. No submissions are currently required for 2019/20 until the guidance is published nationally

Better Care Fund – Non-Elective Admissions



There were 2,524 Non-Elective (NEL) admissions in March for Dudley CCG patients; an increase of 253 when compared to March and 274 below plan.

The NEL plan, which forms part of the BCF planning requirements for 2018-19, is as follows;

	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19
NEL Plan	8,434	8,434	8,434	8,161
NEL Actual	7,378	7,672	7,906	7,429

The plan for 2018/19 is shown as a black dotted line in the above chart.

Note that the numbers shown on this slide are for Dudley CCG and have not been adjusted to the Local Authority position (which is based on a proportionate Health & Wellbeing adjustment).

The Dudley Group NHS Foundation Trust	2017/18					2018/19											
	Q3		Q4			Q1			Q2			Q3			Q4		
	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Days delayed per month (UNIFY)	1054	605	626	574	540	380	456	628	424	431	136	427	448	575	416	371	358
Days In Month	30	31	31	28	31	30	31	30	31	31	30	31	30	31	31	28	31
Avg Delays per Day	35.13	19.52	20.19	20.50	17.42	12.67	14.71	20.93	13.68	13.90	4.53	13.77	14.93	18.55	13.42	13.25	11.55
Avg Occupied Beds per day (KH03 - Quarterly)	635	635	665	665	665	638	638	638	622	622	640	640	640	640	637	637	637
Delays as a % of Occupied Beds	5.53%	3.07%	3.04%	3.08%	2.62%	1.99%	2.31%	3.28%	2.14%	2.18%	0.73%	2.15%	2.33%	2.90%	2.11%	2.08%	1.81%

Dudley Patients at DGFT	2017/18					2018/19											
	Q3		Q4			Q1			Q2			Q3			Q4		
	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
	537	308	164	194	180	165	155	157	109	232	88	234	252	314	207	233	197
	2.82%	1.56%	0.80%	1.04%	0.87%	0.83%	0.75%	0.79%	0.55%	1.17%	0.47%	1.18%	1.31%	1.58%	1.05%	1.31%	1.00%

- There are a number of programmes targeted at reducing emergency admissions to hospital which overlap with the BCF; multi-disciplinary team management in primary care, single point of access in care homes, telehealth and front of house services in social care and health.
- Emergency Response Team.

Adult Social Care have a presence within the Emergency Department of Russell's Hall Hospital (DGFT), providing a social care response to Dudley residents who may need immediate support and assistance at home, alongside clinical intervention.

The outcomes for the **1,550** patients seen are as follows:

- **695** home with a package of care
- **227** signposted
- **266** hospital admission
- **184** into emergency bed placement
- **175** diverted with nil services
- **3** non recorded

Since the iBCF project started, in **September 2017**, **82.83%** (-1.96% since last report) of those people seen by the Emergency Response Team have not been admitted to hospital as a result of their initial Hospital attendance.

70.74% (-1.48% since last report) 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.

From **September 2017**, **187** people have been discharged from an emergency bed placement (**figures as 03/06/2019**). Their outcomes are as follow:

- **83** people transferred to long term placements
- **60** people returned home
- **34** people were admitted to hospital
- **4** people sadly passed away

8. Pathway 3

Full implementation of Discharge 2 Assess (D2A), Pathway 3 at Dudley Group Foundation Trust (DGFT) for patients with 24hr care needs is to provide a period of non-acute bed based assessment that would give 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.

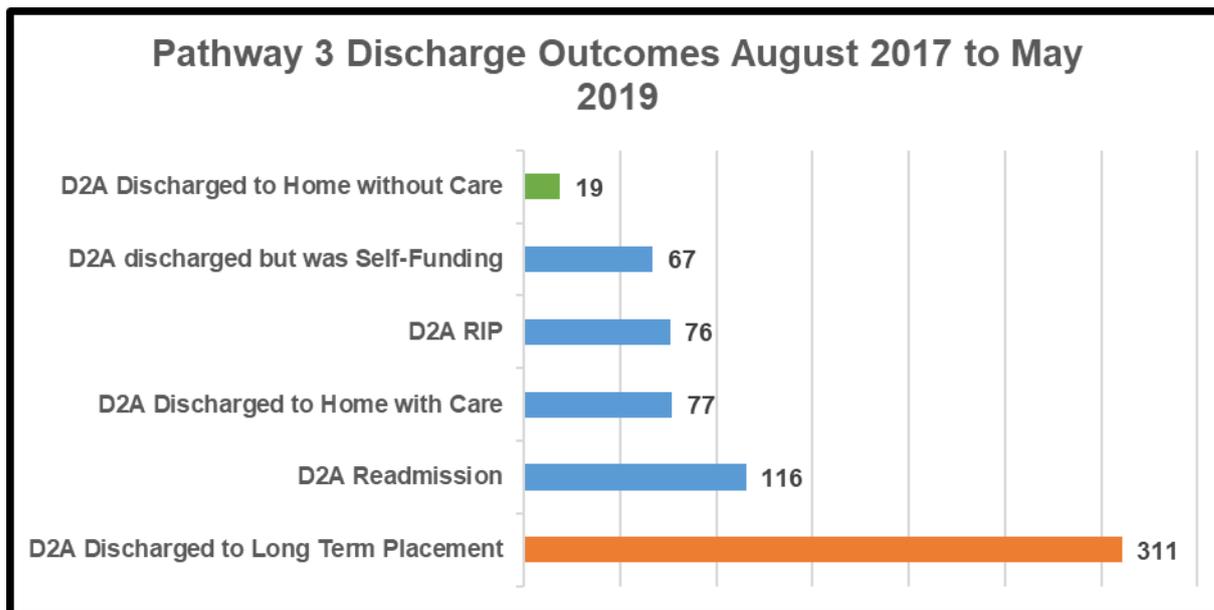
34 beds have been commissioned (**Bed stock figure as at 31/05/2019**), **19** residential and **15** nursing care beds. Bed stock was at 30 prior to this month but additional Residential beds have recently been purchased.

We currently have **35** non-block beds (-16 since last report), **13** residential, **19** nursing beds and **3** complex beds. This number is in constant flux based on demand (**Bed stock figure as at 31/05/2019**).

Through this scheme, since **August 2017**, there have been **742** admissions into temporary placements,

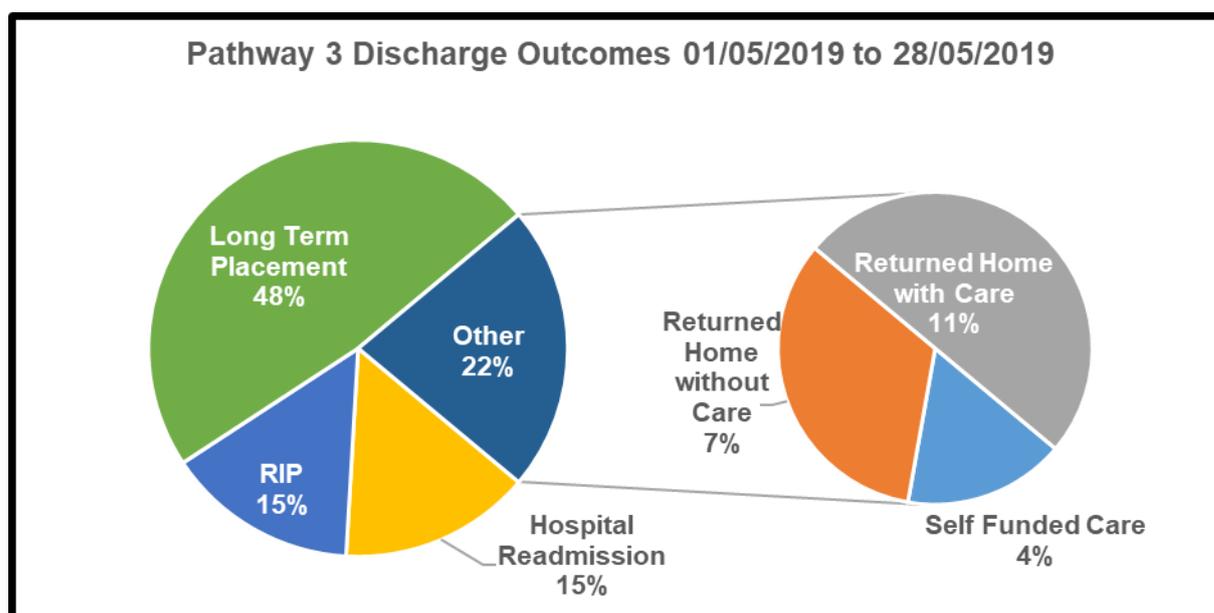
Supporting reduction of the length of stay in hospital for Dudley Residents. **666** people were discharged

From their Pathway 3 placement and the outcomes are as follows:



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 **14.41%** of people returned to their own homes (+**0.08%** since last report).

The graph below represents the discharge outcomes for Pathway 3 from 01/05/2019 to 28/05/2019, the total discharges was 27 which is 4 less then April 2019. This month saw a decrease in hospital readmissions by 6% but an increase in RIP's by 6%. Hospital readmissions has gone down from 21% to 15% this month and RIP's are now 15% from 9%. In April 12% of people discharged from a pathway 3 placement back into their own home, in May this number dropped by 1% to 11% with 7% returning home without care up from 0% last month.



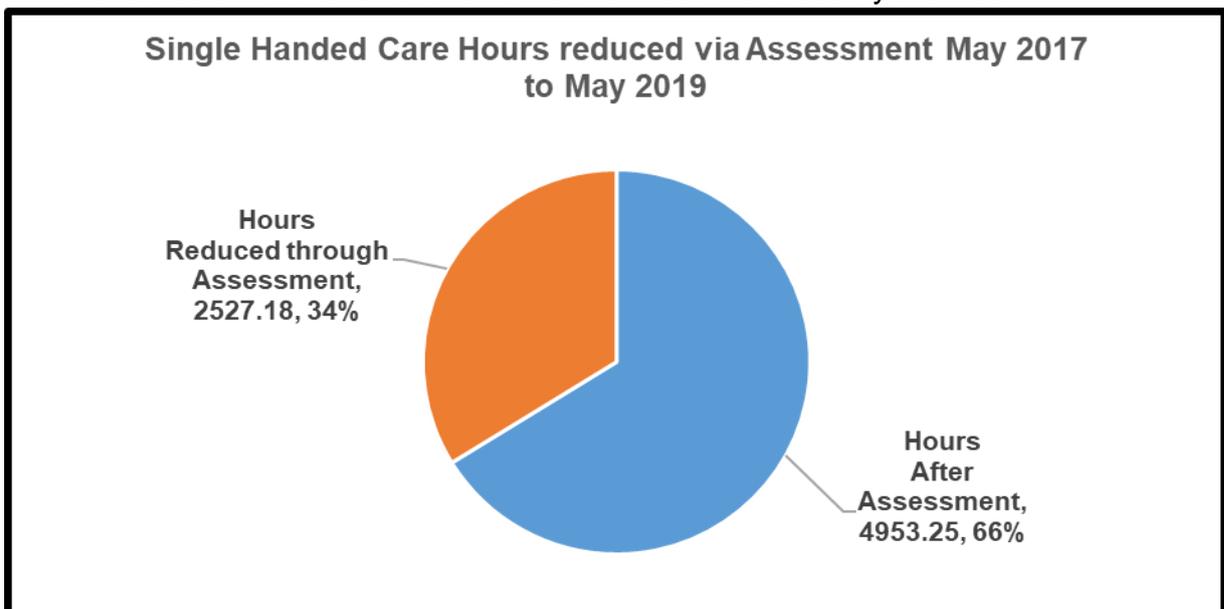
9. Single Handed Care

Single Handed Care provides the ability to care for a greater number of people through maximising the use of carer and financial resources. Improving dignity, care and wellbeing by having more meaningful and satisfactory engagement in the care provided (one to one relationship). Maintaining the individual in the setting of their choice for longer and increases the amount of available care capacity in Dudley (reduces hospital delays, allow earlier intervention etc.).

A cohort of **700** Dudley Residents, receiving over 10 hours of care at home, were identified to benefit from a single handed care assessment in 2017. Since then, **485** assessments have been completed by the Single Handed Care Team, resulting in a reduction of **35.28 %** hours of care and **35.67%** of clients receiving a reduction in care.

The cohort now numbers **537** service users, this number has dropped due to RIP and care packages cancelations; this means they have assessed **90.32%** of the cohort.

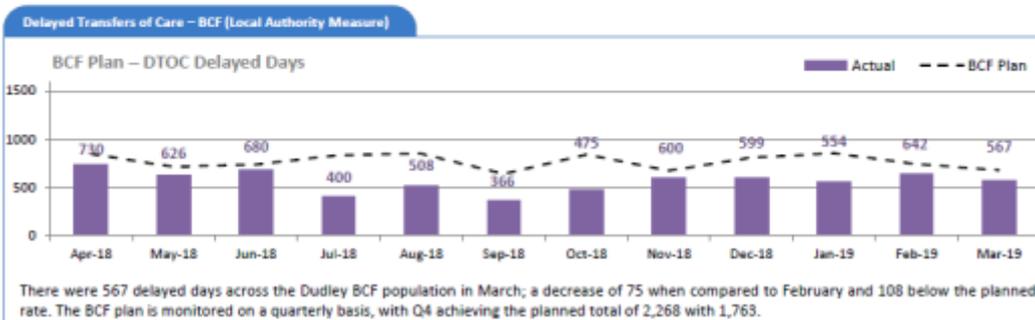
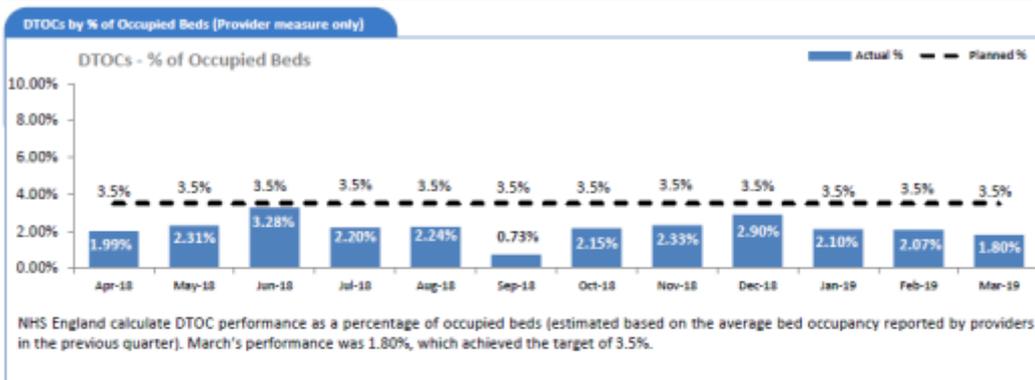
The chart below establishes the number of hours reduced by the Team:



Delayed Transfers of Care (DToC)

10. The Better Care Fund schemes have delivered a significant reduction in Delayed Discharges of Care. The latest figures demonstrate that this improved performance has been sustained at Russell's Hall

Better Care Fund - Delayed Transfers of Care Overview

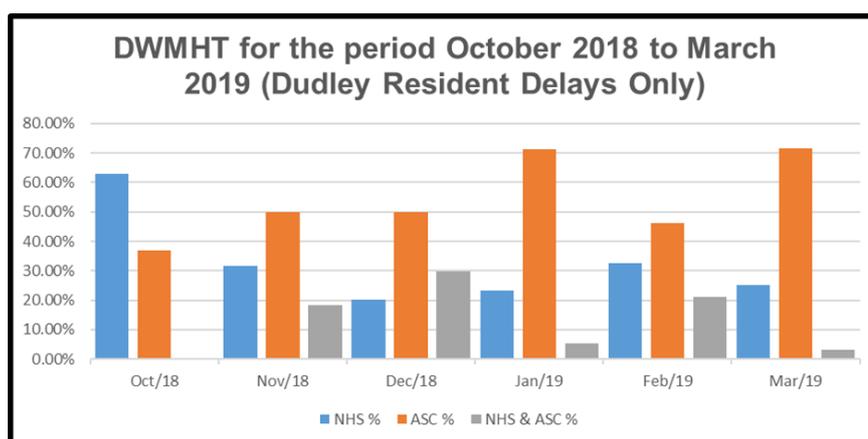


11. In terms of national performance, the following is based on the most up to date available national DTOC data (March 2019).

Dudley Delayed days of National Ranking (1 to 151, 1 Highest - 151 Lowest)															
Ranking Type	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
DMBC ASC Ranking	121	▲ 110	▼ 131	▲ 105	▲ 77	▼ 101	▲ 60	▼ 72	▲ 59	▼ 72	▼ 115	▲ 101	▼ 109	▲ 108	▼ 125
DMBC Whole System Ranking	72	▼ 87	▼ 88	▲ 80	▲ 66	▼ 81	▲ 33	▼ 50	▲ 27	▼ 44	▼ 73	▼ 73	▲ 63	▼ 78	▲ 59

Aspects of our iBCF programme have been extended to neighbouring hospital trusts and the ongoing above national performance for both Adult Social Care delayed days ranking and the whole system delay ranking would give some evidence to its effectiveness.

A great deal of work has also gone into working with our local Mental Health Trust (Dudley and Walsall Mental Health Partnership NHS Trust) and the Adult Social Care's responsible delays.



The dramatic rise of Social Care needs and associated behaviours, make finding long-term placements very difficult. DMBC are currently working with our commissioning partners to find a long-term solution to this problem.

The above graph shows the impact of the work done with Dudley and Walsall Mental Health Partnership NHS Trust (Bushey Fields Hospital).

The percentage of ASC delays has risen in March 2019. The total of Bushey Fields delays in March 2019 re 123 days (all responsibilities) compared to 212 from January 2019. Reduced from the highpoint in April 2018 of 324 days (all responsibilities), a reduction of 37.96%.

The reduction of delayed days being attributed to both (NHS and ASC) is also relevant as the work has involved making sure that SITREP coding is accurate and that NHS takes responsibility for its actions within Bushey fields.

Scheme Evaluations

12. In the past year 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. Commissioning intentions for the next 12 months demonstrate commitment to ensuring all schemes contributing to the performance improvement are maintained. Once the national guidance is released, the outcome of these evaluations will be used to inform the next planning cycle.

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

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