



**Report of Paul Copeland, Strategic Programme Manager:
Integration, Adult and Health Services, Durham County Council**

Purpose of the Report

- 1 The purpose of this report is to provide the Health and Wellbeing Board with a summary of the Better Care Fund (BCF) Quarter 3 2018/19 Performance metrics.

Executive summary

- 2 Performance of the four key metrics and deliverables for the BCF are measured against current targets and historical performance.
- 3 BCF Q3 2018/19 demonstrated positive performance in two out of the four key metrics namely, the impact of Reablement/Rehabilitation on people aged 65 years+ who remained at home 91 days after discharge from hospital, and Delayed Transfers of Care (DToC) delayed days per 100,000 adult population which had improved significantly when compared to the same period in 2017/18.
- 4 Permanent admissions of older people aged 65 years + to residential/nursing care homes per 100,000 population was worse than the Q3 2018/19 target and remains a challenging area of activity. Non-elective admissions did not meet the Q3 2018/19 target but showed a modest improvement compared to the same period in 2017/18.

Recommendation(s)

- 5 The Health and Wellbeing Board are recommended to:
 - (a) note the content of this report;
 - (b) agree to receive further updates in relation to BCF quarterly performance.

Background

- 6 The BCF is a jointly agreed programme of service delivery which supports health and social care projects which enable integration through a pooled budget arrangement.
- 7 The BCF allocation for Durham in 2018/19 was £68.35m, which included the improved Better Care Fund (iBCF) allocation to support adult social care, reduce pressures on the NHS and support the social care provider market.
- 8 The BCF for 2017/19 was required to meet four conditions:
 - (a) the BCF plan including the minimum contribution to the pooled fund in the allocations, must be 'signed off' by the Health and Wellbeing Board and by the constituent Local Authority and Clinical Commissioning Groups (CCG's);
 - (b) the plan must demonstrate how the area will maintain in real terms, the level of spend on social care services from the minimum CCG contribution to funding in line with inflation;
 - (c) that a specific proportion of the areas allocation is invested in NHS out of hospital community services, or retained pending release as part of a local risk share agreement;
 - (d) all areas must implement the High Impact Change model (HICM) for managing Transfers of Care to support system wide improvements in relation to transfers of care.
- 9 The two year Durham Better Care Fund Plan for 2017/19 was formally approved by NHs England on 27th October 2017.

National Metrics

- 10 The BCF policy framework determined the national metrics for measuring performance and progress through the BCF programme and include the following:
 - Permanent admissions of older people (aged 65 years+) to residential/nursing care homes
 - Non-elective admissions
 - The percentage of older people (aged 65 years+) who remained at home 91 days after discharge from hospital into reablement/rehabilitation
 - Delayed Transfers of Care (DToc) delayed days

Performance Metrics

- 11 A traffic light system is used in the report, where green indicates 'on' or 'better than target', amber is within '2.0% of target' and red is 'below target' or 'target not achieved'.

Permanent admissions of older people (aged 65 years+) to residential/nursing care homes per 100,000 population

Indicator	Historical Q3 2017/18	Actual Q3 2018/19	Target Q3 2018/19	Performance against target
Permanent admissions of older people (aged 65 years+) to residential/nursing care homes per 100,000 population	533.8	583.7	548.3	

- 12 The Q3 2018/19 rate of older people (aged 65 years+) permanently admitted into residential or nursing care homes per 100,000 population at 583.7 was above the target of 548.3 and higher than in the same period in 2017/18.
- 13 Although avoiding permanent admissions into residential or nursing care homes may be seen as a measure of delaying dependency, there are increasing numbers of frail older people in the population who are living longer with complex co-morbidities and unable to be managed safely within their own homes.
- 14 Permanent admissions remain a challenging target despite the stringent scrutiny which is applied to all placements.
- 15 The number of actual bed days commissioned remains relatively stable as older people are being admitted into residential or nursing care homes much later in life.
- 16 County Durham will however, need to prepare for a potentially significant increase in frail elderly residents with multiple long term conditions as demographics shift over the next 10-20 years. Population projections suggest that by 2023 our population aged 85+ will have increased by 17.5% from the 2016 baseline. (Office for National Statistics 25th May 2018)

Non-Elective admissions/100,000 population (per 3 month period)

Indicator	Historical Q3 2017/18	Actual Q3 2018/19	Target Q3 2018/19	Performance against target
Non-Elective admissions per 100,000 population per (3 month period)	3230	3181	2957.9	

- 17 The Q3 2018/19 figure for non-elective admissions was 3181 per 100,000 population against a target of 2957.9. Non-elective performance was worse than target but a slight improvement on the corresponding period in Q3 2017/18.
- 18 Non-elective admissions continue to be a challenging area of activity where patients are presenting with increasing complexity and acuity.
- 19 Respiratory disease and infections continue to have a major adverse impact upon emergency non-elective admissions.
- 20 The number of non-elective admissions for Durham patients to County Durham and Darlington NHS Foundation Trust by age group 0-18 years between January 2018 and February 2019 were 11,752 (21.3%). For 19-64 years non-elective admissions for the same period were 22,313 (40.4%), and finally for 65+ years the figure was 21,150 (38.3%).
- 21 Emergency non-elective admissions from care homes generally show a decrease from April 2018, although numbers have slightly increased over the winter months which appear to be seasonal variation.
- 22 Most age groups have a shorter average length of stay at County Durham and Darlington NHS Foundation Trust hospitals and the majority of patient segments have seen a reduction in the average number of bed days per admission.
- 23 A recent report commissioned by NHS North Durham CCG, NHS Durham Dales Easington and Sedgefield CCG and Darlington CCG provided an overview of those services designed to impact upon non-elective admissions which included:
 - It is anticipated that Teams Around Patients (TAPs) will have a positive impact upon emergency non-elective admissions as they

progress with coordinated care and virtual ward models for people who are frail and have multiple long term conditions.

- 24 Anecdotally, the schemes that are in progress and designed to minimise non-elective activity appear to be making a contribution, however, it is not possible to reach any definitive conclusions at this time.

Percentage of older people (aged 65 years+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation

Indicator	Historical Q3 2017/18	Actual Q3 2018/19	Target Q3 2018/19	Performance against target
Percentage of older people (aged 65 years+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation	89.5	86.1	85.9	

- 25 Reablement/rehabilitation in relation to older people (aged 65 years+) remaining at home following discharge from hospital continues to perform well with the actual at 86.1 against a target of 85.9.

Delayed Transfers of Care (DToC) delayed days per 100,000 population

Indicator	Historical Q3 2017/18	Actual Q3 2018/19	Target Q3 2018/19	Performance against target
Delayed days from hospital (DToC) per 100,000 population (3 month period)	283	219	312	

- 26 Q3 2018/19 delayed days per 100,000 population at 219 has exceeded the target. Activity and performance has improved significantly compared to the same period in 2017/18.
- 27 521 (55.8%) of the total delayed days in Q3 were attributed to the NHS with the main reason for delay was 'awaiting further non-acute NHS care (49.85) of all NHs delays.
- 28 228 (24.4%) of the total delayed days in Q3 were attributable to social care with the main reason being 'awaiting residential care home placement (which involved one patient with complex needs).
- 29 Between April – December 2018 Durham had the 4th lowest rate of delayed transfers of care per population in England.

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Appendix 1: Implications

Legal Implications

Any legal implications concerning the BCF programme have been considered and addresses previously.

Finance

The BCF 2018/19 allocation for Durham was £68.35m, which includes the iBCF allocation to support adult social care.

Consultation

As necessary through the Health and Wellbeing Board.

Equality and Diversity / Public Sector Equality Duty

The Equality Act 2010 requires the council to ensure that all decisions are reviewed for their potential to impact upon people.

Human Rights

None.

Crime and Disorder

None.

Staffing

None.

Accommodation

None.

Risk

No requirement for a risk sharing agreement with the BCF.

Procurement

None.