Wiltshire Council

Health and Wellbeing Board

Thursday 7 February 2019

Subject: Better Care Plan

Executive Summary

Non-elective admissions are around 7% higher than the same period in 2017-18. Over 50% of the increase is people admitted and discharged on the same day. There has been little increase in spells with a length of stay of 7 or more days. Spells admitted and discharged on the same day have increased by a fifth.

Delayed transfers of care decreased again in November following a rise in October. Overall delayed days are down around 25% (4,380 days) on the same period in 2017-18 but remain substantially over the target we were set by NHS England.

Permanent Admissions to Care continue to reduce and are likely to be well under the agreed target. Non-elective admissions, delayed transfers of care and reablement remain off track to achieve the agreed targets.

Following changes to the service and the data collection process Wiltshire Health & Care Homefirst, November saw activity levels maintained with 136 clients starting with support. This reflects the service supporting admission avoidance as well as discharge support.

Intermediate Care Beds are averaging around 41 step-down discharges per month against an expectation of 60 per month. This is driven by longer than expected length of stay for rehabilitation patients. There has been an average of around 4 discharges from the 10 step-up beds in the South. Unutilised step up beds are used to support step down referrals. The occupancy rate dropped in December to around 76%. It is intended that implementation of the revised patient flow hub will improve this area of the system.

Urgent Care at Home is achieving an average of around 62 referrals per month against an expectation of 80 per month. November saw 66, of which 19 were discharge support, rather than admission avoidance. The admission avoidance percentage in November was around 91% which is better than the expectation of around 80% or higher.

Community Hospital beds are averaging close to 70 admissions per month against an expectation of 80. This is driven by longer length of stay. High intensity care from Wiltshire Health and Care saw 7 referrals in November which is lower than the YTD average of around 15 patients per month against

the expectation of 18 patients per month. The length of stay reduced in November to just over 28 days which is lower than the average for this year.

The revised Help to Live at Home Alliance is now in place. December saw the number of new and ongoing clients at similar levels to November. As the new framework beds in we hope to see improvements in the time it takes to put in a package of care as we have new providers in the County adding welcome new capacity into the marketplace.

The report also provides an update on the latest performance of the local schemes underpinning the performance improvement and integration initiatives which are being delivered through BCF.

Work is ongoing to rationalise reporting to ensure that this dashboard going forward supports the local integration and STP agenda while continuing to support the national Better Care Fund reporting. It is also intended that a review is undertaken of each funding stream to assess its impact and make recommendations for their future continuation or decommissioning.

Routine quarterly reporting on the Wiltshire Better Care Fund is required by NHSE and LGA. The returns ordinarily should be approved by the Health and Well-being Board, however the deadlines for returns rarely coincide with the scheduled Health and Wellbeing board meetings. This report requests delegated authority for these returns to the Director of Commissioning (Wiltshire Council), and the Director of Commissioning (Clinical Commissioning Group) who will approve these returns on behalf of the Health and Well-being Board.

Proposal(s)

It is recommended that the Board:
  i.   Note the performance levels contained in the Integration and Better Care Fund Dashboard
 ii.   Note the progress being made to further improve our whole system governance and leadership for Wiltshire residents.
iii.   Note the intention to review the impact of each funding stream within BCF.
 iv.   To approve the proposal to delegate authority for technical quarterly returns to the Director of Commissioning (Wiltshire Council), and the Director of Commissioning (Clinical Commissioning Group) who will approve on behalf of the Health and Well-being board.

Reason for Proposal

To provide assurance that the Better Care Fund Programme is taking forward the Health and Wellbeing Board priorities aligned to transforming care from an acute to community or home.

To table the proposal to delegate authority for quarterly returns to the Director of Commissioning (Wiltshire Council), and the Director of Commissioning (Clinical Commissioning Group).

Wiltshire Council

Health and Wellbeing Board

Thursday 7 February 2019

Subject: Better Care Fund Programme Dashboard

Purpose of Report

1.   To provide a status report for the Better Care Fund Programme.

Background

2.   The Better Care Plan is established and provides a platform for transformation and system wide integration. Whilst much work has been undertaken across system, it is recognised that to drive forward our ambitions it is timely that we review the impact of each funding stream.

Main Considerations

3.   The performance dashboard at Appendix 1 contains detailed information across the Health and Social Care system. In summary:

4   Table 1 outlines the position with respect to the Better Care Plan Metrics, with the exception of Delayed Transfers of Care which are detailed later in this report.

Table 1 – Better Care Fund National Metrics:

	2017-18		2018-19 Target	2018-19 Forecast
	Actual	**Rank**		
Non-Elective Admissions	48,138	9 (1 is lowest)	48,976	50,296 to M8 Admissions
Permanent Admissions to Care Homes	367	15 (1 is lowest)	500	368 to M9 Admissions
% at home 91 days after discharge following reablement	69.2%	147 (1 is highest)	86.7%	67.1% Q1 Discharges

Non-Elective Admissions:

To M8 2018-19 there have been 33,531 non-maternity emergency admissions to hospital for Wiltshire registered patients. This is an increase of 7.3% (2,293 admissions) on the same period last year. The increase in admissions is driven by an increase in zero length of stay admissions by 16.2% (1,392 admissions). This increase is predominantly at GWH (605 admissions) which reflects a change in coding practice for Ambulatory Care Sensitive admissions which are now

counted as an admission rather than an OP attendance. Admissions with a length of stay of 1 to 6 days have increased by 6.8% (921 admissions), predominantly at RUH & SFT. Patients with a length of stay of a week or more are up 1.6% (98 admissions). Although November saw a small increase in the length of stay, overall length of stay for acute specific emergency admissions with a stay of 2 days or more has decreased by around a day from 11.5 days in 2017-18 to around 10.7 in the current year to M8.

Avoidable Ambulatory Care Sensitive (ACS) emergency admissions in M8 show an overall increase of 10.2% (532 admissions). There has been an increase at all 3 Wiltshire trusts with RUH seeing the largest increase of around 16.4% (312 admissions). Analysis by the type of condition shows that acute conditions (e.g. ENT Infections or UTI) account for the bulk of the increase, while chronic conditions (e.g. Angina or COPD) are broadly similar to last year while other and vaccine preventable conditions (e.g. Influenza or TB) have seen a decrease.

To M8 2018-19 admissions from non-LD care homes were 1.2% (16 admissions) higher than the same period in 2017-18. When split by CCG group, the South has seen a reduction of 9.8% (43 admissions) while there have been increases in the North of 2.9% (15 admissions) and in the West 11.1% (44 admissions).

Permanent Care Home Admissions

There have been 276 permanent admissions to a care home to the end of December 2018 which is substantially lower than the same period last year of 325. This continues the historic trend which supports the local aspiration for care as close to home as possible. This does potentially have consequences in relation to provision of care at home as the acuity of patients needing care at home has increased, putting additional pressure on primary and home care services.

Reablement (% at home 91 days post discharge from hospital into a reablement service)

For discharges in Q1 2018-19, reablement performance showed a drop to 67.1% from the 71.6% for discharged in Q4 2017-18. The Q1 performance is similar to the annual average in 2017-18 which was a drop from the performance seen in earlier years which was generally over 80%. Overall NT performance in Q1 was 69.9% (Q4 - 71.7%), IC Beds achieved 62.6%(Q4 - 71.8%) and ISP Clients were 62.5% (Q4 - 70.4%).

Following discussions with WH&C, the long-standing issues surrounding patient level data have now been resolved, and we expect that community team reporting will feed through into the numbers from September 2018.

Delayed Transfers of Care:

Wiltshire submitted a delayed Transfers of Care trajectory with the intention of hitting the target set by NHS England in December. The trajectory and performance to date is outlined in Table 2:

Table 2 Delayed Transfer of Care trajectory and actuals 2017/18

DToC Days		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sept-18	Oct-18	Nov-18	Dec-18
NHS	**Plan**	703	703	703	703	703	703	703	703	703
	Actual	986	950	932	1,336	1,265	1,152	1,271	978	
SC	**Plan**	389	389	389	389	389	389	389	389	
	Actual	505	489	498	522	493	476	697	534	
Joint	**Plan**	108	108	108	108	108	108	108	108	
	Actual	49	87	60	134	59	29	73	95	
Total	**Plan**	**1,200**	**1,200**	**1,200**	**1,200**	**1,200**	**1,200**	**1,200**	**1,200**	**1,200**
	Actual	**1,540**	**1,526**	**1,490**	**1,992**	**1,817**	**1,657**	**2,041**	**1,607**	

November 2018 saw 1,607 lost bed days for Wiltshire patients which is a decrease of nearly a quarter from the 2,041 lost bed days in October. To M8 for 2018-19 we have seen a reduction in the number of delayed days of around 25% (4,380 days), however we remain above the trajectory. Detailed provider level performance charts are provided in Appendix A.

Benchmarking data shows for DTOC Wiltshire had a rank of 136 in 2017-18. Our current YTD rank for 2018-19 is 127.

**Figure 1 Delayed Transfers of Care Comparison with 2017-18.**
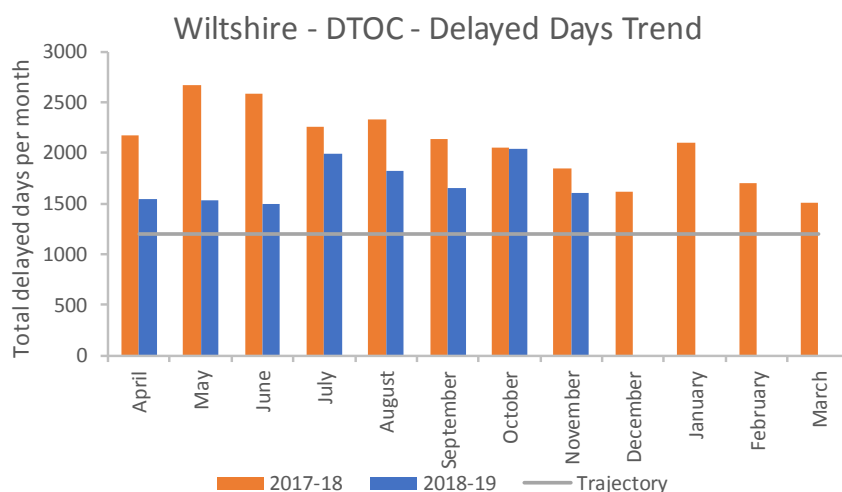
We continue to see that the number of delayed days each month is lower than the same month in the previous year. We remain above our trajectory of 1,200 delayed days per month. In 2018-19 we continue to see reductions in delayed days at all the main Wiltshire providers:

- GWH (29 days lower, 1.1%)
- RUH (126 days lower, 4.0%)
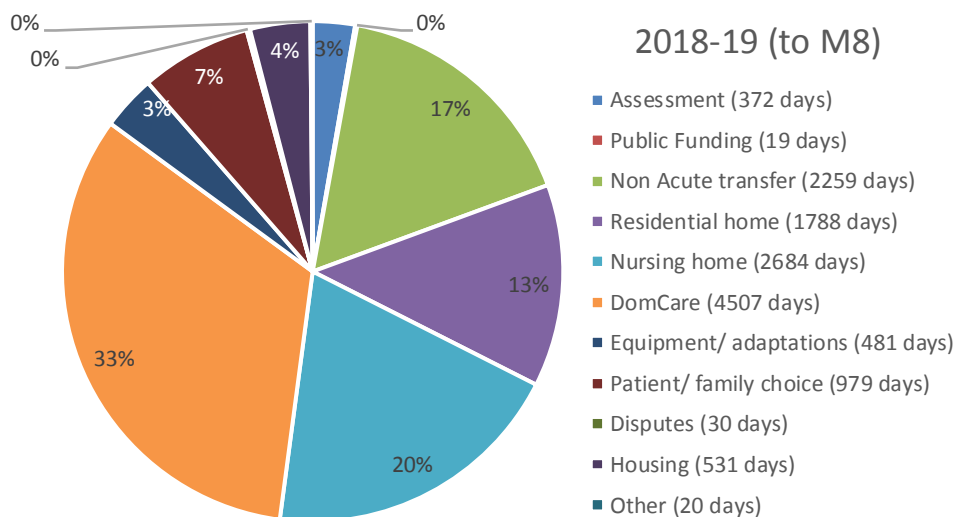- SFT (285 days lower, 7.7%)

- AWP (1,063 days lower, 45.8%)
- WH&C (2,406 days lower, 43.3%)
- Out of area Hospitals (471 days lower, 70.6%).

Figure 2: Delayed Transfers of Care: Reasons for Delay (% of total)
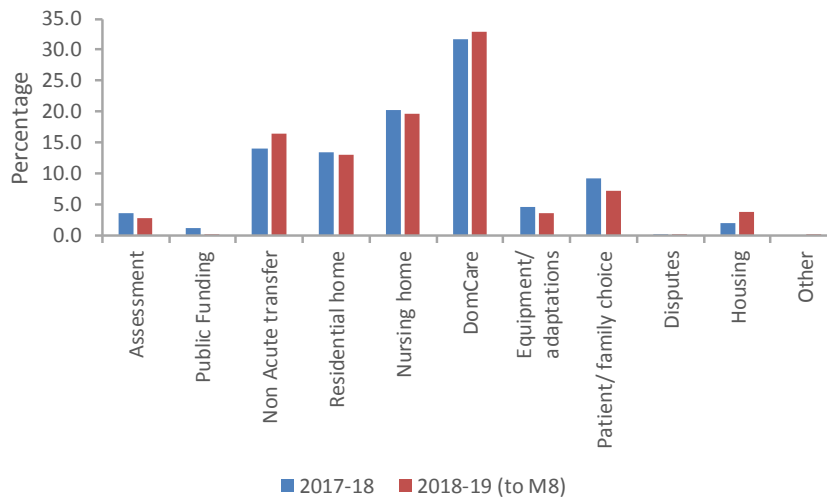
The percentage of delayed days associated with Domiciliary Care and Non-Acute Transfer have increased when compared to 2017-18, while delays associated with Placement (nursing care), Equipment / Adaptations and Choice have reduced. Figure 3 shows the breakdown of delayed days by cause in 2018-19.

Figure 3: 2018-19 (Q1) Delayed Transfers of Care: Reasons for Delay (% of total)

2018-19 (to M8)

- Assessment (372 days)
- Public Funding (19 days)
- Non Acute transfer (2259 days)
- Residential home (1788 days)
- Nursing home (2684 days)
- DomCare (4507 days)
- Equipment/ adaptations (481 days)
- Patient/ family choice (979 days)
- Disputes (30 days)
- Housing (531 days)
- Other (20 days)

Other BCP Indicators:

In November, the number of admissions to step down IC Beds were similar at 36 which is lower than the levels seen during 2017-18. Discharges were lower than last month at 36 (2017-18 average was 48). Length of stay for step down rehab patients in December was 42.5 which is an improvement to that seen in November. The 10 beds lost when one of the homes gave notice have now been replaced with 5 beds now on stream at the end of August. This reduction in beds may have impacted on admissions and performance. The occupancy rate also fell again in December due to teething problems at the patient flow hub and specific issues with one of the homes.

The new Domiciliary Framework contract has commenced and this is impacting on reporting as existing clients are moved from Help to Live at Home contracts to the new framework. While this process is undertaken reporting may be a little erratic. New home care activity is being sustained with 73 new clients in December compared to 79 in November and 73 in October. The average number of new clients per month this year has been 78 compared to 2017-18 which was around 112. Ongoing care at home activity was maintained in December at just over 1,700 people supported during the month which is an increase from the 1,600 in October.

UCAH referrals for admission avoidance increased to 66 in November from 54 in October, this remains well under the target of around 80 referrals a month. In November, the admission avoidance percentage was around 91% which is an improvement on October (64%) which is lower than the historic average. In October, this service supported the discharge of 19 patients which was higher than the 10 in October, the monthly average is remains around 9 per month.

Better Care Fund 2019/20

5.   National guidance has not yet been published for the Better Care Fund for the period 2019/20. We are however now undertaking an impact review of all the schemes across the Wiltshire Better Care Fund. The revised Better Care Fund plan will be brought back to the next meeting of the Health and Well-being Board on March 21, 2019.

Next Steps

6. Timescales

In the next period activity falls into three main areas:

- Finalisation of the Better Care Plan for 2019/20 following a review of impact for each funding stream
- Finalisation of the high impact model for delayed transfers
- The continued mobilisation of the Wiltshire Integration Programme including the associated benefits realisation plan

Tony Marvell
Portfolio Delivery Manager - Integration
Wiltshire Council and Clinical Commissioning Group

Report Author: Tony Marvell
Portfolio Delivery Manager - Integration

Appendices:
Appendix 1: BCP Dashboard (Jan 2019, Data for M8 NHS & M9 ASC)
Appendix 2: Detailed analysis of DTOC performance for November 2018