Wiltshire Council

Health and Wellbeing Board

Wednesday 23 May 2019

Subject: Better Care Plan

Executive Summary

The Better Care Plan is well established across Wiltshire with clear programmes of work and governance. The Better Care Fund Programme provides a platform for transformation and system wide integration. This report provides an update on the latest performance of BCF It provides management information set out across the BCF nationally reported performance areas of Non-Elective Admissions, Delayed Transfer of Care, Permanent Admissions to Care Homes, % at home 91 days after discharge following reablement. Recent performance is summarised as follows:

- Non-elective admissions continue to increase, leading to pressure across the system. Average length of stay has reduced by around half a day for patients whose length of stay is 2 days or more.

- Delayed transfers of care remain slightly over the NHS trajectory. The latest data for February 2019 shows a slight deterioration when compared to January, but the level of delayed days remains at the lowest it has been since the middle of 2015.

- Permanent Admissions to Care remain low. Provisional end of year data suggests Wiltshire is slightly lower than last year, and well under the target of 500.

- The percentage of people at home 91 days post discharge from hospital into a reablement remains below the national target. Work is ongoing to ensure the underlying data is correct and to understand the areas where outcomes might be improved.

The report also provides an update on the ongoing work to refresh Wiltshire's Better Care Fund plan for 2019/20

Proposal(s)

It is recommended that the Board:
  i.   Notes the performance levels contained in the Integration and Better Care Fund Dashboard

ii.	Notes the progress being made to refresh the Better Care Fund plan for Wiltshire
iii.	Approves the request to delegate authority to the Executive Director (Wiltshire Council), Interim Deputy Chief Executive (Wiltshire), and the co-chairs of the Health and Wellbeing Board in the event that timing of the July Health and Well-being Board does not coincide with the national submission deadlines

Reason for Proposal

To receive a report on the latest performance information (including delayed transfers of care), along with an update on the refresh of Wiltshire's Better Care Fund plan for 2019/20.

To request delegated authority for the sign-off of the 2019/20 BCF Plan as outlined above.

Dr Carlton Brand Wiltshire Council
Linda Prosser Wiltshire CCG

Wiltshire Council

Health and Wellbeing Board

Thursday 23 May 2019

Subject: Better Care Plan

Purpose of Report

1. To provide a status report for the Better Care Fund Programme, including performance to date and the development of the new plan

Background

2. The Better Care plan is well established across Wiltshire with clear programmes of work and governance. The Better Care Fund Programme provides a platform for transformation and system wide integration.

Main Considerations

3. The Better Care Fund plan continues the commitment of reducing hospital-based care and increasing locally provided health and care at or closer to home. This is supported by a responsive Home First model, a new reablement service and a new Help To Live At Home Alliance. A key ambition in 2019/20 is to further develop integrated health and care commissioning as well as service delivery.

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

5. Non-Elective Admissions:

    To M11 2018-19, there had been 46,464 non-maternity emergency admissions to hospital for Wiltshire registered patients. This is an increase of 5.1% (2,259 admissions) on the same period last year. The increase in admissions is driven by an increase in zero length of stay admissions, which have increased by 16.6% (1,979 admissions). This increase is at GWH (577 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 and RUH (1,018 admissions).

    Admissions with a length of stay of 1 to 6 days have increased by 6.4% (1,235 admissions), predominantly at RUH & SFT. Patients with a length of stay of a week or more are up 0.3% (24 admissions). February saw a decrease 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 11.1 days in 2017-18 to around 10.6 in the current year to M11.

Avoidable Ambulatory Care Sensitive (ACS) emergency admissions in M11 show an overall increase of 4.8% (376 admissions). There has been an increase at all 3 Wiltshire trusts with RUH seeing the largest increase of around 9.6% (277 admissions). Analysis by the type of condition shows that acute conditions (e.g. ENT Infections or UTI) account for the bulk of the increase, chronic conditions (e.g. Angina or COPD) are similar to last year, while other and vaccine preventable conditions (e.g. Influenza or TB) have seen a decrease.

To M10 2018-19, admissions from non-LD care homes were 2.8% (53 admissions) higher than the same period in 2017-18. When split by CCG group the South has seen a reduction of 16.6% (109 admissions) while there have been increases in the North of 9.6% (67 admissions) and in the West 16.6% (95 admissions).

6. Delayed Transfers of Care:

Wiltshire submitted a Delayed Transfers of Care trajectory to NHS Engalnd with the intention of achieving the target set by NHS England in December. The trajectory and performance to date is outlined below. Although we have not met the trajectory, there has been improved performance and we are significantly closer to the target.

Delayed Transfer of Care trajectory and actuals 2017/18

DToC Days		Jul-18	Aug-18	Sept-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
NHS	Plan	703	703	703	703	703	703	703	703	703
	Actual	1,336	1,265	1,152	1,271	978	833	836	899	
SC	Plan	389	389	389	389	389	389	389	389	389
	Actual	522	493	476	697	534	423	371	383	
Joint	Plan	108	108	108	108	108	108	108	108	108
	Actual	134	59	29	73	95	113	96	92	
Total	Plan	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200
	Actual	1,992	1,817	1,657	2,041	1,607	1,369	1,303	1,374	

February 2019 saw 1,374 lost bed days for Wiltshire patients which is an increase of 5.4% (71 days) compared to January and a reduction of 19.5% (333 days) compared to February 2018. To M11 for 2018-19, we have seen a reduction in the number of delayed days of around 25% (5,759 days).

Appendix 2 of this report provides a detailed analysis of the situation, along with National benchmarking data

Delayed Transfers of Care Comparison with 2017-18

Wiltshire - DTOC - Delayed Days Trend
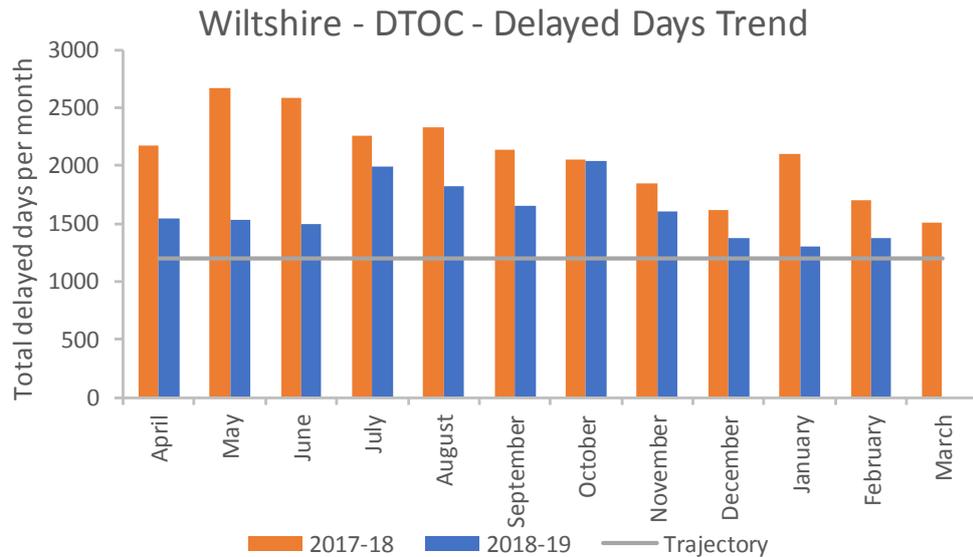
The number of delayed days each month is lower than the same month in the previous year. In 2018-19, we continue to see reductions in delayed days across the main Wiltshire providers:

- GWH (218 days lower, 5.8%)
- RUH (43 days lower, 1.0%)
- SFT (791 days lower, 16.3%)
- AWP (1,264 days lower, 43.4%)
- WH&C (2,973 days lower, 42.9%)
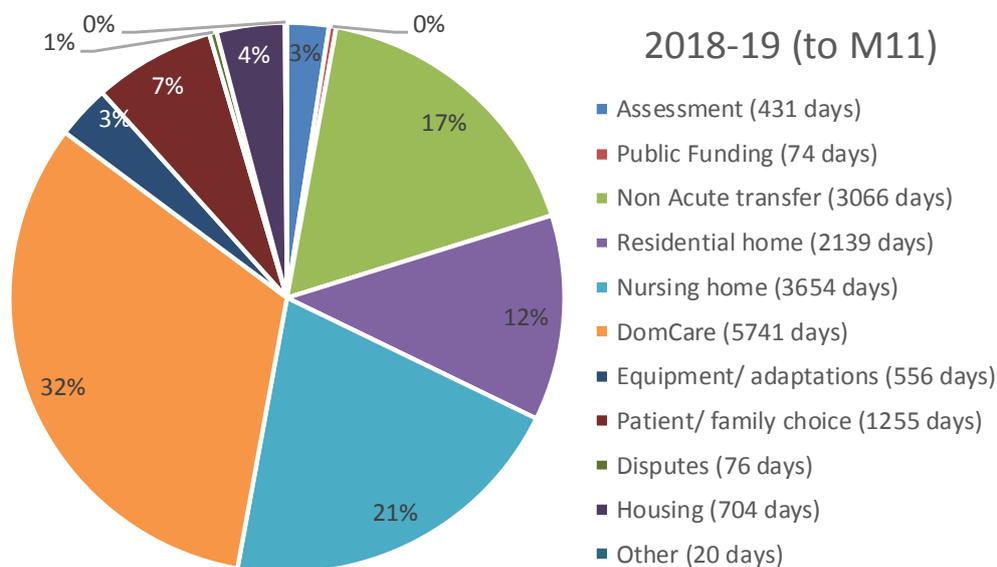- Out of area Hospitals (470 days lower, 56.8%).

Delayed Transfers of Care: Reasons for Delay (% of total)
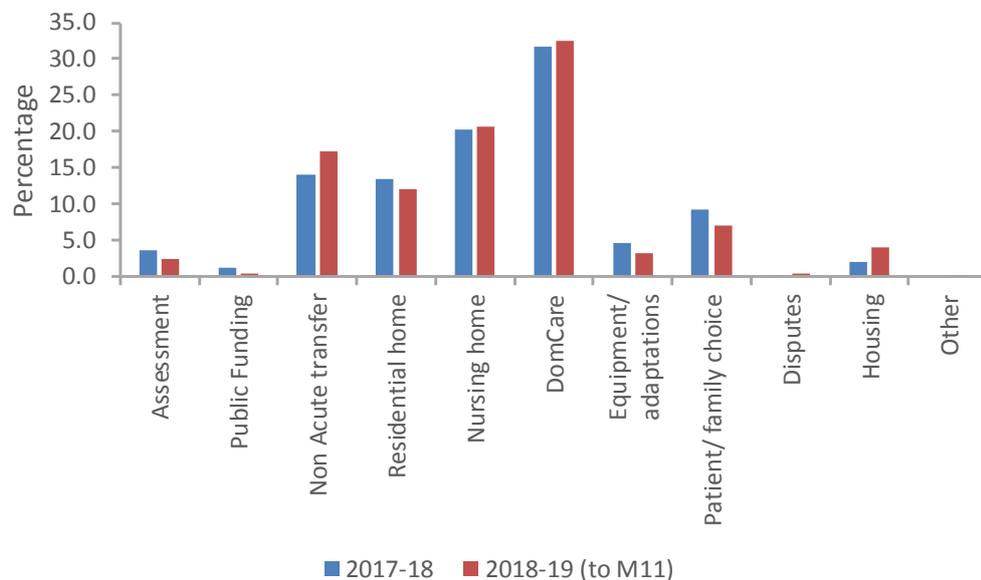
The percentage of delayed days associated with Domiciliary Care and Non-Acute Transfer has increased when compared to 2017-18, while delays associated with Placement (residential care), Equipment / Adaptations and Choice have reduced.

The chart below shows the breakdown of delayed days by cause in 2018-19.

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

2018-19 (to M11)

- Assessment (431 days)
- Public Funding (74 days)
- Non Acute transfer (3066 days)
- Residential home (2139 days)
- Nursing home (3654 days)
- DomCare (5741 days)
- Equipment/ adaptations (556 days)
- Patient/ family choice (1255 days)
- Disputes (76 days)
- Housing (704 days)
- Other (20 days)

7.   Permanent Care Home Admissions

Provisionally, there have been 358 permanent admissions to a care home during 2018-19, which is slightly lower than the total in 2017-18. 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.

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

For discharges in Q2 2018-19, reablement performance remained similar to the previous quarter at 68.1%. The Q1 and Q2 performance is similar to the annual average in 2017-18 (69.2%) which was a drop from the performance seen in earlier years which was generally over 80%.

Overall, performance in Q2 was 69.9% (Q1 - 69.9%), IC Beds achieved 63.7% (Q1 - 62.6%) and ISP Clients was 73.3% (Q1 - 62.5%). It is important to note that there are currently patient and service consent issues relating to the collection of data, which are being investigated.

9.   Other BCP Indicators:

In March, the number of admissions to step down IC Beds were 40 which is higher than the levels seen recently and during 2017-18. Discharges were also slightly higher than last month at 39 (2017-18 average was 48).

Length of stay for step down rehab patients in March was 51.5, which is a further deterioration on that seen in January & February.

The 10 beds lost when one of the homes gave notice have now been replaced with 5 beds now on stream. This reduction in beds may have impacted on admissions and performance. The occupancy rate for step down beds was around 89%, while for the step-up beds it was around 93% although this is helped by step down activity.

The new domiciliary Help To Live At Home Framework contract has commenced. New home care activity is higher with 96 new clients in March compared to 66 in February, 71 in January and 60 in December. The average number of new clients per month this year has been 76 compared to 2017-18 which was around 112. This reflects the impact of the new reablement service which is helping people reduce care needs. Ongoing care at home activity was also slightly higher in March with nearly 1,778 people supported during the month which is an increase from around 1,723 in February.

UCAH referrals were broadly similar in February at 54 to the 55 in January which was a decrease from the 60 in December and 66 in November. This remains well under the target of around 80 referrals a month. In February, the admission avoidance percentage was around 75% which was similar to January but a deterioration in December (95%) and November (91%). In February, this service supported the discharge of 12 patients which was similar to January (15), December (17) and November (19), the monthly average is around 11 per month.

Better Care Fund 2018/19

10. Refresh of Wiltshire's Better Care Fund plan for 2019/20.

On 10 April the 2019-20 Better Care Fund: Policy Framework (https://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/) Was released by the Department of Health and Social Care and the Ministry of Housing, Communities and Local Government.

The document sets out the framework for the National BCF submission process, however does not provide the guidance or the timescales for submission which have yet to be released. At the time of this report the best information we have is that the guidance will be made available in week 2 May, with a likely submission deadline in early July 2019.

In general terms, the Policy framework restates and reiterates the original intentions of the Better Care Fund (Person-centred Integrated Care), and there is very notable change when compared to earlier years. Main points to note are;

- The vast majority of areas have reported a positive impact on the integration of health and social care, and that the BCF had

improved joint working between health and social care in their locality

- The New Care Model Vanguards have provided valuable lessons for Sustainability and Transformation Partnerships, which are now being taken to the next stage by the emerging Integrated Care Systems.

- The Policy direction for integrated personal budgets is reinforced with the implementation of the Comprehensive Model, which sets out the road map to deliver the Long-Term Plan's objective to deliver the Comprehensive Model for Personalised Care to 2.5 million people by 2023-24.

- A restatement that the commitment remains to create a technology infrastructure that allows systems to communicate securely, using open standards for data and interoperability, enabling health and care professionals to have access to the information they need to provide care. Five Exemplars covering 23.5 million people will each receive up to a total of £7.5 million over two years. (Thames Valley and Surrey region, Yorkshire and Humber, Greater Manchester, Wessex and London)

- Since February 2017, more than 2,280 beds per day have been freed up nationally by reducing NHS and social care delays. This has been supported by the Better Care Fund and targeted funding from Government through the improved Better Care Fund (iBCF).

- A reminder of the work to produce the document "Shifting the Centre of Gravity" report on making person-centred, place-based integrated care a reality (published in October 2018).

- References are made to the NHS Long Term Plan, and forthcoming Adult Social Care Green paper.

- The 2019/20 plan will operate with the same National Conditions as in 2017-19:

- Requirements for narrative plans will be simplified with areas not required to repeat information they have previously provided in their 2017-19 plans, however given the earlier requirement placed on the Wiltshire system through the CQC local system review, a decision has been taken to produce the full narrative document.

- Plans will be assured and moderated regionally in line with the operational planning assurance process set out in the Better Care Fund Planning when this is released.

- The nationally mandated metrics remain unchanged (Delayed Transfers of Care; Non-elective admissions (General and Acute);

Admissions to residential and care homes; and Effectiveness of reablement).

- Winter Pressures funding has been confirmed for 2019/20, and whilst will still be paid as a local authority grant, winter pressures will be reported through the Better Care Fund.

The Programme team is working on the refresh of the Better Care Fund plan, including a detailed review of all budget lines ahead of the guidance for 2019/20 being published.

It is anticipated that the submission deadline will not co-incidence with the July meeting of the Health and Wellbeing Board. It is, therefore, recommended, that delegated authority for sign-off of the BCF 2019/20 submission is given to:

Executive Director-DASS(Wiltshire Council)
Accountable Officer (Wiltshire Commissioning Group)
Co-chairs of the Health and Wellbeing Board

11.   End of Year National return

All areas were requested to complete an annual return to the National Better Care Support Team. This is attached at appendix 3 for the information of the Health and Wellbeing Board.

12.   Timescales

In the next period activity falls into three main areas:

- Finalisation of the refreshed Better Care Plan for 2018/19, including the high impact model for delayed transfers
- The continued mobilisation of the Wiltshire Integration Programme including the associated benefits realisation plan

James Corrigan
Better Care Programme Manager
Wiltshire Council and Clinical Commissioning Group
07.05.19

Appendices:
Appendix 1: BCP Dashboard
Appendix 2: Detailed analysis of DTOC performance to February 2019.
Appendix 3: National end of year return