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**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 4 2018/19 Performance metrics.

**Executive summary**

- 2 Performance against the BCF four key metrics and deliverables are measured against current targets and historical performance.
- 3 BCF Q4 2018/19 revealed positive performance in two out of the four key metrics notably, 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 continues to show a marked improvement against current targets and historical performance.
- 4 Permanent admissions of older people aged 65 years + to residential/nursing care homes per 100,000 population did not meet the Q4 2018/19 target. Non-elective admissions did not achieve the Q4 2018/19 target and were higher than 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.

**Background**

- 6 The BCF is a jointly agreed programme of service delivery to support 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 includes the improved Better Care Fund (iBCF) allocation to support adult social care, reduce pressure on the NHS and support the social care provider market.
- 8 The BCF for 2017/19 was required to meet four conditions:
- the BCF plan including the minimum contribution to the pooled fund must be 'signed off' by the Health and Wellbeing Board and by the constituent Local Authority and Clinical Commissioning Group/s (CCG);
  - 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;
  - 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;
  - 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.

### **National Metrics**

- 9 The BCF policy framework set out the national metrics for measuring performance and progress through the BCF programme and included 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**

- 10 A traffic light system is used in the report, where 'green' indicates 'on' or 'better than target', 'amber' which signals 'within 2.0% of target' and 'red' which denotes '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 Q4 2017/18	Actual Q4 2018/19	Target Q4 2018/19	Performance against target
Permanent admissions of older people (aged 65 years+) to residential/nursing care homes per 100,000 population	750.6	779.5	743.6	

- 11 The Q4 2018/19 rate of older people (aged 65 years+) permanently admitted into residential or nursing care homes per 100,000 population at 779.5 was above the target of 743.6 and higher than in the same period in 2017/18.
- 12 The number of residential / nursing care home permanent admissions are subject to fluctuations. Annual admissions per 100,000 population range from a high of 820.9 in 2014/15 to a low of 736.3 in 2015/16. Further analysis indicates that the longer term trend remains fairly static.
- 13 Permanent admissions remain a challenging target, the relatively narrow focus of this indicator omits to consider the age of admission, length of stay and the number of discharges from residential / nursing care homes. The average age of admissions to residential care is currently 86.5 years and 82.3 years for nursing care. The number of discharges from residential and nursing care homes have consistently exceeded the number of admissions over the past four years by a total of 140.
- 14 The costs of residential and nursing home care can best be represented by the number of bed days commissioned which accounts for the number of discharges and length of stay. In 2018/19 the number of bed days commissioned was 947,319, a decrease of 1.0% from 956,958 in 2017/18. However, over a four year period the trend indicates a consistent reduction in bed days representing a decrease of 7.0% from a high of 1,018,618 in 2015/16 (includes full fee payers)
- 15 Careful consideration is given to all potential permanent admissions to residential / nursing care homes in order to ensure that only those

people who cannot be safely managed within their own home are admitted.

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

Indicator	Historical	Actual	Target	Performance against target
	Q4 2017/18	Q4 2018/19	Q4 2018/19	
Non-Elective admissions per 100,000 population per (3 month period)	3061	3180	3002.9	

- 16 The Q4 2018/19 outturn figure for non-elective admissions was 3180 per 100,000 population against a target of 3002.9. Non-elective performance was unsuccessful in meeting the target.
- 17 There has been a positive and sustained reduction in bed days for patients aged 65+. There was an increase in bed days for 65+ people over the winter period, as is seen every year, but this was lower than in previous winters. This is a trend that had not been observed in previous years.
- 18 Significant work has been undertaken to support patients in care homes with additional health and social care services. This support has been through digital initiatives like HealthCall, clinical staffing linked to care homes, training for care home staff, relationship building between H&SC staff and care homes etc. There has been a marked reduction in admissions to hospital for people living in nursing/residential care homes which is the impact of all of the initiatives that have been put in place.
- 19 These successes can be attributed to Teams Around Patients (TAPs) and integrated working across health and social care with a focus on avoiding admission and supporting discharge from hospital to help people return to independence.
- 20 The CCG's are working with County Durham and Darlington NHS Foundation Trust to benchmark and investigate and analyse the most common pathways and reasons for non-elective admissions. The aim of this transformation work is to identify where a difference can be made in terms of admission avoidance, no delays during hospital treatment and then discharge and community/primary care management. This

will be a rolling programme of work and updates will be provided as improvements are made.

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

Indicator	Historical Q4 2017/18	Actual Q4 2018/19	Target Q4 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	89.1	85.9	85.9	

- 21 Reablement/rehabilitation has continued to perform well in Q4 2018/19 and remained on target with 85.9% of older people aged 65 years+ remaining at home following discharge from hospital.

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

Indicator	Historical Q4 2017/18	Actual Q4 2018/19	Target Q4 2018/19	Performance against target
Delayed days from hospital (DToC) per 100,000 population (3 month period)	323	136	309	

- 22 Q4 2018/19 delayed days per 100,000 population has exceeded the target. Activity and performance has excelled compared to the same period in 2017/18.
- 23 In Q4 2018/2019 there were 578 total delayed days (equivalent to 6.49 DToC beds).
- 24 Key factors which have influenced positive DToC performance in Durham area:

- System Leadership
- System Ownership
- Process
- Outcomes (for the patient)

25 Between April 2018 – March 2019 Durham had the 4<sup>th</sup> lowest overall rate of delayed days per 100,000 in England.

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## **Appendix 1: Implications**

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### **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 required 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.