

**DUDLEY HEALTH AND WELLBEING BOARD**

**REPORT SUMMARY SHEET**

**Agenda Item no. 8 (a)**

<b>DATE</b>	<b>27<sup>th</sup> June 2018</b>
<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 (ICE).</p> <p>ICE delivered the plans within the overall financial budget set as part of the BCF. Expenditure to Month 12 (March 2018) was £67.92m against an annual Plan of £72.46m, This means that there is a forecast underspend of £130k before iBCF carry forward £4.415m. CCG spending exceeded budget by £386k whilst non-iBCF council expenditure was £516k below budget</p> <p>The improvements reported in Quarter 3 have been sustained through the winter period. 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 four months.</p> <p>Quarterly monitoring by NHSE is in place, and the focus of the next quarter will be on concluding scheme evaluations and starting the planning process for the 2019-21 Better Care Fund</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

## **DUDLEY HEALTH AND WELLBEING BOARD**

**DATE**

**27<sup>th</sup> June 2018**

**REPORT OF:**

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

**TITLE:**

**Integration & Better Care Fund Plan 2017-19**

### **PURPOSE OF REPORT**

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

### **BACKGROUND**

2. The Dudley Integration & Better Care Fund Plan 2017-19 was submitted to NHS England and the LGA for assurance on 11<sup>th</sup> September 2017 under delegated authority.
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 delayed transfers of care for those who are admitted.
5. 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.
6. Emergency Response Team – 8 diversion beds have been commissioned to

prevent avoidable admissions to hospital. For the period 01/09/2017 to 27/04/2018, there have been 56 admissions and 48 discharges from this resource (all bed stock is used flexibly). The outcomes for the discharges are as follows:

- 20 people returned home,
- 21 people transferred to long term placements,
- 5 people were admitted to hospital.
- 2 people sadly died

For the period 01/10/2017 to 30/04/2018, 730 patients have been seen by Front of House staff, providing hospital diversions through non bed based activity. The breakdown of the outcomes is as follows:

- 77 diverted with nil services,
- 50 into emergency bed placement,
- 342 home with a package of care,
- 157 signposted,
- 104 hospital admission,

85% of those people seen by the Emergency Response Team have not been admitted to hospital as a result of their initial hospital attendance.

75% 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 – 52 beds have been commissioned (*Bed stock figure as at 27/04/2018*), 16 residential, 31 nursing care beds and 5 complex beds for Dementia.

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 262 admissions into these temporary placements, reducing the length of stay in hospital. There have been 226 people discharged from their Pathway 3 placement and the outcomes are as follows:

- 8 people returned home without care,
- 29 people returned home, with a care package provided,
- 92 people transferred to 24hrs placements,
- 38 people were readmitted into hospital,
- 30 people sadly died,
- 29 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 16% 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.

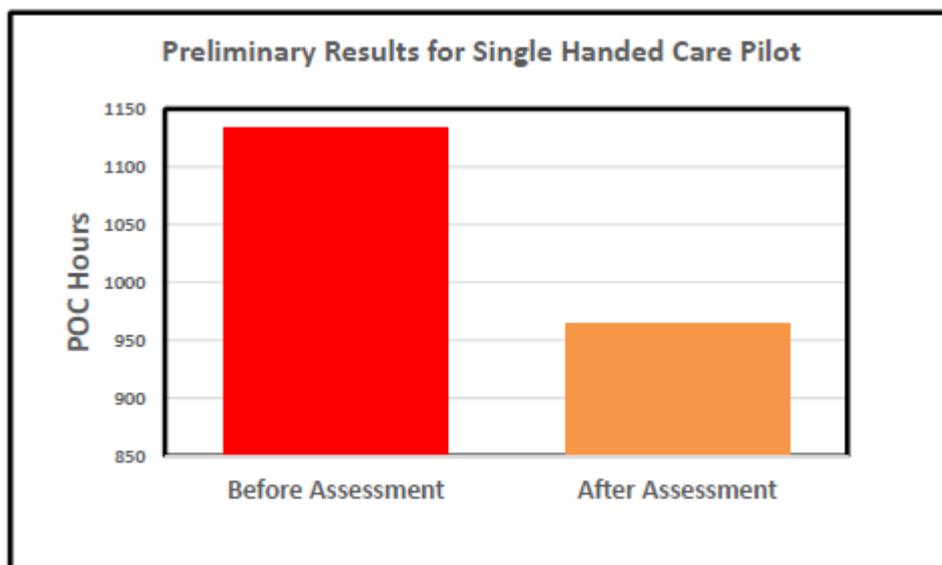
The impact of the IDF scheme can be seen from the increase in average weekly discharges facilitated by DMBC.

For the period 04/09/2017 to 12/11/2017 (10 week period) the average weekly discharges were 48.4 p/w.

For the last 10 week period 22/01/2018 to 01/04/2018 the average weekly discharges were 70.7 p/w.

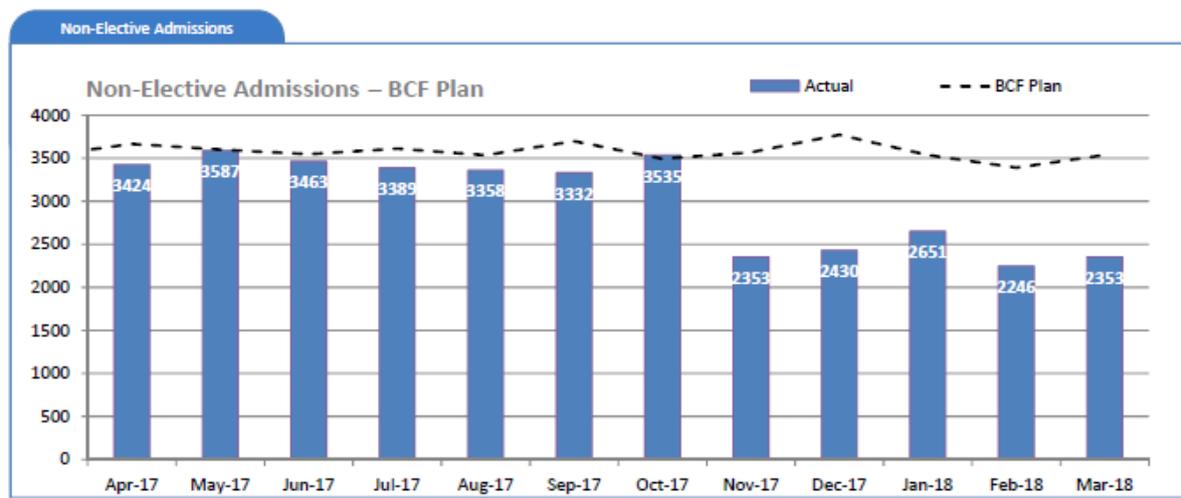
This represents a 46% increase in average weekly discharges

9. Single Handed Care – This project continues to be implemented. 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 for the reviews of existing packages of care (PoC) and new referrals, with 72 assessments completed so far.



10. 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.

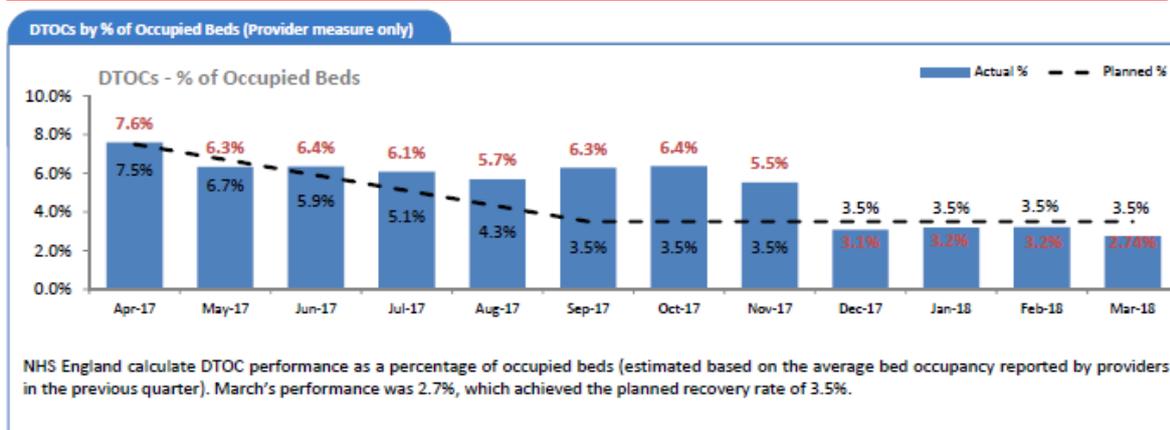
**Better Care Fund – Non-Elective Admissions**



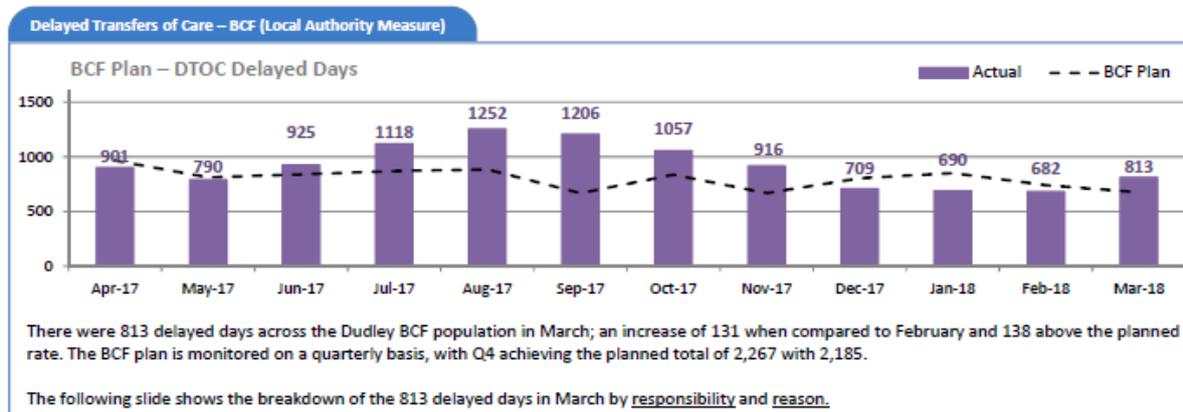
**Delayed Transfers of Care (DToC)**

11. 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**



12. The Local Authority measure saw a slight increase in March, but over Quarter 4 delivered an improvement on plan



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

- DMBC have improved our ranking from 121<sup>st</sup> out of 151 for January 2018, to **110<sup>th</sup> out of 151 in February** (based on all bed delays per 100,000 population and Adult Social Care responsible delays).
- DMBC resident performance has reduced, from 72<sup>nd</sup> out of 151 in January, to **87<sup>th</sup> out of 151 in February** (based on all bed delays per 100,000 population and all Dudley Resident responsible delays).
- Local performance has increased during August 2017 to March 2018, DMBC have reduced the Adult Social Care responsible delayed days at Dudley Group NHS Foundation Trust by **94.9%**.

### ***Scheme Evaluations***

14. In the past 2 months the main iBCF schemes have been evaluated to evidence delivery against their original targets. All iBCF schemes are scheduled to have been evaluated by the end of June 2018 to inform the winter planning process and the next BCF plan

### **FINANCE**

15. Expenditure to Month 12 (March 2018) was £67.92m against an annual Plan of £72.46m, This means that there is a forecast underspend of £130k before iBCF carry forward £4.415m. CCG spending exceeded budget by £386k whilst non-iBCF council expenditure was £516k below budget.

### **LAW**

16. 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**

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

### **RECOMMENDATIONS**

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

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

**Matt Bowsher**  
**Chief Officer, Adult Social Care**  
**Dudley MBC**

**Neill Bucktin**  
**Director of Commissioning**  
**Dudley CCG**

#### **Contact officer details**

Geraint Griffiths-Dale  
Deputy Director of Commissioning  
Dudley CCG