

Health and Wellbeing Board

23 July 2015



Better Care Fund Update

Report of Jane Robinson, Head of Commissioning, Children and Adults Services, Durham County Council

Purpose of the Report

1. The purpose of this report is to update the Health and Wellbeing Board on the performance against the targets set within the Better Care Fund (BCF) requirements and the financial position relating to the plan. The report includes the performance report submitted to the Better Care Fund Support Team on the 29th of May 2015.

Background

2. The implementation of BCF commenced on the 1st of April 2015 following the agreement of the BCF plan by NHS England in December 2014. County Durham's allocation from the fund is £43.735m in 2015/16 and this funding has been invested in a number of projects and areas of service delivery set within the 7 schemes of the BCF.
3. The BCF planning process required partners to include 6 key performance indicators in their plans, 4 of which were set nationally (shaded below) and 2 to be locally defined. The key performance indicators agreed for County Durham are:

Percentage of admissions of older people (aged 65 and Over) to residential and nursing homes per 100,000 population.

Percentage of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.

Delayed transfers of care (delayed days) from hospital per 100,000 of the population (average per month)

Number of Non elective admissions to hospital

The number of carers who are very/extremely satisfied with the support or services they receive.

The number of people in receipt of Telecare per 100,000 population.

4. The 6 key performance indicators set within the BCF Performance Framework were previously agreed at the Health and Wellbeing Board on the 5th March 2014, but with the difference that only the metric related to non-elective admissions to hospital now directly links to the performance payment element of the BCF Funding.
5. The BCF planning process included an agreement that 5 quarterly reports would be presented to the Health and Wellbeing Board and this report is the first of the sequence of those reports.
6. Subsequently, in March 2015, NHS England released the BCF Operational Guidance which set out requirements for reports reflecting local areas performance against the targets to be provided to the BCF Support Team at 5 points in the programme and recommended that the reports are signed off by the Health and Wellbeing Board prior to submission.
7. A report was presented to the Health and Wellbeing Board in May 2015 recommending that the 'signing off' of the reports could be delegated to the Chair of the Health and Wellbeing Board and the Chief Officers of the partner organisations, as the two sets of dates for submissions did not correlate. This recommendation was supported and the report template submitted to the BCF Support Team on the 29th of May 2015, is attached at Appendix 2.
8. The required information for the template was refined to only include the position against the 6 national conditions (e.g. plans jointly agreed, better data sharing), budget allocations, the section 75 agreement and narrative regarding the implementation of the plan and performance. The financial and performance metrics were removed from the template and will be reported in line with the future dates set by the Support Team.
9. The BCF Operational Guidance confirms that the final quarter of 2014/15 is included within the performance payment programme, to be awarded in accordance with performance against the 3.5% reduction in non – elective admissions. Three further payments should be made in August 2015, November 2015 and February 2016 in line with performance against the target.
10. In addition to the performance element of monitoring, the BCF Plan requires that the identified funding is invested in line with the plan that identified efficiencies are achieved and the partners need to ensure that spending on the services does not exceed the identified budget.

Finance Update

11. The template attached at Appendix 3 sets out the financial position at the end of June 2015.

Performance Update

12. The performance against the 6 key metrics based on the end of the 2014/15 position is set out below and as can be seen performance is strong in 4 of the indicators, however, in two areas, the target for non-elective admissions, which is the only measurement now linked to the performance payment and admissions into care homes, performance is below target.

Non Elective Admissions to Hospital.

| Indicator | Historical | | Qtr 1 | Qtr 2 | Qtr 3 | Qtr 4 | 2014/15 Target | Direction of Travel (14/15 vs 13/14) | 2015/16 Target |
|--|------------|---------|-------|-------|-------|-------|--|---|--|
| | 2012/13 | 2013/14 | | | | | | | |
| Non Elective admissions (average per 3 month period) | n/a | 2999 | 2,970 | 3,012 | 3,146 | 3,009 | Q1 2690 Q2 2690 Q3 2660 Q4 2660 | ↑ | Q1 2887 Q2 3002 Q3 3018 Q4 2763 |

13. The number of non-elective admissions to hospital increased in 2014/15 by 1.5%. The performance element of the BCF for this period is based on the final quarter of 2014/15. The 3.5% reduction against the same period last year was not achieved. This performance reinforces the view expressed by the partners in the BCF Plan that the 3.5% target is ambitious and this final quarter performance would indicate that the performance funding element of the plan cannot be released by the CCG's for this period. This equates to c£810k of BCF funding that cannot be released to the pool at this stage and will need to be mitigated through re-prioritising spend and use of non-recurrent CCG funds.
14. A number of initiatives are ongoing to review and improve admission avoidance services across the CCG's, including
- The ongoing refinement of the Frail Elderly/Vulnerable Adults Wrap Around Service (VAWAS) services.
 - DDES - GP weekend working including expansion to focus on care home patients and North Durham Clinical Commissioning Groups (ND CCG) planned care scheme in primary care working with patients at risk of admissions over the weekend.
 - The Urgent Care review.
 - ND CCG has set up a demand and activity management programme to focus on resolving the top 10 high admission areas.
 - A review of paediatric admission avoidance services and the piloting of a paediatric admissions Commissioning for Quality and Innovation (CQUIN) in both CCG's.

Adults Aged 65+ per 100,000 Population Admitted on a Permanent Basis in the Year to Residential or Nursing Care

| Indicator | Historical | | 2014/15 | 2014/15 Target | Direction of Travel (14/15 vs 13/14) | 2015/16 Target |
|---|------------|---------|---------|----------------|--------------------------------------|----------------|
| | 2012/13 | 2013/14 | | | | |
| Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population | 809.7 | 736.2 | 820.9 | 726.6 | ↑ | 710.4 |

15. Between April 2014 and March 2015 there were 836 people aged 65 and over supported by the County Council and admitted on a permanent basis to residential and nursing care, an increase from 755 in the previous year. This results in a rate of 820 per 100,000 population, which has exceeded the target of 727 per 100,000 and is higher than the 2013/14 national (668), North East (804) and Statistical Neighbour (746) averages. Please note that the BCF target was set against 2013/14 baseline.
16. Factors which have contributed to an increased number of permanent admissions include:
- Increased pressures on the wider Health community in Durham, with Older People a particularly vulnerable group. There has been a 5.4% increase in presentations to Accident and Emergency (A&E) and a 2.4% increase in hospital discharge referrals.
 - There is also clear evidence of increasing complexity of cases with an additional 21 people admitted to nursing care and 38 additional people admitted to specialist dementia care when compared to 2013/14.
 - Despite the increase in those requiring permanent care, the actual number of residential/nursing beds purchased has continued to fall, with a 2.8% reduction in the numbers of Older People beds purchased when comparing 2013/14 with 2014/15.
17. Robust panels continue to operate to ensure that only those in most need, who can no longer be cared for within their own home, are admitted to permanent care.

Percentage of Older People (aged 65 and over) who were Still at Home 91 days After Discharge from Hospital into Reablement/Rehabilitation Services.

| Indicator | Historical | | 2014/15 | 2014/15 Target | Direction of Travel (14/15 vs 13/14) | 2014/15 Target |
|--|-----------------------|-----------------------|---------|----------------|--------------------------------------|----------------|
| | 2012/13 | 2013/14 | | | | |
| Proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services | 85.4% (Oct-Dec 12) | 89.4% (Oct-Dec 13) | 89.6% | 85.4% | ↑ | 85.7% |

18. Provisional data shows that of those older people discharged between January and December 2014, 89.6% (1,648 of 1,839) remained at home 3 months later. Performance has exceeded the 2014/15 target of 85.4% and is above the same period last year (87.6%).

Delayed transfers of care (delayed days) from hospital per 100,000 of the population (average per month)

| Indicator | Historical | | Qtr 1 | Qtr 2 | Qtr 3 | Qtr 4 | 2014/15 Target | Direction of Travel (14/15 vs 13/14) | 2015/16 Targets |
|--|------------|---------|------------------|------------------|------------------|------------------|--|--------------------------------------|--|
| | 2012/13 | 2013/14 | | | | | | | |
| BCF Measure Delayed transfers of care (delayed days) from hospital per 100,000 population (average per 3 month period) | n/a | 880.1 | 570.2 Apr-Jun | 774.8 Jul-Sep | 873.7 Oct-Dec | 452.3 Jan-Mar | Q1 - 838.5 Q2 - 838.5 Q3 - 838.5 Q4 - 808.3 | ↓ | Q1 838.5 Q2 838.5 Q3 838.5 Q4 808.3 |

19. The number of delayed transfer of care per 100,000 population has achieved target in 3 of the 4 quarters in 2014/15.
20. The actual number of reported delayed days has fallen from 15,871 in 2013/14 to 10,288 in 2014/15, a drop of 24%. Durham's rate of delayed days per 100,000 population was 2,892 which is below the national rate of 3,832.

The number of carers who are very/extremely satisfied with the support or services they receive.

| Indicator | Historical | | 2014/15 | 2014/15 Target | Direction of Travel (14/15 vs 13/14) | 2015/16 Target |
|--|----------------------|-------------------------|---------|----------------|--------------------------------------|----------------|
| | 2012/13 | 2013/14 | | | | |
| The number of carers who are very/extremely satisfied with the support of services that they receive | 47.9% (Statutory) | 52.6% (Local Survey) | 58.60% | 48% - 53% | ↑ | 48% - 53% |

21. Figures from the 2014/15 national carers survey show that 58.6% of carers were either very or extremely satisfied with the care and report they receive, this exceed the 14/15 range target of 48-53%. The national survey is conducted every two years and in 2012/13 Durham performance was 47.9%.
22. The survey was sent to a sample of 1,288 adult carers. There were 591 responses received, achieving a 45.9% response rate.
23. National results have not yet been published for 2014/15, the latest national benchmarking from the 12/13 shows a national rate of 42.7%.
24. A local survey will be conducted in 2015/16.

The number of people in receipt of Telecare per 100,000 population.

| Indicator | Historical | | 2014/15 | 2014/15 Target | Direction of Travel (14/15 vs 13/14) | 2015/16 Target |
|--|------------|---------|---------|----------------|--------------------------------------|----------------|
| | 2012/13 | 2013/14 | | | | |
| The number of people in receipt of Telecare per 100,000 population | 197 | 225.7 | 292 | 215 | ↑ | 225 |

25. The number of people receiving one or more items of telecare has continued to increase during 2014/15. As at 31st March 2015 292 people per 100,000 were in receipt of a telecare service which has exceeded the 14/15 target of 215.
26. No national benchmarking data is available.

Recommendations

27. The Health and Wellbeing Board is recommended to:
- Note the content of this report.

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Appendix 1: Implications

Finance

The BCF totals £43.735m for Durham, of which £3.241m is performance-related.

Staffing

No direct implications at this stage

Risk

Non-achievement of the non-elective admissions target will result in a reduction in the funds available to the BCF. Contingency plans are in place to mitigate any potential impact.

Equality and Diversity / Public Sector Equality Duty

As a public body, the Council must take into account the Equality Act 2010, a consolidating Act which brings together previous Acts dealing with discrimination. Decisions must be reviewed for potential impact on persons with “protected characteristics”. Equality and Diversity Impact Assessments are carried out, as appropriate.

Accommodation

No direct implications

Crime and Disorder

No direct implications

Human Rights

No direct implications

Consultation

Any required consultation is undertaken through the Health and Wellbeing Board, Officer Group and within the respective partner authorities.

Procurement

No direct implications

Disability Issues

No direct implications

Legal Implications

Any legal requirements related to BCF projects and BCF programme management are reviewed and updated as appropriate