



Date: Thursday, 9 February 2017

Time: 9.30 am

Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire,
SY2 6ND

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HEALTH AND WELLBEING BOARD

TO FOLLOW REPORT (S)

6 DELIVERY GROUP REPORT - BETTER CARE FUND UPDATE (Pages 1 - 10)

A report IS NOW ATTACHED.

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Health and Wellbeing Board 9th February 2017

BETTER CARE FUND LOCAL PERFORMANCE UPDATE REPORT

Responsible Officer Sam Tilley
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1. Introduction

1.1 The Health and Wellbeing Board is asked to consider the content of the report with particular reference to the Better Care Fund Local Performance Report

2. Recommendations

2.1 The Health & Wellbeing Board is asked to:

- Note the content of the Better Care Fund Performance Report
- Note the current position in relation to BCF planning for 17/18- 18/19

REPORT

3. Purpose of Report

3.1 To update the Health and Wellbeing Board on performance to date in 2016/17 via the local performance report and to provide current information on the likely requirements for BCF in future years.

4. Background

4.1 As in 2015/16, following approval of BCF Plans, NHS England require quarterly performance submissions based on a predefined performance template. On a monthly basis, in between these submissions, BCF performance metrics are monitored via the attached local performance report which is presented to the H&WBB for consideration. The attached report has been reviewed by the H&WB Delivery Group.

4.2 The Policy Framework and planning guidance for BCF in 17/18 and 18/19 was due for release on 7th December 2016, but this has not yet occurred. A series of updates from the BCF national team have provided us with some headline guidance which is detailed later in the report.

5. BCF Performance and scheme activity

5.1 The current local performance report, attached, is summarised below:

- Strong performance to reduce Non Elective (NEL) admissions to hospital has been continued and is rated green for the period.
- Performance in relation to Delayed Transfers of Care deteriorated significantly in August and September, however October shows marked improvement which was predicted, but needs to be sustained.
- 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 data will be available at the end of February 2017.
- 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.

5.2 Performance data in relation to Reablement is currently not available beyond June 2016. This relates to data issues within the Councils Care First system which are currently being addressed.

5.3 Information from the BCF regional team suggest that local performance is in line with the performance of the region

5.4 Please refer to local BCF performance report attached for more detail

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.
- 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.
- 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.

5.5 All BCF High Impact Schemes for 2016/17 are either fully or partially implemented. An area of significant activity has seen the development of the package of prevention schemes (Healthy Lives Programme) and the linkage of these with developments in community services and Primary Care. 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 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.

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

6.1 The Policy Framework and Guidance for BCF 17/18 and 18/19 has been delayed and there is currently no indication of when this will become available. High level information was cascaded via the BCF National Team late in 2016 in anticipation of full details and is summarised below:

- 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. These are likely to be:
 - Joint agreement of plans
 - Transfer of funds from CCG for the protection of Adult Social Care
 - Focus on NHS out of hospital services- local areas will be expected to develop a risk share agreement around this
- Assurance will be undertaken using Key Lines of Enquiry (KLOE's) as previously, 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

7.1 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)

8.1 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.

BCF 1- Non Elective Admissions

Apr- Jun 2016	Jul- Sep 2016	Oct- Dec 2016	Jan- Mar 2017	TOTAL
Actual 7794	Actual 7788	Actual 5283	Actual 0	20865
Plan: 8148	Plan: 7897	Plan: 8349	Plan: 7868	32,367

Q3 data for Oct/Nov only

Q3 overall position available from 12 February 2017

BCF 2- Residential & Nursing Care Home Admissions

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17 Target	52	104	156	208	260	312	364	416	468	520	572	623.7
16/17 Actual	56.7	117.5	179.7	232.3	276.9	352.6	574.1	574.1	452.5	0.0	0.0	0.0

BCF 3- Reablement:

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17 Target	84.1	84.1	84.1	84.1	84.1	84.1	84.1	84.1	84.1	84.1	84.1	84.1
16/17 Actual	78.91	74.81	81.51									

Data for Reablement is currently unavailable. The system for monitoring and reporting this data is being finalised.

Year end position is likely to meet target of 84.1

BCF 4- Delayed Transfers of Care

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17 Target	387	387	389	388	388	390	470	470	471	382	382	382
16/17 Actual	401	305	343	388	631	497	391	488	0	0	0	0

Q3 data published on 9 February 2017

BCF 5- Patient/ Service User experience metric

Patient experience of hospital discharge- source CQC inpatient survey. Patients are asked to score their experience out of 10.

2015 score	2016 target	2016 score
6.8	6.9	7.1

BCF 6- Local Metric

No of people admitted (unplanned) to Redwoods with a diagnosis of dementia as a proportion of those with a dementia diagnosis

This metric is reported annually. The target is to reduce unplanned admissions by a further 0.2% on 15/16

15/16 Baseline	16/17 Plan
1.4%	1.2%
44	0
3,139	0

Overall Summary:

Performance on NEA in quarter 2 is better than plan for quarter 2 and is rated green. Data for all of Q3 is not yet available as such October and November are reported on.

Performance on residential/ care home admissions saw an improvement in December but remains under regular review to ensure we continue to provide the most appropriate care to meet people's needs

Reablement data up to end September will be available from early February.

Data on DTOC is available for November. Performance is worse than target but is an improved picture to August and September.

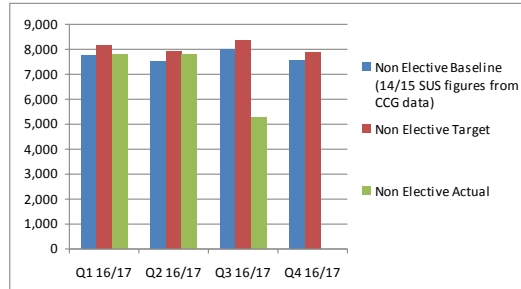
Performance of the patient experience and local metrics are reported annually.

The 2015 score for patient experience has just been released and shows an improvement on 2014

Total non-elective admissions (general & acute), all-age

	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
Non Elective Baseline (14/15 SUS figures from CCG data)	7,766	7,513	8,004	7,566
Non Elective Target	8,148	7,897	8,349	7,868
Non Elective Actual	7794	7788	5283	

Q3 data for Oct/Nov only



Full Q3 position available on 12 February 2017

	Apr - Jun 16	Jul - Sep 16	Oct - Dec 16	Jan - Mar 17
cumulative target	8,148	16,045	24,394	32,262
cumulative actual	7,794	15,582	20,865	20,865
variance	354	463	3,529	11,397

Definition:-

Everyone Counts: Planning for Patients 2014/15 - 2018/19: Technical Definitions for Clinical Commissioning Groups and Area Teams

E.C.4: Non-elective FFCes (First Finished Consultant Episode)

DEFINITIONS Detailed Descriptor:

Total number of non-elective FFCes in general & acute (G&A) specialties in a month. Lines Within Indicator (Units):

Number of G&A non-elective FFCes in the period. Data Definition:

Non-Elective FFCes data are derived from the Monthly Activity Return, which is collected from the NHS. It is collected from providers (both NHS and IS) who provide the data broken down by Commissioner.

Number of first finished consultant episodes (FFCEs) for the G&A specialties (see below) relating to hospital provider spells for which:

- patient classification = ordinary admission;
- admission method = emergency admission, maternity admission, other admission (codes 21-83);

Exclude "well babies". These are defined as having admission method = other and neonatal level of care = normal care.

General & Acute specialties;

- include: 100-192, 300-460, 502, 800-831, 900 and 901

- exclude: 501, 700-715.

Monthly Activity Return guidance is available here: <http://www.england.nhs.uk/statistics/statistical-work-areas/hospital-activity/monthly-hospital-activity/>

MONITORING Monitoring Frequency:

Monthly Monitoring Data Source:

Monthly Activity Returns

ACCOUNTABILITY What success looks like, Direction, Milestones:

There should be a reduction in the growth of the number of non-elective FFCes. Timeframe/Baseline:

Ongoing

Everyone Counts: Planning for Patients 2014/15 - 2018/19: Technical Definitions for Clinical Commissioning Groups and Area Teams

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Rationale:

Where clinically appropriate, it is better for patients to be treated or continue their treatment at home or in their community rather than in hospital.

The local NHS should be looking to treat patients in the most clinically appropriate way.

PLANNING REQUIREMENTS Are plans required and if so, at what frequency?

CCG – Yes, monthly for 2014/15 and 2015/16 and annual from 2016/17 to 2018/19 via ProvCom template.

Area Team – Yes, monthly for 2014/15 and 2015/16 and annual from 2016/17 to 2018/19, via ProvCom template.

Please note: Data entered regarding Area Team activity should be based on the activity that is commissioned by an Area Team irrespective of the location of the provider .

For those Area Teams with responsibility for Specialised Commissioning, this will include activity in line with the contractual arrangements i.e all activity based on a provider footprint not a registration basis.

FURTHER INFORMATION

This information will be used to reconcile with data collected in the finance planning template.

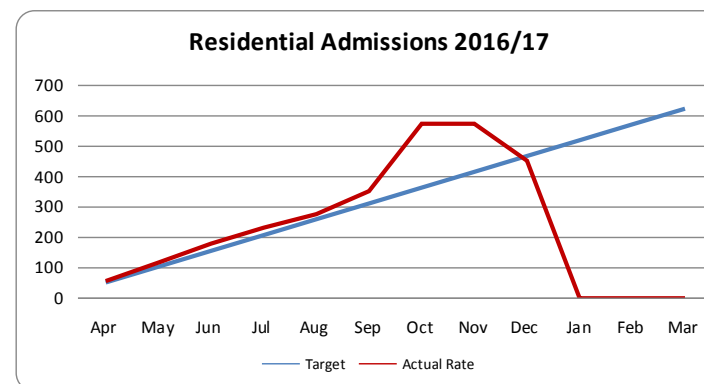
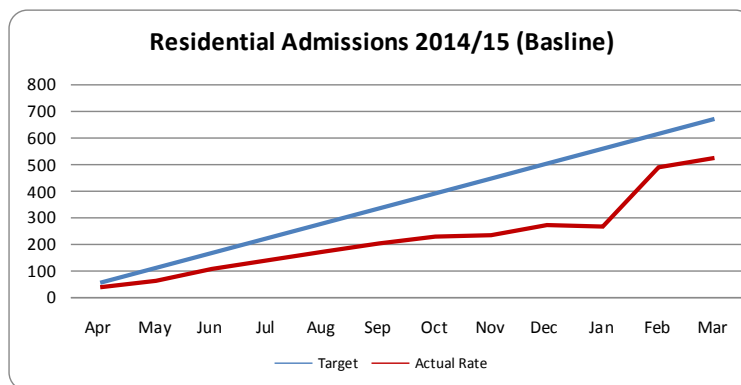
Residential admissions

Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population

	14/15 Baseline	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	16/17
Target	749.2	56	112	168	224	280	336	392	448	504	560	616	672	623.7
Actual Rate	548.8	39.2	63.5	108.1	140.5	172.9	204.0	229.6	235.0	272.9	267.5	490.3	525.5	611.9
Number	389	29	47	80	104	128	151	170	174	202	198	363	389	453
Population	70885	74,029	74,029	74,029	74,029	74,029	74,029	74,029	74,029	74,029	74,029	74,029	74,029	74,029

	16/17	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	16/17
Target	672	52	104	156	208	260	312	364	416	468	520	572	623.7	
Actual Rate		56.7	117.5	179.7	232.3	276.9	352.6	574.1	574.1	452.5	0.0	0.0	0.0	0.0
Number		42	87	133	172	205	261	425	425	335	0	0	0	0
Population	74029	74029	74029	74029	74029	74029	74029	74029	74029	74029	74029	74029	74029	74029

Note: BCF figures and Shropshire Council annual rate figures vary due to use of different population figures



Reablement

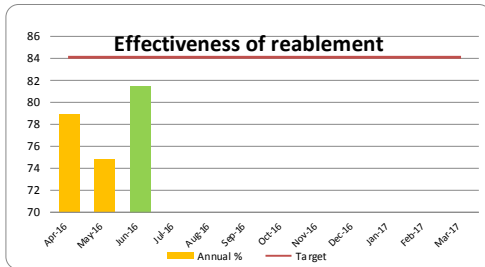
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement

	2013/14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	
Target		80.6	80.6	80.6	80.6	80.6	80.6	80.6	80.6	80.6	80.6	80.6	80.6	81.9	81.9	81.9	81.9	81.9	81.9	81.9	81.9	81.9	81.9	81.9	81.9	81.9
Annual %	77.4	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	72.4	78.5	79.7	79.5	79.7	80.3	79.5	82.5	83.6	83.1	84.5	84.5	83.8	83.5	83.4	84.0	84.5	#DIV/0!	
Number	120							76	164	243	346	444	552	116	221	336	444	563	673	771	855	948	1068	1184		
Denominator	155							105	209	305	435	557	687	146	268	402	534	666	796	920	1024	1137	1272	1402		

79.03226 80.76923 82.30088 80.64516
 98 84 93 275
 124 104 113 341

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	2016/17
Target	84.1	84.1	84.1	84.1	84.1	84.1	84.1	84.1	84.1	84.1	84.1	84.1	
Annual %	78.9	74.8	81.5	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	84.1
Number	116	98	119										132
Denominator	147	131	146										157

ASCOF Oct - Dec = 80.6%



Delayed transfers of care

Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+).

14/15 Baseline	Q1	Q2	Q3	Q4
Target	919.6	697.1	433	682.2
Actual	735.8	931.9	1121.7	1041.7
Number	1842	2333	2808	2624
Denominator	250337	250337	250337	251983

Q3 position available from 9 February 2017

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Target	387	387	389	388	388	390	470	470	471	382	382	382
Actual	400.6	305.1	342.6	388.4	631.1	497.3	391.1	488.2	0.0	0.0	0.0	0.0
Number	1015	773	868	984	1599	1260	991	1237	0	0	0	0
Denominator	253356	253356	253356	253356	253356	253356	253356	253356	253356	254742	254742	254742

	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
Target	1163.2	1165.9	1411.1	1146.3
Actual	1048.3	1516.8	879.4	0.0
Number	2656	3843	2228	0
Denominator	253356	253356	253356	254742

Patient / Service User Experience Metric

CQC inpatient survey "leaving hospital" measures shown an improvement against the 15/16 position. Patients are asked to score their experience out of 10

	2015 score	2016 target	2016 score
Numerator	6.8	6.9	7.1
Denominator	10	10	10

Local Metric

Local people admitted (unplanned) to Redwoods Hospital with a diagnosis of dementia as a proportion of those with a

Target
Metric Value
Numerator
Denominator

15/16 baseline 16/17

Target	1.4%	1.2%
Metric Value	1.4%	0.0%
Numerator	44	0
Denominator	3,139	0