

# Hertfordshire Better Care Fund

Hertfordshire Health and Wellbeing Board  
15<sup>th</sup> December 2015

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# Overview of Presentation

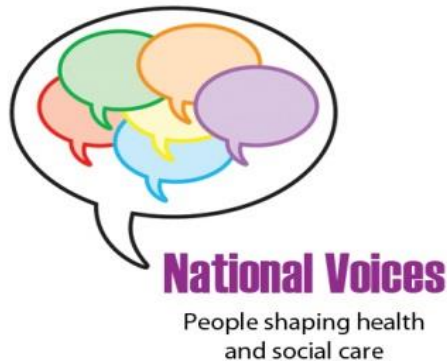
- What is the BCF?
- The integrated health and social care services in Hertfordshire
  - A close up review of two services.
- How are we performing?
- The future – 2016/17



# Integrated Care

- Working closely with partners, we want to transform care to make **maximum use of available resources** and ensure residents **receive better care and support closer to home.**

## What does integrated care look like?



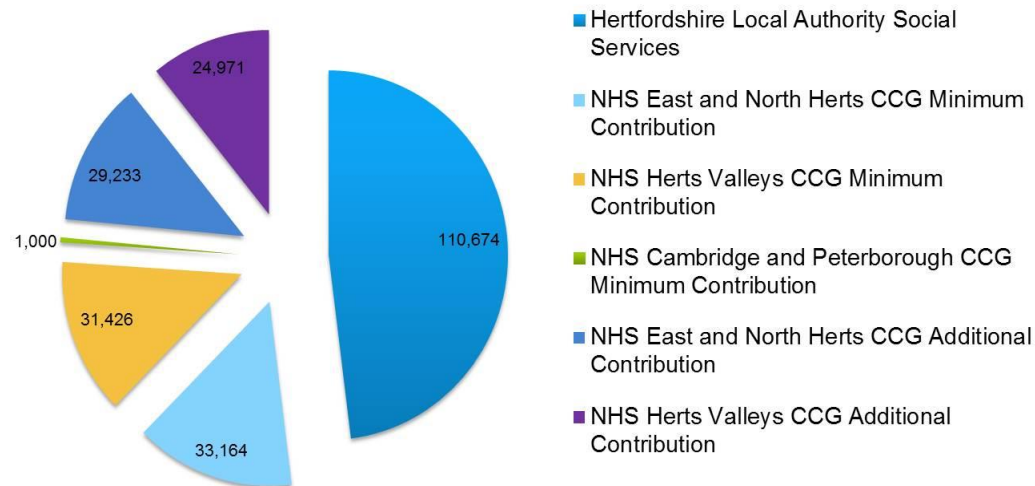
*“I can plan my care with people who work together to understand me and my carers, allow me control, and bring together services to achieve the outcomes that are important to me”*

National Voices

# The Hertfordshire BCF 2015/16

- The Better Care Fund is a **national programme** requiring local partners to pool health and social care money into a single fund to support closer working between organisations.
- The Hertfordshire Better Care Fund is a **pooled budget of c.£230m** (2015/16).
- The Hertfordshire BCF plan had to meet **6 national conditions:**

Hertfordshire BCF Gross Contribution (£000) 2015/16 by organisation

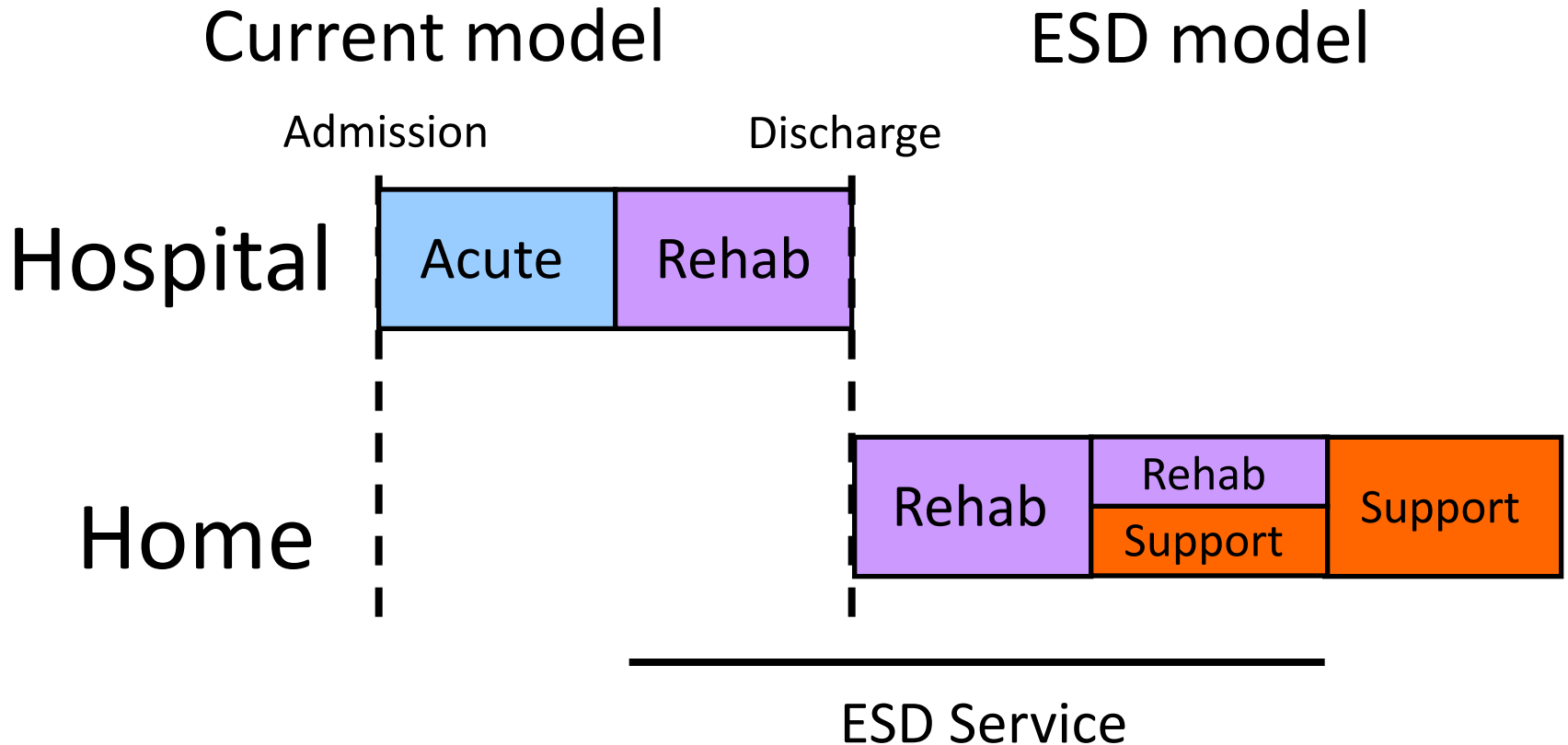


1. '7 day working'
2. Plans to be agreed jointly
3. Better data sharing
4. Joint assessment and 'accountable professionals'
5. Protection of social care services
6. Agreement on impact of changes in acute sector

# Integrated Services in Hertfordshire

- The Hertfordshire BCF delivers a number of **transformational projects**, including:
  - HomeFirst
  - Community Navigators
  - Stroke Early Supported Discharge
  - Complex Care Premium
  - Innovative Homecare Services (e.g. Home from Hospital, Delirium Recovery Pathway)
  - Discharge to Assess

# Stroke Early Supported Discharge



In ESD model up to 40% discharged early for community rather than bed based rehabilitation

# What do the patients say about the Stroke ESD service?

*"After four days of care in hospital, I was sent back home with a dedicated team of experts in physiotherapy and occupational therapy, all looking after me at home with a view to getting me on the move and back to normal."*

*"The services was very suitable to my needs, the staff were excellent."*

*"Prompt, polite and helpful staff."*





# Vanguard: Enhancing Health in Care Homes

1.

Confident Care Home staff

2.

Effective multi-disciplinary teams

3.

Rapid response service

4.

Effective technology

• Complex Care Premium



The Resident



Patient presents with Complex Characteristics

Referral

Accredited Care Home

Top up Payment

Quality care for complex patients

- Supporting care of the **more complex residents** – in-depth **training programme** plus £70 Premium per complex resident

# Complex Care Premium – Feedback so far

## Objectives

- Improved **resident outcomes** – less likely to be **admitted to hospital**
- Reduced unplanned **health service usage**
- Lasting improvement in **staff confidence** and capability

*“It has changed our home’s culture. Staff are upskilled and the 6 Champions work together as a professional team to give the best care for complex cases”*

*“It’s hard work because of the calibre of the training but it’s worth it...staff are empowered and it’s meaning better days for residents”*

*“(We’re) learning really useful ideas...(this will) cut down on district nurse callouts”*

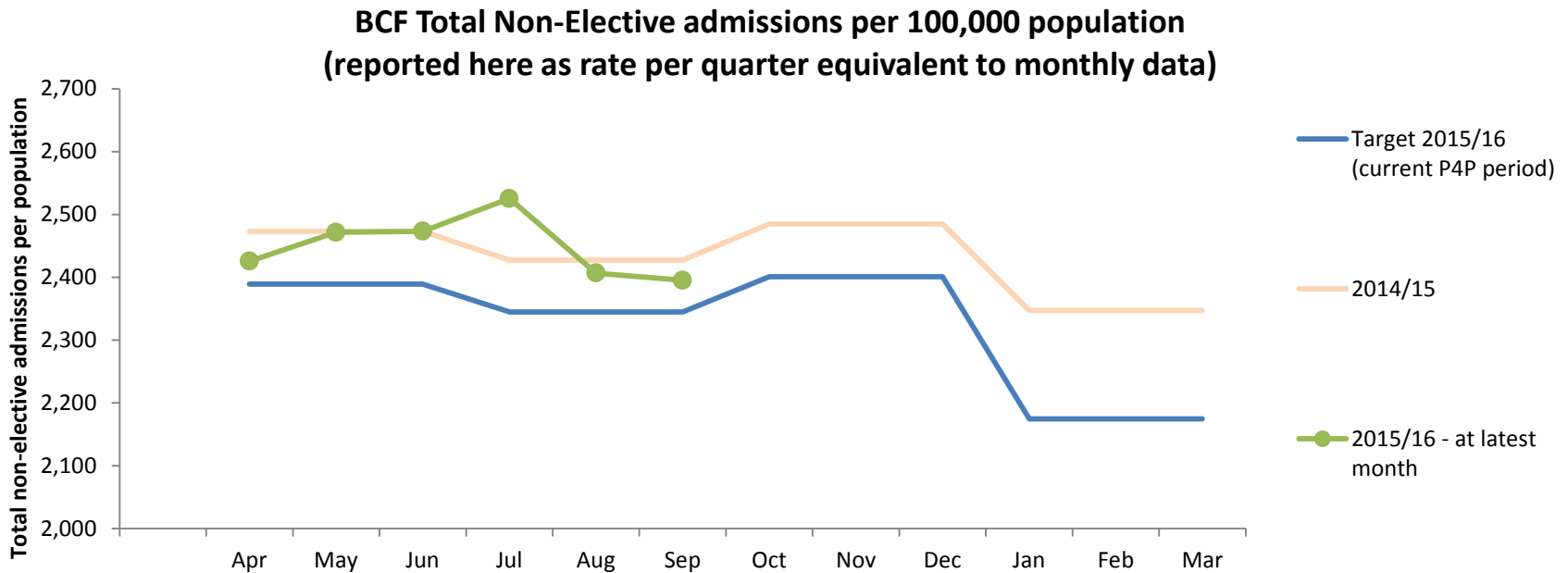


# Monitoring BCF Performance

- The performance of each project is monitored at integrated Boards within the CCGs and Council.
- The overall Hertfordshire BCF is monitored by NHS England according to performance of 6 metrics:
  1. Emergency admissions – Pay for Performance metric
  2. Delayed transfers of care
  3. Admissions to residential and nursing care
  4. Effectiveness of re-ablement
  5. Patient and service user experience
  6. (Locally agreed metric) Estimated diagnosis rate for people with dementia (NHS Outcomes Framework 2.6i)

# How are we performing?

## Non-elective (emergency) admissions



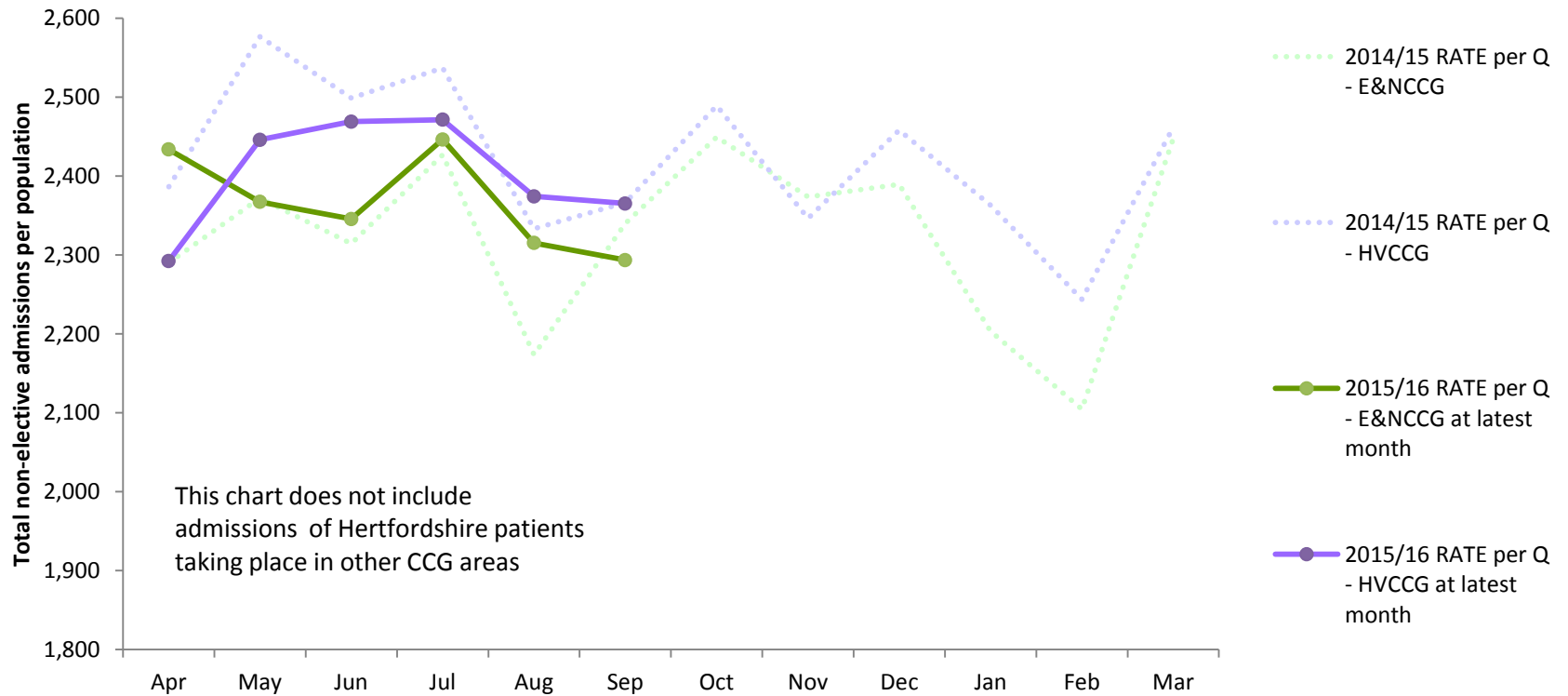
Q2 Target Performance = 27, 253 admissions

Q2 Actual Performance = 28,380 admissions (+1,127)

- This metric is seen as a proxy for how the health system as a whole is performing.
- The Hertfordshire BCF target is to **reduce admissions by 2.5%**, or 2,621 admissions, between Q4 2014/15 and Q3 2015/16 (Q4 2013/14 to Q1-3 2014/15 is the baseline).

# Non elective admission, by CCG

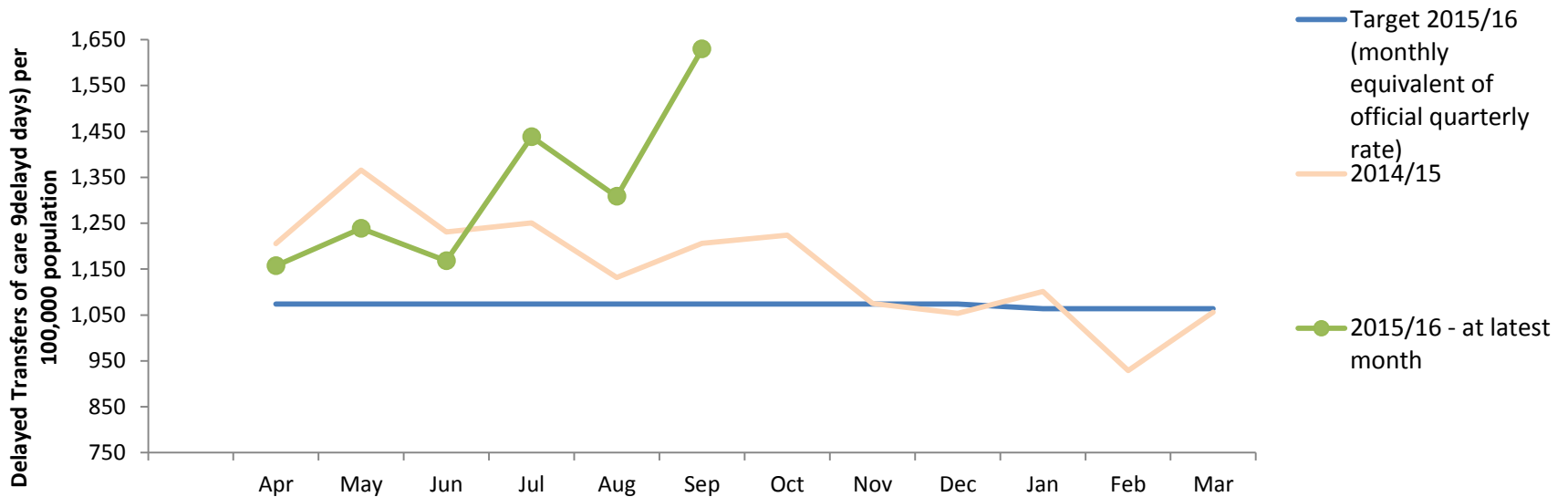
**BCF (4) Total Non-Elective admissions - Rate per population calculated from numbers attributed to selected CCGs**



# How are we performing?

## Delayed Transfers of Care

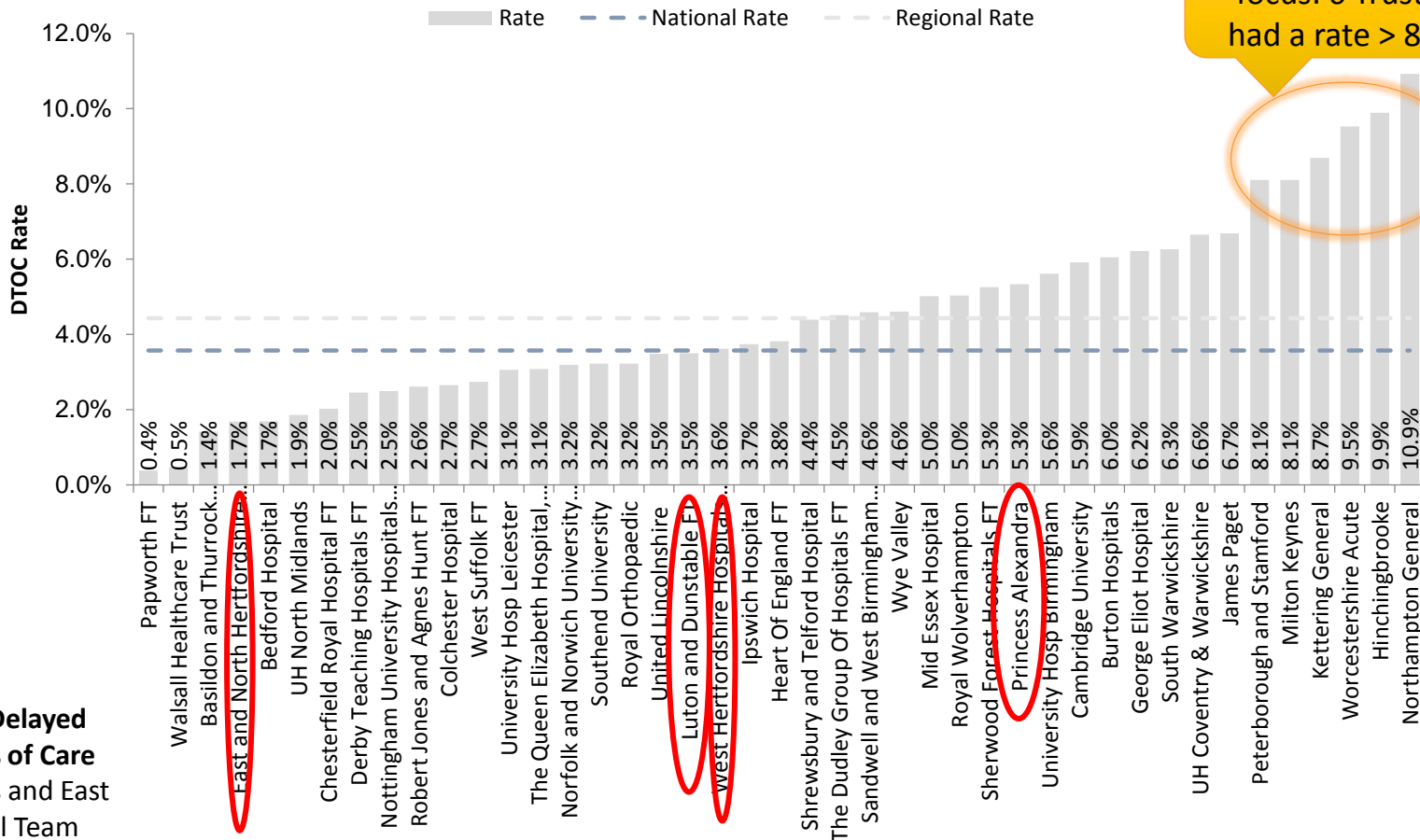
BCF Delayed transfers of care (delayed days) from hospital per 100,000 population  
(reported here as rate per quarter equivalent to monthly data)



Q2 Target performance = 1074 per 100,000 population. Q2 Actual performance = 1458 per 100,000 population

## Acute Trust Rates (analysis provided by NHS England)

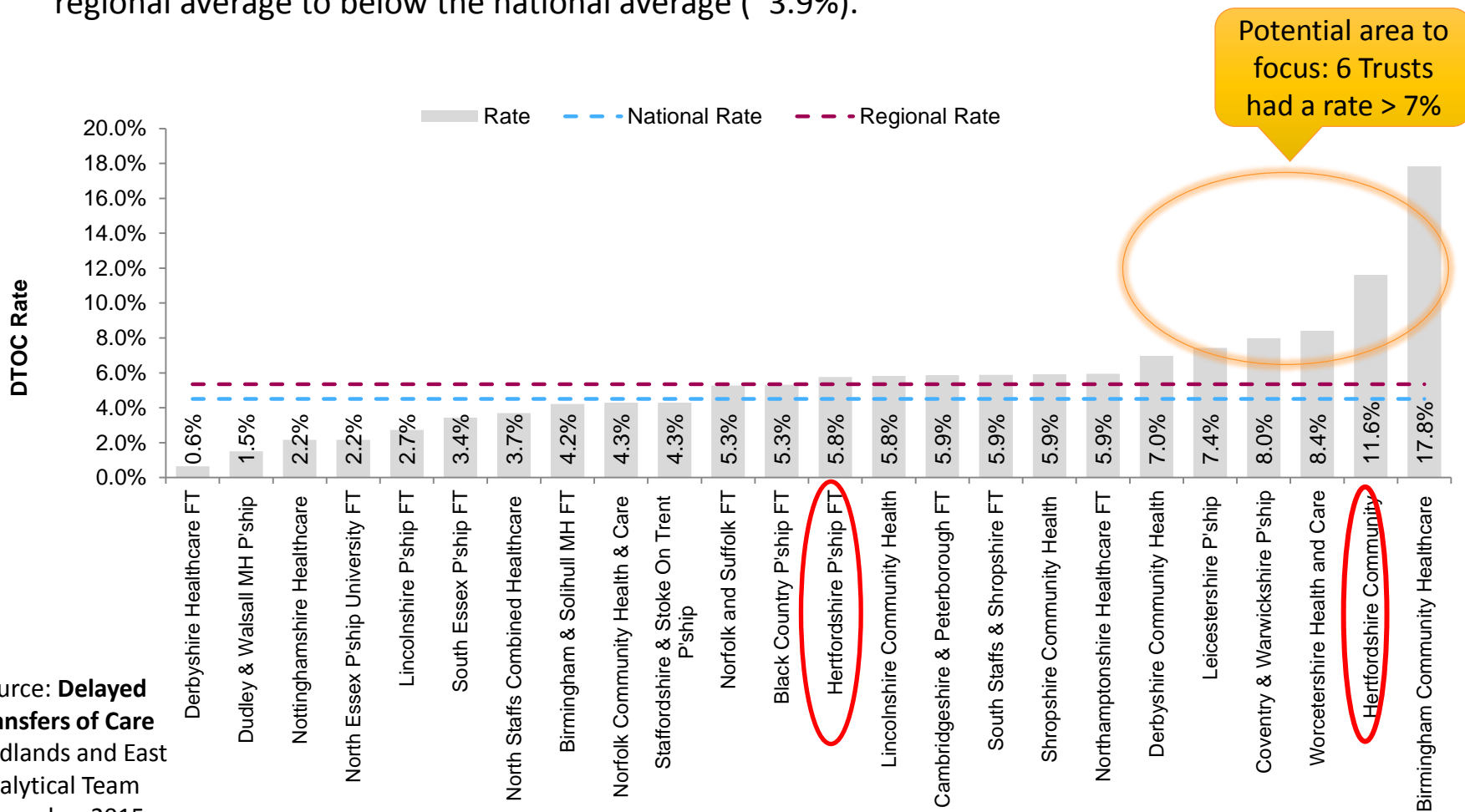
- Between Q2 14-15 and Q1 15-16 the DTOC rate for Trusts ranged from 0.4% to 11%, whilst the Regional rate was 4.4%.
- 31 Trusts had a DTOC rate above 3% and 11 of these had a rate above 6%.
- 6 Trusts had a rate over 8%. Reducing the rate to 3% for these Trusts would see the Midlands & East Regional average fall to close to the national average (~3.6%).



Potential area to focus: 6 Trusts had a rate > 8%

## Community /MH Trust Rates (analysis provided by NHS England)

- Between Q2 2014-15 and Q1 2015-16 the DTOC rate for Trusts ranged from 0.6% to 17.8%, whilst the regional rate was 5.4%.
- 17 Trusts had a DTOC rate above 4% and 6 of these had a rate above 7%.
- Reducing the rate to 4% for the Trusts who have a rate over 7% would reduce the Midlands & East regional average to below the national average (~3.9%).



Potential area to focus: 6 Trusts had a rate > 7%



# Other BCF Indicators - How are we performing?

| Indicator   | 2015/16 Actual Performance   | 2015/16 Target               |
|---|--|------------------------------|
| Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population                           | (Q2) 351 average admissions (data issues) 528 at end of 2014/15                      | 563 per month target rate    |
| Patient / Service User Experience Metric: Have Your Say Questionnaire. Sent to 50 recipients of Goldsborough Home Care Enablement per month.    | (Q2) Data not available as HCS are redesigning survey. Data will be available in Q3. | 90% target satisfaction rate |
| Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services | (Q2) 87.8%   | 88.5% target rate            |
| Estimated Diagnosis rate for people with dementia (NHS Outcomes Framework 2.6i)   | (Q2) 61.5%   | 67% target diagnosis rate    |

# BCF and the Comprehensive Spending Review

- NHS real budget increase of £8bn by 2020,
- Local government spending is projected to decrease by 6.7% in real terms by 2019/20.
- The Spending Review sets out plans to create an integrated health and social care system by 2020, (Plan to be agreed by 2017). The government 'will not impose how the NHS and local government deliver this this'.
- The Better Care Fund will continue and funding will be increased from 2017, and will reach £1.5bn by 2019-20;
- Disabled Facilities Grant will increase from £220m(15/16) to £500m by 2019/20.
- **Our commitment to deliver the best integrated care for service users and patients continues.**

# Next steps

- Review of the 2015/16 BCF projects and schemes to assess what was most successful, and why.
- Consideration of how the BCF fits within wider Strategic Reviews, HWBB Plan Re-fresh.
- Submit 2016/17 BCF Plan in March 2016.

# Any questions?

