Health and Wellbeing Board
17th January, 2019

HWBB Joint Commissioning Group Report - Better Care Fund Update

Responsible Officer
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1. Summary

1.1 This report provides an update on the progress on the Better Care Fund (BCF). Appendix A highlights (below) current BCF performance and Appendix B attached is the DRAFT Q3 BCF return.

1.2 The DRAFT Quarter 3 return highlights good performance against the national metrics for Delayed Transfers, Re-ablement, and Care Home Admissions (detailed in Appendix A below), however not all quarter 3 data is available. The non-elective admissions target was not met in Quarter 2 and will be in danger of not being met for Quarter 3 when figures are available. The Quarter 3 return also highlights progress on the 8 High Impact Changes and notes the ICS team award as the local integration success story (please see report section below for more details).

1.3 We are investigating the rise in non-elective admissions (NELs) through the year. The Frailty dashboard demonstrates that we have a recent increase in short stays, 0-1 days, a decrease in stays between 2-5 days and a significant decrease in stays for 11+ days. We also have a significant decrease in the number of people dying in hospital. This data might suggest that the Frailty Front door and the work to improve flow in the hospital is starting to make progress. But more work needs to be done to understand these trends. Other conditions being investigated as possible contributors to the rise in NELs include Sepsis, UTIs, Respiratory and Chest Pain. More work needs to be done to investigate the causes of NELs and consideration of their impact for future transformation work.

1.4 The BCF programme is also currently undergoing its annual review, where each programme is tested against priorities, deliverables, transformation, outcomes and appropriate specifications. Once this is complete, programmes that need further investigation or updated specifications will be a focus of development as agreed by the Joint Commissioning Group.

1.5 Additionally, key areas for development for the next quarter continue to include focussing on the 8 High Impact Changes (detailed in the BCF Q3 Return). Taking learning from T&W Care Home MDT and other national pilots, the BCF programme is moving forward to implement the Red Bag Scheme in Shropshire.

2. Recommendations

2.1 The HWBB to note and discuss performance and the Q3 return.

REPORT

3. **Risk Assessment and Opportunities Appraisal**
   3.1. (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)
   3.2. The HWB Strategy requires that the health and care system work to reduce inequalities in Shropshire. All decisions and discussions by the Board must take into account reducing inequalities.
   3.3. The schemes of the BCF and other system planning have been done by engaging with stakeholders, service users, and patients. This has been done in a variety of ways including through patient groups, focus groups, ethnographic research.
   3.4. As the agreement is yet to receive final sign off from the CCG Governance process, this remains a risk, however joint working across Shropshire Council and Shropshire CCG is working closely to minimise this risk.

4. Background

4.1 The Better Care Fund progress is reported at every Health and Wellbeing Board through the Joint Commissioning Report to the HWBB.

4.2 The BCF integration success story is the award winning ICS team.

The Integrated Community Services (ICS) team, jointly run by Shropshire Council and Shropshire Community Health NHS Trust, were named the winner of the Team of the Year, Adult Services award at the national event which took place on Friday 30 November 2018 in London.

ICS provides short-term support for patients who are ready to leave hospital. This involves a team of carers, nurses, occupational therapists and physiotherapists working with the person to help them regain their skills and independence. This will usually be in their own home or as close to home as possible.

ICS teams also work closely with partner organisations to identify people who need support to avoid an admission to hospital in the first place. The team of almost 70 provides a 'Discharge to Assess' and 'Admission Avoidance' service to two acute hospitals, five community hospitals and in community settings.

Early in 2017 Shropshire Council was set extremely rigorous performance targets by the Department of Health and was required to improve its Delayed Transfer of Care (DTOC) performance by 60% by September 2017. By collectively implementing innovative measures, ICS significantly exceeded its target, by achieving a 75% improvement by September 2017, and a 97% reduction in delayed transfers of care between May 2017 and May 2018.

The judges praised each member of the team for being highly motivated and committed and displaying "compassion and values on a daily basis".

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information) **For the final BCF plan please see HWBB paper here**
Cabinet Member (Portfolio Holder) **Cllr Lee Chapman**
Local Member n/a
Appendices Appendix A: BCF Performance Appendix B: BCF Quarter 3 Return

Appendix A
Better Care Fund Metrics 18/19

1. **Non-elective Admissions**

Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
8,509	**8,259**	**8,920**	**8,661**
8,262 ✓	**8,406** ✗	**Oct - 2,921 Nov/Dec not available**	

2. **Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population.**

Number of residential admissions is reducing

The following table shows the rate of admissions per 100,000 people

2018/19	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Profile (target)	150	300	450	600.3
Actual	83.5	185.5	256.5 Oct/Nov	
Performance	✓	✓	On track to meet target	

Performance is better than the profiled target. The service reiterates that its priority is to ensure that the most appropriate care package is provided at the right time to meet people's needs.

3. **Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services**

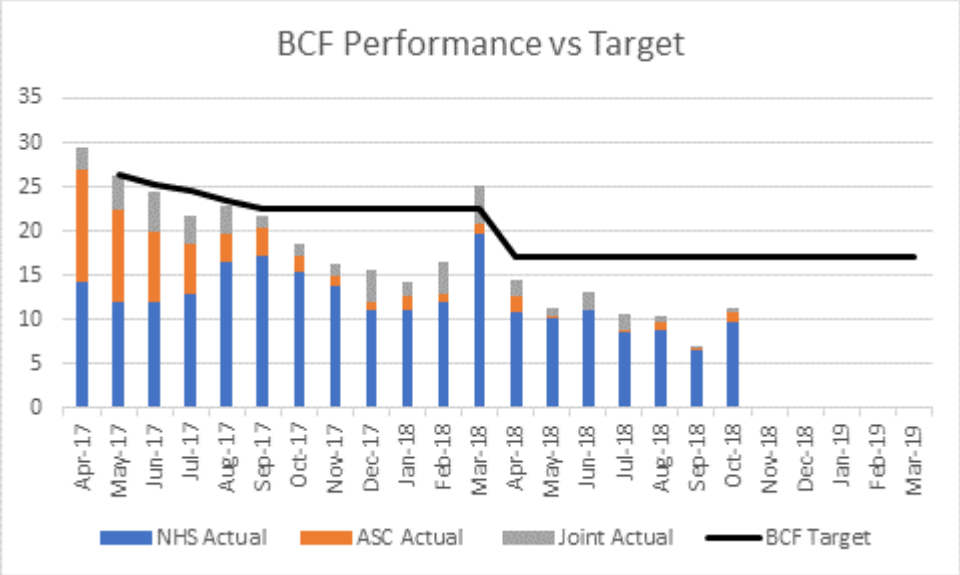
This measure is reported in arrears.

2017/18	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Target	82%	82%	82%	82%
Actual	83.4%	TBC	TBC	
Performance	✓			

The reablement figure for q1 stands at 83.4%, better than the target of 82%. This covers those patients discharged into re-ablement during April – June with the 91 day follow-up occurring during July – September. The figures for Q2 will be available at the end of January and Quarter 3 the end of March. This measure looks at the % of people who are still at home 91 days after their discharge, therefore always reported in arrears.

4. **Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+).**

This is a joint measure with the NHS which records the combined number of patients who are delayed in their transfer of care from hospital.
The following chart shows the total monthly number of delayed days by organisation and demonstrates good progress with continued low DTOC numbers.



The final figure for Quarter's 1 and 2 Shropshire reported significantly better than target and Quarter 3 is on track to continue to achieve better than target.