



Health and Wellbeing Board

8th December, 2016

BETTER CARE FUND UPDATE

Responsible Officer

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1. Introduction

The Health and Wellbeing Board is as asked to consider the content of the report with particular reference to the Better Care Fund Q2 Performance Submission

2. Recommendations

The Health & Wellbeing Board is asked to:

- Note the content of the Better Care Fund Performance Report
- Note the likely requirements for BCF 17/18- 18/19

REPORT

3. Purpose of Report

To update the Health and Wellbeing Board on performance to the end of Q2 2016/17 via the performance submission to NHS England (NHSE) and to provide initial information on the likely requirements for BCF in future years.

4. Background

As in 2015/16, following approval of BCF Plans, NHS England require quarterly performance submissions based on a predefined performance template. Due to the timings of these submissions it was agreed by the H&WBB that where necessary the Delivery Group would approve submissions in order to ensure deadlines could be adhered to. The deadline

Item 7.b

for submission for Q2 was set at November 25th. The attached submission was approved by the H&WB Delivery group and submitted on time.

Significant progress is being made across all BCF schemes. An overview of this progress is provided in the attached scheme tracker with additional information on synergies across the system reported in the body of this report.

The Policy Framework and guidance for BCF in 17/18 and 18/19 are due for release on 7th December. A series of updates from the BCF national team have provided us with some headline guidance which is detailed below.

5. BCF Performance and scheme activity

The Q2 performance submission, attached, is summarised below:

- Strong performance to reduce Non Elective (NEL) admissions to hospital has been sustained throughout Q2 and is rated green for the period.
- Performance for the Reablement metric is below target but shows an improving picture towards the end of the quarter. Ongoing improvement work to reablement services through the BCF is underway and it is expected that this will continue to improve performance through the remainder of this year and into the new BCF year.
- Performance on Delayed Transfers of Care has been mixed. Quarter 1 was on target as was the first month of Quarter 2, however performance in August was significantly worse than target. September has shown some improvement against August but remains below target. Intelligence suggests that this situation is improving and that August and September were exceptional, a trend mirrored in many areas. This however will require very careful monitoring and ongoing improvement.
- Performance on residential care admissions is behind profile and is under regular review to ensure improvement is made and that we continue to provide the most appropriate care to meet people's needs. Detailed work is underway to design interventions that can improve performance against this metric for inclusion in the 17/18-18/19 BCF plan.
- Local Metric – Admissions to Redwoods with a diagnosis of dementia. This metric measures the number of people admitted to Redwoods with a diagnosis of dementia as a proportion of the population with a diagnosis of dementia. This is an annually reported target and will report in Q3.
- Patient Experience Metric – for 2016/17 this focuses on patient experience of discharge from Hospital in line with the CQC inpatient survey. This reports annually in Q1 and shows an improvement on the 2015/16 position. Performance against this target is therefore rated as green.

A number of actions have taken place to address performance issues and ensure patients are getting the best care as follows:

- ICS have launched 'home from hospital workers' to work on wards to support with developing trusted assessor roles and promote a home first philosophy. This has resulted in fewer requests/ need for high level care packages and improved flow considerably.

Item 7.b

- Shropshire Council have completed a tender process for domiciliary block contracts to ensure access to care contractually going into the winter.
- Multi-Disciplinary Team Hub meetings take place at both sites and drive actions for discharge. Patients who have not had relevant actions completed are escalated at 3pm to Executives to support with unblocking barriers.
- Twice weekly community conference calls are held with all community hospital leads, ICS and independent providers to unblock barriers to discharge and support to progress plans for DTOC patients.
- Admission avoidance schemes with ICS and Physician Response Units are in place to prevent complex patients from being admitted in the first place.
- Commissioner presence every day at the discharge hubs to ensure all partners are contributing to the discharge process.
- Internal ICS DTOC in place to identify any delays within immediate care to ensure whole system flow.

All BCF High Impact Schemes for 2016/17 are either fully or partially implemented. An area of significant activity has seen the alignment of scheme activity across BCF, the Shropshire Healthy Lives Programme and the Sustainability and Transformation Plan (STP), through the Neighbourhoods work stream. Activity across the programmes is becoming more seamless, with a single project management system being employed for all prevention related activity. A key part of this system wide work is to continue to refine and improve our data collection systems to measure the impact of these schemes on the high level metrics of BCF and on the financial challenges facing the system. Of note a number of schemes will be piloted in Oswestry in the new year and there has been very positive stakeholder engagement and support with taking this work forward.

6. BCF Planning for 17/18 & 18/19

The Policy Framework and Guidance for BCF 17/18 and 18/19 has been delayed but is expected to be released on the 7th December. High level information has been cascaded via the BCF National Team in anticipation of full details:

- Local areas will be asked to produce a 2 year plan for the first time. This will help alignment with CCG Operational Plans and will allow for greater emphasis on activity
- There will be a reduced number of national conditions. The 3 “definite” areas are:
 - Joint agreement of plans
 - Transfer of funds from CCG for the protection of ASC
 - Focus on NHS out of hospital services- local areas will be expected to develop a risk share agreement around this
- The completion target for assurance and approval of plans is the end of March 17. Assurance will be undertaken using Key Lines of Enquiry

Item 7.b

(KLOE's) as last year but these will be far fewer in number. The KLOE's will be looking to ensure that local areas have undertaken adequate assessment of risk and have put in place appropriate mitigation.

- A separate grant to support the provision of adult social care will be made direct to Local Authorities under a S31 agreement. This funding will have a condition to be included in the BCF.
- There is an expectation of significant alignment of BCF to the STP
- Quarterly reporting will continue
- Local areas will be expected to produce an update of their plan and confirm any changes at the end of 17/18 rather than produce an entirely new plan for 18/19

7. Engagement

There continues to be extensive engagement across all partners in the delivery of the BCF as set out in the Engagement section of the BCF narrative plan. The BCF Reference Group have agreed to meet less regularly but to focus on specific tasks- e.g. planning for 17/18.

8. Risk Assessment and Opportunities Appraisal (including Equalities, Finance, Rural Issues)

A specific Risk Log is included in the BCF narrative plan. The H&WB Delivery Group review the associated risk assurance framework at each meeting. Equalities issues are embedded throughout the plan. The plan also includes a section outlining the financial commitments supporting delivery. Rural issues are referenced throughout the plan.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
Cabinet Member (Portfolio Holder)
Cllr Karen Calder
Local Member
Appendices
Performance Report