Health and Wellbeing Board
Hertfordshire

Agenda Item No.

4

HERTFORDSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD
WEDNESDAY, 14 DECEMBER 2016 AT 10:00AM

2016-17 BETTER CARE FUND PERFORMANCE UPDATE AND DTOC OVERVIEW

Report of:

Author: Jamie Sutterby Tel: 01992 588950

1. Purpose of report

1.1 To provide an overview to the Board of 2016-17 Better Care Fund performance in Hertfordshire to date.

2. Background

2.1 Hertfordshire's Better Care Fund (BCF) is a single pooled budget, initiated nationally to drive closer joint working between the NHS and social care. In line with the 2016-17 BCF Plan submitted last May, £304m of existing funding has been pooled between Hertfordshire County Council (HCC), Herts Valleys CCG (HVCCG), East & North Herts CCG (ENHCCG) and Cambridgeshire and Peterborough CCG (CPCCG).

2.2 Guidance on next year's BCF Plan is due to be published by NHS England in December. The next Plan however will be required to cover two financial years (2017-2019) and must set out Hertfordshire's intentions for health and social care integration over the period. The BCF Plan must include how integration will align with Hertfordshire's Sustainability & Transformation Plan (STP). The next BCF Plan will be submitted to the Health & Wellbeing Board in March next year for approval.

3. Performance

3.1 Performance metrics

3.2 Hertfordshire's BCF is measured by NHSE quarterly against 6 set performance metrics (see table 1). The latest performance information is as below (see appendix 1 for more detailed information):

Table 1: 2016-17 Performance against NHSE metric targets

National Metric	2016-17 Target	Q1	Q2
1. Non-elective admissions	Average of 26,862 NEAs per quarter (Q1 = **26,622**, Q2 = **26,857**)	26,463	26,634
2. Admissions to residential & nursing care	**610** admissions per 100, 000 population	533	392*
3. Effectiveness of reablement	**87.1%** of 65+ still at home 91 days after discharge into reablement/rehabilitation services	85.8%	84.7%
4. Delayed transfers of care	707.9 DToC per 100, 000 population (Q1 & Q2 = **709.6**)	1495	1553
5. Dementia diagnosis (locally agreed metric)	**67%** dementia diagnosis rate in line with national target	62.7%	64.5%
6. Service user engagement - HCS enablement survey	**90%** overall satisfaction rate in HCS enablement service survey	85.7%	86.8%

**A data lag means this figure is likely to increase by Q3 although still be on target (Green = met, Amber = nearly met, Red = not meeting)*

3.3 Hertfordshire continues to perform positively in relation to non-elective admissions, dementia diagnosis and admissions to care homes. However, key challenges remain regarding delayed transfers of care (DToC) with numbers of delayed bed days in 2016-17 exceeding both the target and 2015-16 figures. This reflects a national trend in areas not meeting baseline or Plan targets. In Hertfordshire, this is largely due to a lack of available ongoing capacity in the community, but also due to ongoing process, staffing and communication issues which are being tackled through the integration of Integrated Discharge Teams (IDTs) and a range of other improvement activity to help manage demand..

3.4 Other key performance commentary for quarter 1 and quarter 2 includes:

- 93,000 hours of **Specialist Care at Home** (SC@H) homecare have been delivered further to roll out in April this year. A recent review has shown:
  - A higher number of people are exiting the service with no ongoing homecare requirements (65%) than previous services
  - Better value for money with more care delivered than the previous services but for a smaller cost – in E&N transitional homecare is £4ph less expensive since implementation and in HV is £7ph less expensive
  - SC@H is accepting a higher proportion of clients

- Continuation of the E&N Vanguard, for example, introduction of the Trusted Assessor role, Red Bag initiative and expansion of the 'Complex Care' scheme to allow developing care homes care for complex residents
- Development of the Local Digital Roadmap aligning to Sustainability & Transformation Plans (STPs) – this outlines development of a digital integrated shared care record and plans for system connectivity and integration over the next 2-3 years.

- A Multi-Speciality Case Manager role has been introduced for all HV localities as part of the multi-speciality team (MST) approach.
- An agreement between London School of Economics and HCC means HVCCG's MST approach and the Complex Care Premium scheme will be fully evaluated and learning built into future preventative projects.
- Greater integration and co-location of health and social care teams at both Lister Hospital and Princess Alexander Hospital to improve patient flow.
- Establishment of an Operational Access Group on warm handovers that will reduce duplication and improve patient experience.
- HomeFirst rolled out to both Welwyn & Hatfield and Stevenage localities in November building on existing Rapid Response services.

3.5 A more in-depth summary of performance, including DToC, will be provided via a PowerPoint presentation at the HWB meeting. This includes further details for a 'Patient Satisfaction Dashboard' bringing together local and national health and social care patient experience information.

4. Risks

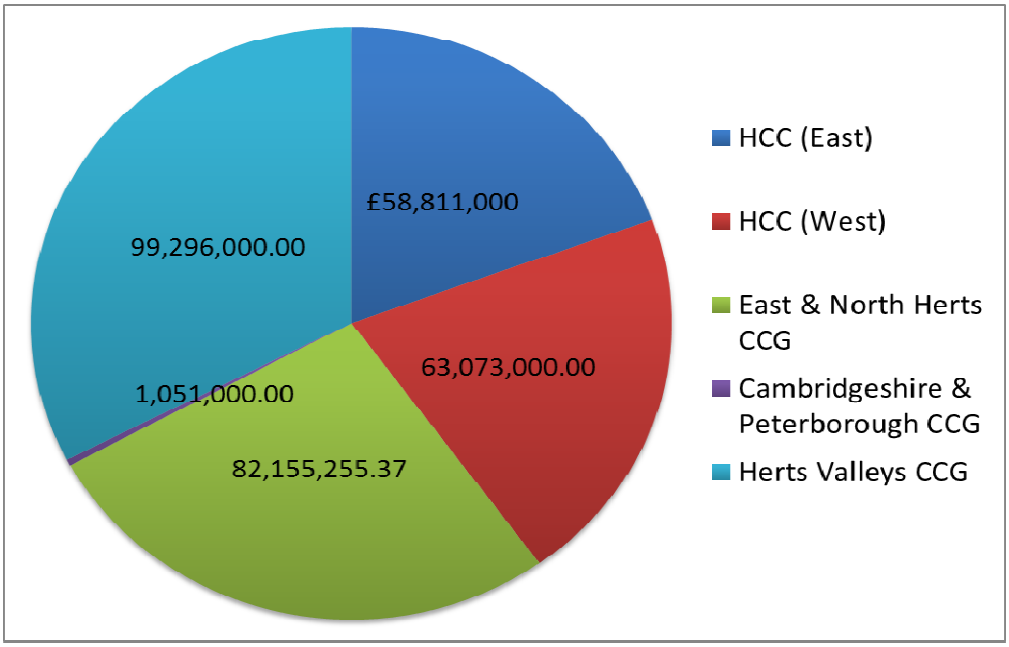
4.1 BCF risks continue to be monitored by the Chief Finance Officer Group and reported to the Planned & Primary Group and Joint Executive Group in accordance with BCF reporting structures and risk management strategy. Risks this quarter include health and social care market capacity and retention issues.

4.2 BCF governance has also been subjected to auditing by HVCCG and HCC audit services this year with resulting recommendations addressed and in place.

5. Finance

5.1 Previous reports have introduced 'big' and 'little' BCF budget categories. The 'big' BCF is the £304m countywide budget containing the budget lines for a range of community health and social care services.

Table 2: 2016-17 BCF Contribution by Organisation:



5.2 The 'little' BCF is the allocation that is transferred from the NHS to HCC "towards expenditure incurred by the authority in connection with the performance of any of the authority's functions which (a) have an effect on the health of any individuals; (b) have an effect on, or are affected by, any NHS functions; or (c) are connected with any NHS functions" (Section 256 of the NHS Act 2006). This recognises the system benefit of supporting social care, and is therefore significant to achieving the above outlined BCF metrics and national conditions (see appendix 2). The 'little BCF' is managed at officer level at Executive to Executive meetings or equivalent across both CCG areas.

5.3 The services and activities funded by the 'little BCF' generally fall into three categories:

- Commissioned care – e.g. intermediate care, Specialist Care at Home to support ongoing need and patient flow
- Additional staff to support integrated teams – e.g. hospital discharge teams, Rapid Response, Early Intervention Vehicle, Community Navigators
- Project initiatives or pilots – e.g. Carer Friendly Hospital, Medeanalytics licensing

5.4 Across the BCF as a whole, pressures have arisen within Funded Nursing Care, reflecting increased national rates, and Continuing Healthcare due to an increasing number of clients with complex conditions. Increased Patient and Carers' Direct Payments packages also represent a pressure on HCC budgets. The latter is being managed through a programme of active review to identify high cost payments and ensure consistency of provision across the county.

6. Recommendation

6.1 That the Board notes the key points of 2016-17 BCF performance, risks and finance to date

6.2 That the Board provides feedback on whether information provided meets their needs in terms of regular BCF reporting.

Report signed off by	Colette Wyatt-Lowe, HWB Chair
Sponsoring HWB Member/s	Iain MacBeath, Beverley Flowers, Cameron Ward
Hertfordshire HWB Strategy priorities supported by this report	The Better Care Fund proposals relate to all four of the Health & Wellbeing priority areas: • Starting Well • Living and Working Well • Developing Well • Ageing Well
Needs assessment (activity taken) The Better Care Fund identifies initial priorities for integration based on our understanding of	

both need in the area and future demographic challenges, which is why the priorities include:

- Support to frail older people populations
- Long term conditions
- Dementia
- Stroke Care

Consultation/public involvement (activity taken or planned)

The 2015-16 BCF Plan, forming the basis of this year's Plan, was created further to extensive consultation activity around the BCF process, with patient groups, statutory bodies, provider organisations and the voluntary and community sector. Strategies incorporated in the Plan's vision and priorities have included extensive engagement.

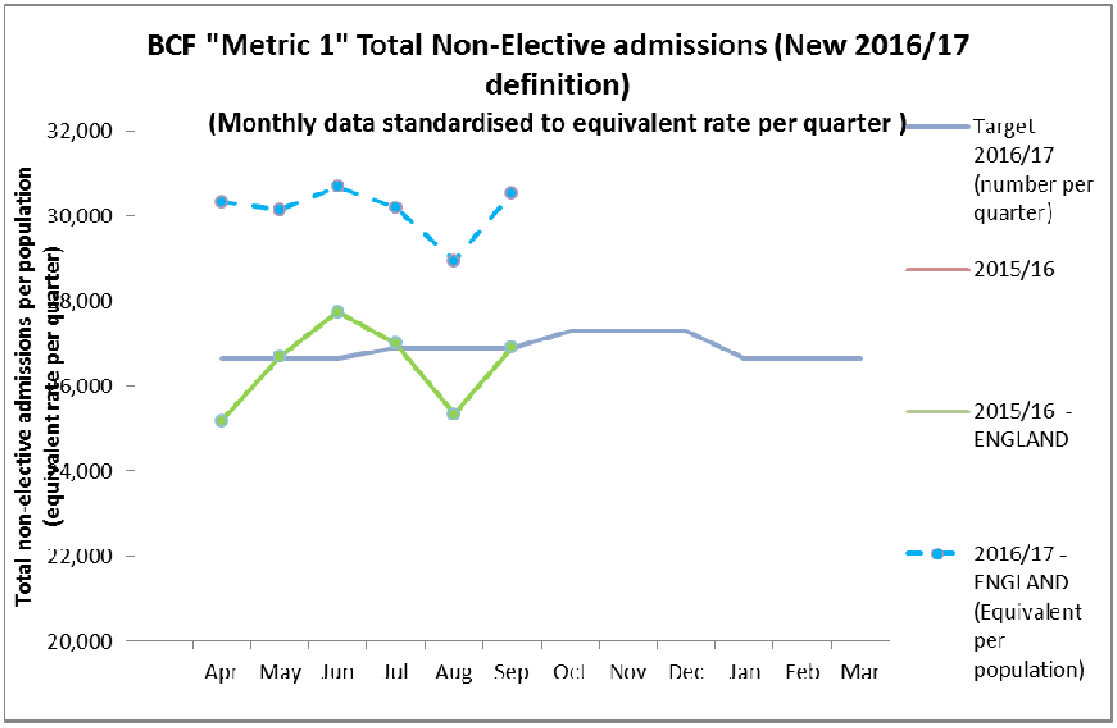
Equality and diversity implications

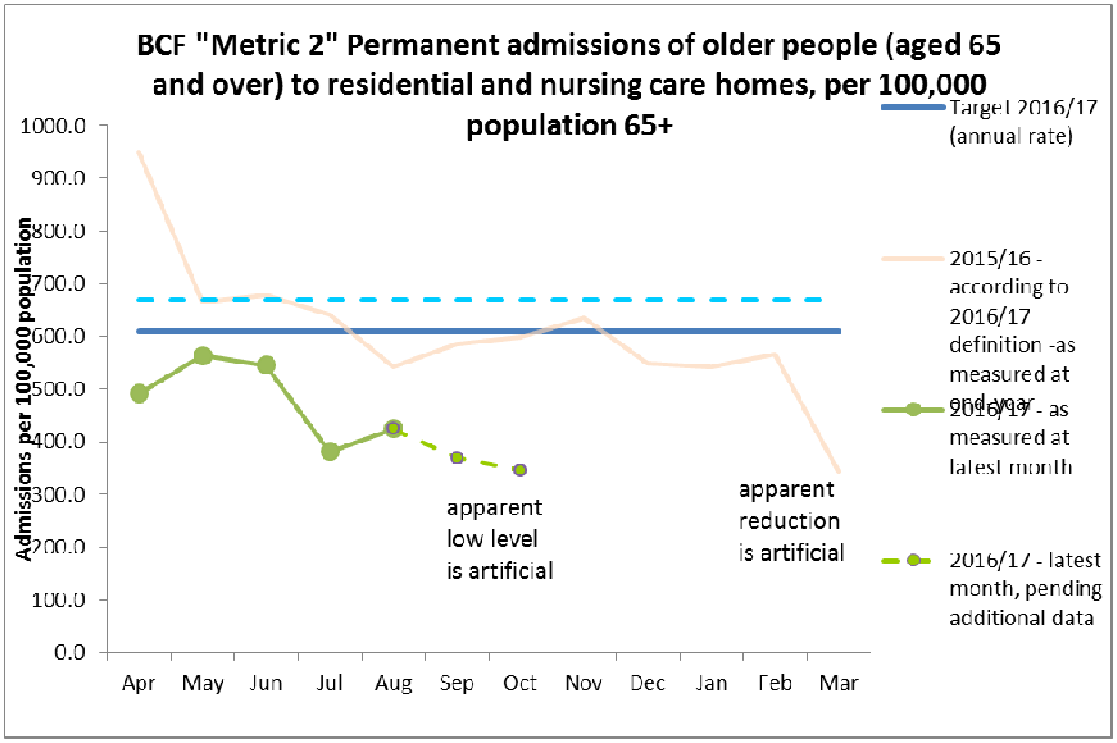
Each project that is delivered as part of the Better Care Fund work is subject to robust equality impact assessments, to ensure the impact on different groups is understood and where necessary mitigated against

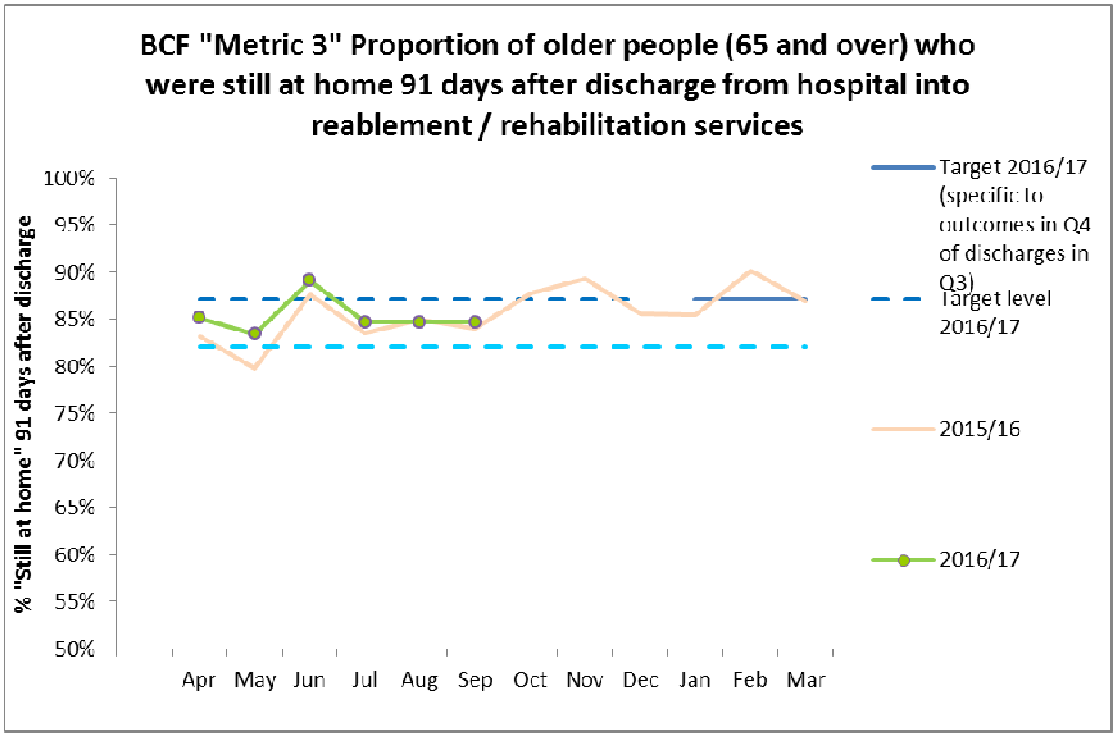
Acronyms or terms used. Eg:

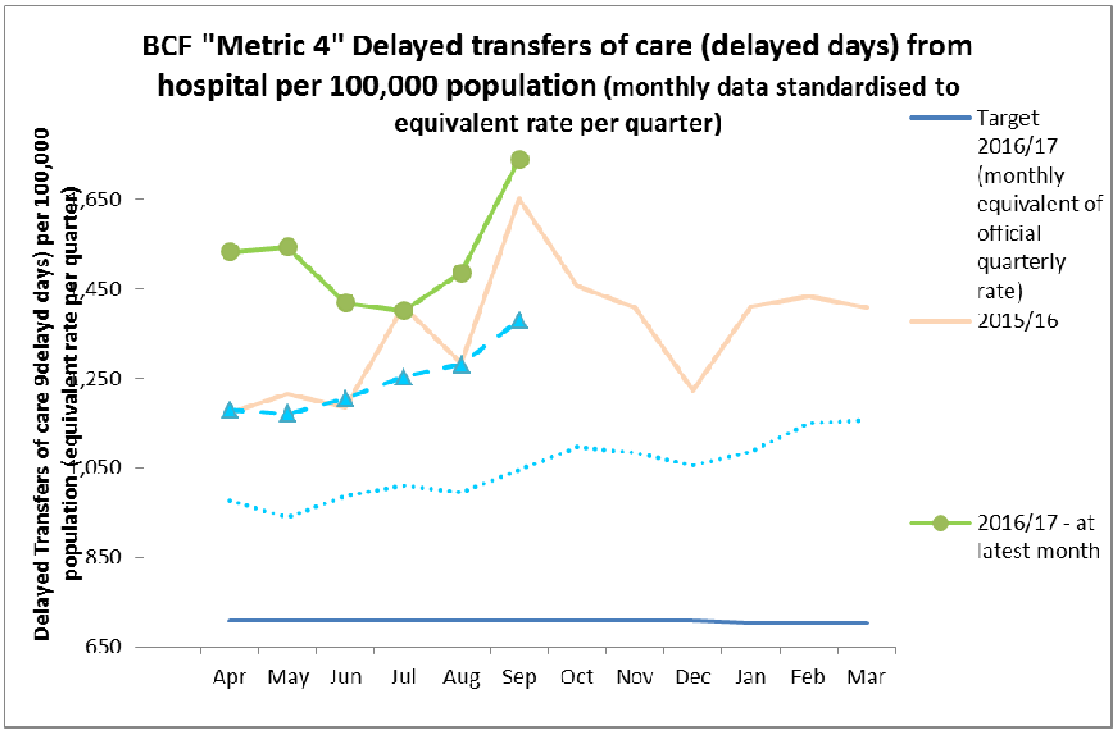
Initials	In full
BCF	Better Care Fund
CCG	Clinical Commissioning Group
CPCCG	Cambridgeshire & Peterborough Clinical Commissioning Group
DtoC	Delayed Transfer of Care
ENHCCG	East & North Herts Clinical Commissioning Group
HCC	Hertfordshire County Council
HCS	Health & Community Services
HWB	Health & Wellbeing Board
HVCCG	Herts Valleys Clinical Commissioning Group
IDT	Integrated Discharge Team
MST	Multi-Speciality Team
NHSE	NHS England

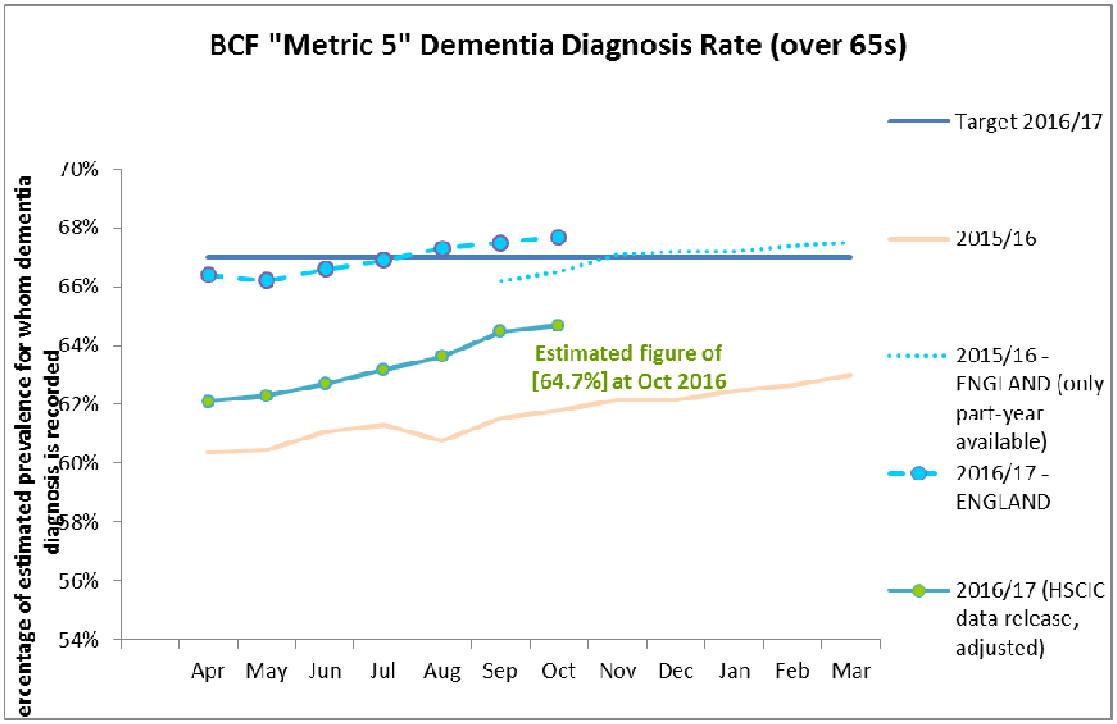
Appendix 1 - BCF Metric Performance (as on Q2 2016-17)

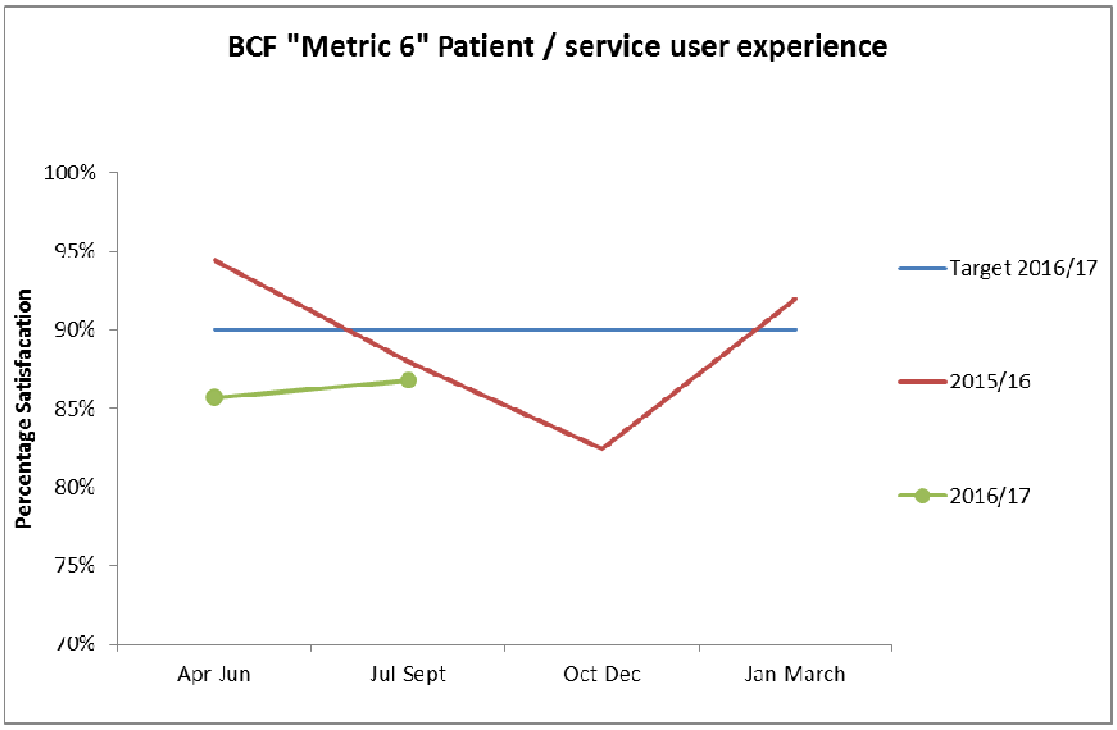





BCF "Metric 3" Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
% "Still at home" 91 days after discharge
100%
95%
90%
85%
80%
75%
70%
65%
60%
55%
50%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
Target 2016/17 (specific to outcomes in Q4 of discharges in Q3)
Target level 2016/17
2015/16
2016/17


BCF "Metric 4" Delayed transfers of care (delayed days) from hospital per 100,000 population (monthly data standardised to equivalent rate per quarter)
Delayed Transfers of care 9delayd days) per 100,000 population (equivalent rate per quarter)
1,650
1,450
1,250
1,050
850
650
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
Target 2016/17 (monthly equivalent of official quarterly rate)
2015/16
2016/17 - at latest month


BCF "Metric 5" Dementia Diagnosis Rate (over 65s)
Percentage of estimated prevalence for whom dementia diagnosis is recorded
70%
68%
66%
64%
62%
60%
58%
56%
54%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
Estimated figure of [64.7%] at Oct 2016
Target 2016/17
2015/16
2015/16 - ENGLAND (only part-year available)
2016/17 - ENGLAND
2016/17 (HSCIC data release, adjusted)


BCF "Metric 6" Patient / service user experience
Percentage Satisfacation
100%
95%
90%
85%
80%
75%
70%
Apr Jun
Jul Sept
Oct Dec
Jan March
Target 2016/17
2015/16
2016/17

Appendix 2 – BCF National Conditions

The 2016-17 BCF Plan is required to show how Hertfordshire will meet NHS England-set national conditions, two of which were added for 2016-17:

- 7 day working in health and social care
- Plans to be agreed jointly
- Better data sharing between NHS and social care
- Joint assessment and accountable professionals
- Protection of social care services (not spending)
- Agreement on the consequential impact of changes in the acute sector
- *New condition for 2016-17* - Agreement on investment in NHS commissioned out-of-hospital services
- *New condition for 2016-17* - Agreement on local action plan to reduce delayed transfers of care

These are likely to be reduced to three national conditions in the next financial year – to be confirmed following publication of guidance by NHS England in December.