

Health and Wellbeing Board

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Better Care Fund Quarter 1 2018/19 Performance

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 1 2018/19 performance metrics.

Background

- 2 The BCF is a jointly agreed programme of service delivery underpinned by joint funding and managed through a pooled budget arrangement which focusses on health and social care initiatives to enable greater integration of services in the community.
- 3 The BCF allocation for Durham in 2018/19 was £68.35m. Which includes the iBCF allocation to support adult social care.
- 4 The BCF Plan for 2017/19 was required to meet four conditions:
 - The BCF plan including the minimum contribution to the local pooled fund in the BCF allocations, must be signed off by the Health and Wellbeing Board and by the constituent Local Authority (LA) and Clinical Commissioning Groups (CCG's).
 - The plan must demonstrate how the area will maintain in real terms, the level of spending 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 commissioned out of hospital services, or retained pending release as part of a local risk share agreement.
 - All areas must implement the High Impact Change Model for managing Transfers of Care, to support system wide improvements in relation to transfers of care.
- 5 The Durham Better Care Fund Plan for 2017/19 was formally approved by NHS England on 27th October 2017.

National Metrics

- 6 The BCF policy framework established the national metrics for measuring performance and progress through the BCF programme which include:
- Permanent admissions to residential/nursing care homes
 - Non-elective admissions
 - The effectiveness of reablement/rehabilitation
 - Delayed Transfers of Care (DToC)

Performance Update

- 7 Performance against the four key metrics and deliverable are measured against current targets and historical performance. BCF Q1 2018/19 indicates positive performance only in 1 of the key metrics notably the impact of reablement/rehabilitation on people aged 65 years+ who remained at home 91 days after discharge from hospital.
- 8 A traffic light system is used in the report, where 'green' relates to 'on' or 'better than target', amber is within 2.0% of target and red is 'below' the target.

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

Indicator	Historical	Actual	Target	Performance against target
	Q1 2017/18	Q1 2018/19	Q1 2018/19	
Permanent admissions of older people (aged 65yrs+) to residential/nursing care home per 100,000 population	179.6	199.5	158.6	

- 9 The Q1 2018/19 rate for older people (aged 65yrs+) permanently admitted into residential or nursing care homes per 100,000 population at 199.5 was above the target of 158.6 and higher than the same period in 2017/18.
- 10 Whilst avoiding permanent admissions into residential or nursing care homes may be seen as a measure of delaying dependency; increasing numbers of frail older people in the population who are living longer with complex co-morbidities, who are unable to be managed safely within their own home remains challenging.

- 11 Stringent analysis of all permanent admissions to permanent residential or nursing care homes remains a high priority for assessors, in order to ensure that only those people who are unable to be supported safely in their own homes are admitted.
- 12 The number of bed days commissioned remains relatively stable as older people are admitted into permanent residential/nursing care homes later in life. Average age at admission for residential care is 87.4 years and nursing care 84.0 years.

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

Indicator	Historical	Actual	Target	Performance against target
	Q1 2017/18	Q1 2018/19	Q1 2018/19	
Non-Elective admissions per 100,000 population (3 month period)	2963	3064	2916.7	

- 13 The Q1 2018/19 figure for non-elective admissions was 3064 per 100,000 population against a target of 2916.7. Non elective performance for Q1 2018/19 was worse than target.
- 14 The challenges around non-elective admissions are the increasing numbers of patients who are admitted non-electively with a greater degree of complexity and acuity.
- 15 Main reasons for admission include Lobar Pneumonia, Chronic Obstructive Pulmonary Disease (CoPD), Sepsis, Urinary Tract Infections (UTI's) and respiratory infections which have a major impact upon emergency non-elective admissions.
- 16 The Right Care Respiratory Project have been focussing on the high numbers of non-elective admissions for respiratory conditions. Between April – August 2018 there have been 660 fewer emergency admissions compared to the same period last year.
- 17 The launch of the Consultant Connect Service which is a telephone based process which allows GP's to access emergency advice and guidance from Hospital Consultant teams as an alternative to sending patients to Accident and Emergency (A&E) or an Acute Medical Unit (AMU). It is expected that avoidable Non-Elective admissions will be reduced as a result of more accurate triaging which will give rise to more appropriate planned admissions as necessary.

- 18 Positive Lives is a joint initiative between Durham County Council, North Durham Clinical Commissioning Group and Durham, Dales, Easington and Sedgefield Clinical Commissioning Group which provides individualised support to adults who attend unscheduled care services more than expected. The service focusses on those adults who often present at A&E with a need which does not require medical treatment e.g. homelessness, financial issues, anxiety and will aim to offer more appropriate support. The service is expected to safely reduce the A&E attendances, associated hospital admissions and ambulance conveyancing for this cohort by around 40.0%.

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

Indicator	Historical	Actual	Target	Performance against target
	Q1 2017/18	Q1 2018/19	Q1 2018/19	
Percentage of older people (aged 65yrs+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation	88.9%	85.9%	85.9%	

- 19 Reablement/rehabilitation has continued to perform well in Q1 2018/19 and on target with 85.9% of older people remaining at home after hospital discharge.

Delayed Transfers of Care (DToC) delayed days per 100,000 population (per 3 month period).

Indicator	Historical	Actual	Target	Performance against target
	Q1 2017/18	Q1 2018/19	Q1 2018/19	
DToC (delayed days) from hospital per 100,000 population (3 month period)	279	378	365.4	

- 20 Q1 2018/19 DToC performance at 378 per 100,000 population is above the target of 365.4.

- 21 71.4% of all delays in Q1 2018/19 were attributable to the NHS with 15.5% attributable to social care and the remaining 13.1% attributable to both the NHS and social care as joint delays.

- 22 43.0% of all NHS delays were associated with 'awaiting completion of assessment'.
- 23 44.0% of all social care delays were related to 'awaiting residential care home placement'.
- 24 From a total of 1604 delayed days reported for Durham patients in Q1 2018/19, County Durham and Darlington NHS Foundation Trust accounted for 51.7% of the total.
- 25 For Q1 2018/19 Durham had the 14th lowest DToC rate/population in England.

Recommendation and reasons

- 26 Members of the Health and Wellbeing Board are recommended to:
- a) Note the content of this report
 - b) Agreed to receive further updates in relation to BCF quarterly performance.

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Appendix 1: Implications

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

Staffing - None

Risk – No requirement for risk sharing agreement.

Equality and Diversity / Public Sector Equality Duty – The Equality Act 2010 requires the Council to ensure that all decisions are reviewed for their potential impact upon people.

Accommodation – None.

Crime and Disorder – None.

Human Rights – None.

Consultation – As required through the Health and Wellbeing Board.

Procurement – None.

Disability Issues – see commentary on Equality and Diversity.

Legal Implications – Any legal implications concerning the BCF programme have been considered.