

Health and Wellbeing Board

23rd March 2017

BETTER CARE FUND PERFORMANCE AND OUTLINE PLAN

Responsible Officer Sam Tilley

Email: sam.tilley2@nhs.net

Tel:

Fax:

1. Introduction

1.1 The Health and Wellbeing Board is asked to consider the content of the report with particular reference to the 2016/17 Better Care Fund Quarter 3 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 2016/17 Quarter 3 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. The submission of the Quarter 3 performance template was due on 3 March 2017 and was approved via the Health & Wellbeing 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 has not yet been released. 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 for the third consecutive quarter and is rated green for the period.
- Performance in quarter 3 has shown an improvement compared to quarter 2 but still remains worse than target. Intelligence suggests that this situation is continuing to improve but will require very careful monitoring to ensure continued improvement.
- Performance against this metric has been mixed in quarter 3 with October and November performance worse than target and December performance better than target. Work continues to carefully monitor and improve this position.
- Reablement - performance against this metric remains challenging and is both lower than target and lower than last year's performance. Intelligence suggests that this is due to an increase in the numbers of patients with complex needs who may need to return to hospital for care. Work is continuing to gain more insight into how performance against this metric can be improved.
- 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 which reports in quarter 3. The target for 2016/17 was to reduce this proportion from 1.4% to 1.2%. Current data suggests that we have exceeded this target at a position of 1.02% and is therefore rated green
- 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 showed an improvement on the 2015/16 position. Performance against this target is therefore rated as green.

5.2 Please refer to the attached Quarter 3 performance template for more detail

5.3 The following extract from the Regional BCF Q3 performance analysis report summarises performance across the region suggests that local performance is in line with performance across the region:

Performance against national and local Performance Metrics remains largely disappointing, with only one of the six metrics expected to be delivered by a majority of HWB areas. None of the region's HWB areas expects to meet all six performance targets whilst just six areas expect to meet 3 or more targets (up from 5 in Q2). Performance is least positive in respect of Delayed Transfers of Care, where 9 areas now expect no improvement from 2015/16 levels (up from 7 in Q2) whilst only 1 area is on target.

5.4 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.
- Commissioners are reviewing the service specification and reporting requirements
- Shropshire Council have completed a tender process for domiciliary block contracts to ensure access to care contractually going forwards.
- Multi-Disciplinary Team Hub meetings take place at both sites and drive actions for discharge. Patients who have not had relevant actions completed continue to be escalated at 3pm to Executives to support with unblocking barriers.
- Twice weekly community conference calls continue to be held with all community hospital leads, ICS and independent providers to unblock barriers to discharge and support to progress plans for DTOC patients.
- Commissioner have a presence every day at the discharge hubs to ensure all partners are contributing to the discharge process.
- Internal ICS DTOC process in place to identify any delays within immediate care to ensure whole system flow.
- The current 2017 position compared to 2015 is that in excess of 10% of patients are being discharged home for rehabilitation from an acute setting
- Following the roll out of the Discharge to Assess, DTOC performance at SATH, (Oct – Dec 16) has been 34% lower than the equivalent months in the previous year. This includes a 72% reduction in DTOC for patients waiting completion of assessment.

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. The joint venture with Shropshire Fire and Rescue Service (Safe and Well) is now up and running and generating pre-emptive referrals for patients at risk in key focus areas. Activity across the Healthy Lives programmes is becoming more seamless, with a single project management system being employed for all prevention related activity.

BCF Planning for 17/18 & 18/19

5.6 The Policy Framework and Guidance for BCF 17/18 and 18/19 has been delayed and there is currently no definitive position on when this will become available. High level information was cascaded via the BCF National Team late in 2016 and has been shared previously with the Health & Wellbeing Board.

5.7 Despite this delay work is underway to gather the information we will need to develop the narrative plan. Work is progressing to review BCF budget lines to confirm the impact of investment and opportunities for realising efficiencies and increasing joint working between the CCG and Council.

6. Engagement

6.1 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.

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

7.1 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.