

<b>Report Title</b>	Better Care Fund – Performance Reporting
<b>Meeting</b>	Health and Wellbeing Board
<b>Date</b>	Thursday, 30 January 2020
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<b>Paper is for</b>	Noting

## 1. Purpose

- 1.1. This document sets out the latest Better Care Fund (BCF) performance reporting indicators, an update on the development of a framework for reporting on local indicators and the financial position at Month 7 of 2018/19.
- 1.2. Specific data is set out for non-elective admissions (NEL) and delayed transfers of care (DTC) and a developing framework for local performance measures that continues to be developed with the support of operational teams.
- 1.3. The information presented against the national indicators is based on the latest available datasets, as follows:
  - NEL: Validated CCG Unplanned Care Analysis (non-maternity) from SUS data for November 2019 (M8).
  - Length of Stay (LoS): CCG 1920 ALoS M7YTD - September 2019 (M7).
  - DTC: NHSE/I Delayed Transfers of Care report for November 2019 (M8).
  - Permanent Admissions to Care Homes: CCG Care Home Data.
  - Reablement: This is a quarterly indicator from Wiltshire Council Reablement Service.
- 1.4. The financial update is produced monthly by the Council's Adult Social Care Finance Service. The purpose of the financial section is to report the forecast outturn position for the BCF, iBCF and Winter Pressures Fund for 2019-20 as at Month 7 (October 2019).
- 1.5. Updates on the Winter Plan schemes and initiatives are included within the finance section of the report, although it is too early to validate the spend against these initiatives to date.
- 1.6. The Board will be pleased to note that the Wiltshire Better Care Plan 2019/20 was approved without conditions by the national review process chaired by Neil Permain, the NHS Director of Operations & Delivery and SRO for the Better Care Fund. This was formally confirmed by letter on 8 January 2020 and is a significant recognition of Wiltshire's approach to integration and transformation through the BCF.

## 2. Overall Performance Trends

2.1. Table 1 presents the RAG indicators for the principal national reporting components of the BCF. Further detailed analysis of non-elective admissions (NEL) and delayed transfers of care (DToC) is presented in the following sections and in tables 2 and 3, below.

Table 1: National reporting RAG indicators for September 2019

Ref	Indicator	Performance	Notes
1	Non-Elective Admissions (NEL)	<b>4,428</b> 168 above plan	Year to Date (YTD) growth stands at 3.2% with continuing concerns at RUH. The monthly growth across all Trusts is 3.2% with the over-65s growing by 3.0%
2	Length of Stay after NEL (2+ day stays)	<b>10.9</b> 0.9 days above plan	The length of stay for these admissions in November was marginally down by 0.1 day from October with all acute trusts reporting between 10.7 and 11.1 days for this cohort. This compares with 10.6 for 2018/19.
3	Delayed Transfers of Care (DToC)	<b>1,993</b> 793 above plan	Total DToC days decreased from 2,079 to 1,993 in November, a decrease of 86 (4%). This is 66% above plan and 386 more than the 1,607 a year ago. The figure equates to an average 66 patients per day compared to the target of 41. There has been an annual decrease in total DToC days that are Wiltshire's at SFT and RUH.
4	Permanent admissions to Care Homes (over 65s).	<b>32</b> Projected year end 125 below plan	The figure is around the monthly average seen in 2018-19, which was around 31. A simple forecast for the year end from here is around 375 permanent placements which is slightly higher than 2018-19 (358).
5	Reablement: at home 91-days after discharge	<b>86.9%</b> (319 people)	This is a quarterly figure that relates to people starting on the service between January and July 2019. Of this cohort, approximately 70% were discharged from hospital and the rest were already at home. The hospital-only figure is 85.5%. Many people receiving reablement may also have received IC rehabilitation from WHC either concurrently or consecutively.

### 3. Non-Elective Admissions (NEL)

3.1. Although figures show a 1% reduction in NEL admissions over the previous month, overall they continue to increase and are 3.4% higher than last year and 3.3% over the CCG plan for the year to date. As in the previous month, November saw a growth of 4% in all admissions, including older people. The greatest area of concern, as previously, is at RUH.

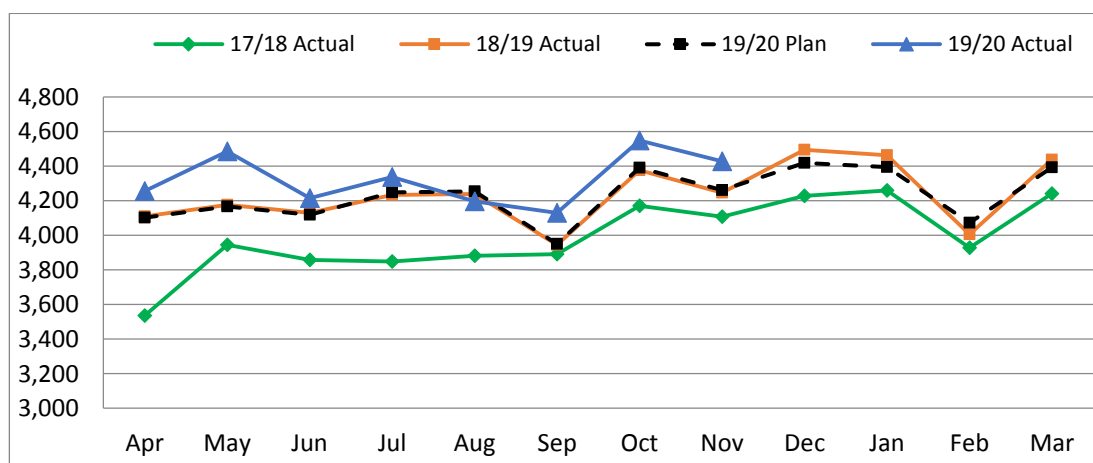
Table 2: Breakdown of NEL by Trust (Wiltshire patients only) – November 2019

Trust	Cut	September Performance		Variation	
			1 month	12 months	YTD
SFT	Total	1,358	-164 (-9%)	+40 (3%)	+3.6%
	Over 65s	48.7%	N/A	+167	+3.2%
RUH	Total	1,770	+68 (4%)	+180 (11%)	+7.9%
	Over 65s	45.4%	N/A	+515	+9.6%
GWH	Total	955	-1 (-0.1%)	-67 (7%)	-4.1%
	Over 65s	47.9%	N/A	-209	-5.5%
Other		345	N/A	N/A	N/A
Total	Over 65s	N/A	N/A	+584 (3.7%)	+3.7%
	Plan	4,260	N/A	N/A	N/A
	<b>Total</b>	<b>4,428</b>	<b>-120 (1%)</b>	<b>+182 (4%)</b>	<b>+3.4%</b>

Thresholds: 0 or less = green, 0% to 3% = amber, more than 3% = red.

- 3.4. The CCG is working with RUH regarding their admissions figures, as the increase may reflect a change in coding practice.
- 3.5. The total reduction at GWH of -4.1% may be a consequence of a 2018/19 Q2 ambulatory care ‘point of delivery’ (PoD) adjustment.
- 3.6. An analysis of age bands shows the 3.7% annual growth in over 65s activity compares to an underlying 2.6% demographic growth.

Figure A: Trends in NEL admissions across Wiltshire



#### 4. Delayed Transfers of Care (DToC)

4.1. Total Wiltshire DToC days decreased from 2,079 to 1,993 in November, a decrease of 86 (4%). The 1,993 is 66% above plan and 386 more than the 1,607 a year ago. The figure equates to an average 66 patients per day compared to the target of 41. There has been an annual decrease in the proportion of Acute Trust total DToC days that are Wiltshire's at SFT and RUH.

4.2. The main reasons are as follows:

- Care home placements: 691 (35%).
- Care packages: 438 (22%).
- Further non-acute care; 403 (20%).

4.3. The breakdown by Trust is as follows:

*Table 3: Breakdown of DToC by Trust (Wiltshire patients only)*

Trust	Target	Sept	Variation	Principal Reasons
<b>SFT</b>	225	266	+41	Care home placement (37%) Care package (26%)
<b>RUH</b>	175	449	+274	Care home placement (36%) Care package (34%) Further non-Acute care (18%)
<b>GWH</b>	100	571	+471	Further non-Acute care (49%) Care home placement (34%)
<b>WHC</b>	450	514	+64	Care home placement (38%) Care package (35%)
<b>AWP</b>	200	116	-84	Care home placement (40%) Dispute (26%) Housing (16%)
<b>Other</b>	50	77	+27	
<b>Total</b>	<b>1,200</b>	<b>1,993</b>	<b>+793</b>	

4.4. The unexpected rise in DToC at GWH is being investigated and supported by the CCG. Initial outcomes suggest that small changes, including in coding of patients, will show that this has, in part, been an anomaly and that figures in future months will illustrate a return to more expected figures.

4.5. Although there have been capacity issues in recent months in the operation of the Council's Brokerage Service, a reduction in delays due to care packages and care home placements reflects improvements to the management and capacity of the service. Commissioners are focused on continuing to improve the output of the service.

4.6. As part of the winter pressures work, commissioners continue to address issues with a home-based care provider that has contributed to delays in discharges. Resources continue to be moved between services to provide a proactive response to pressures as they arise. All commissioners and providers are working together to find short-term and longer-term solutions to pressures within the system.

## 5. Local performance reporting

- 5.1. As systems have developed, local BCF performance reporting has become increasingly unrelated to BCF activity and has not been updated for at least two years. A review of local performance of the BCF schemes is taking place and a full set of meaningful and relevant performance indicators is being developed. The figures in Table 4 indicate progress in developing these new indicators and some cells are intentionally blank, as performance reporting is still being agreed with operational teams.
- 5.2. Where available, figures have been included in table 4 as an indication of the areas in which local performance will be reported in future. While some of these are robust figures, it must be noted that these are subject to further development and discussion and may change before the next report is published. Some entries are recorded as 'TBC' because the data has not been validated or cannot be confirmed.

Table 4: Indicative local performance reporting

Ref	Title	Target	Performance					
			M3	M4	M5	M6	M7	M8
L1	Intermediate Care Therapy Support: LoS (Stream 1 – NHS/ASC)	42 days	36.7	41.6	35.3	33.9	31.1	34.8
L2	Intermediate Care Therapy Support: LoS (Stream 2 – ASC only)	42 days	24	63.5	74.3	27.4	43.6	40.1
L3	Intermediate Care Therapy Support: Discharges by EDD	95%	86.0	96.7	95.0	97.6	88.1	88.9
L4	Reablement Length of Stay	TBC	TBC	TBC	TBC	TBC	TBC	TBC
L5	Reablement: Discharge with no package of care (Quarterly figure)	66%	N/A	74%			N/A	
L6	Reablement: Discharge with no package or reduced package of care (Quarterly figure)	80%	N/A	85%			N/A	
L7	WHC Step-Up Beds: Length of Stay	14	23.8	32.9	26.8	34.9	34.9	24.6
L8	Urgent Care at Home: Average time on caseload	72	N/A	N/A	N/A	146	TBC	TBC
L9	Urgent Care at Home: Response Time <45 min	90%	N/A	N/A	N/A	88	TBC	TBC

Ref	Title	Target	Performance					
			M3	M4	M5	M6	M7	M8
L10	Urgent Care at Home: Response Time <60 min	90%	N/A	N/A	N/A	95.7	TBC	TBC
L11	Self-funder and fast track support for placements (CHS)	40 per month	N/A	N/A	N/A	67	TBC	TBC

## 6. Finance Report – Forecast Outturn at Month 7 of 2019/20

- 6.1. The purpose of this section is to report the forecast outturn position for the BCF, iBCF and Winter Pressures Fund for 2019-20 as at Month 7 (October 2019). This forecast is based on actual spend to date plus accruals against known projected spend for the remainder of the financial year.
- 6.2. The budget and budget monitoring is set out by the eight streams in the High Impact Change Model rather than by work scheme type and gives clarity to funding.

### Main considerations – Changes to Budget

- 6.3. An additional budget allocation has been made for winter resilience, as set out in table 6, below:

*Table 6: Winter Resilience Budget - Schemes*

Scheme	Value (£)
Support for Non-weight-bearing 1st Dec to 31st March	243,000
Expansion of Reablement from 1st Dec to 31st March	264,000
Expansion of Reablement from 1st Dec to 31st March	141,000
30 Princess Lodge beds - Nov to 31st March	125,000
D2A Beds - 1st Dec to 31st March	106,000
<b>Total</b>	<b>879,000</b>

- 6.4. Funding for this additional budget is set out in table 7, below:

*Table 7: Winter Resilience Budget - Funding*

Scheme	Value (£)
Additional CCG Funding	613,000
Contingency	266,000
<b>Total</b>	<b>879,000</b>

- 6.5. Consequently, the BCF contingency figure is reduced to £156,000.

**Projected Outturn 2019/20 for Month 7**

6.6. The projected outturn at Month 7 is set out in Table 8 and shows an underspend of £130,000 with a contingency of £156,000.

*Table 8: Projected Outturn for Month 7 of 2019/20*

Change Model BCF	All figures in £m			
	Budget	Spend to Date	Projected Outturn	Variance
Early discharge planning	0.860	0.501	0.860	0.000
Systems to manage patient flow	0.969	0.565	0.969	0.000
Multi-disciplinary / multi-agency discharge teams	0.697	0.407	0.697	0.000
Home first/discharge to assess	19.978	11.131	19.997	0.019
Seven-day services	0.205	0.120	0.205	0.000
Trusted Assessors	0.070	0.000	0.070	0.000
Focus on choice	0.360	0.116	0.360	0.000
Enhancing health in care homes	0.336	0.196	0.336	0.000
Programme office	0.552	0.352	0.552	0.000
Protecting Adult Social Care	11.333	6.611	11.333	0.000
Preventative Services	2.707	1.033	2.713	0.006
DFG	3.273	0.502	3.273	0.000
Contingency	0.156	0.000	0.000	-0.156
<b>Total</b>	<b>41.495</b>	<b>21.534</b>	<b>41.364</b>	<b>-0.131</b>

6.7. The main variances are set out in Table 9, below.

*Table 9: Outturn variances for Month 7 of 2019/20*

All figures in £m			
Variance M6	Explanation	Variance M7	Movement M6 to M7
0.002	Step Up/Down Beds	0.002	0.000
0.145	ICES LA	0.016	(0.129)
(0.422)	Unallocated	(0.156)	0.266
<b>(0.275)</b>	<b>Forecast variance before mitigation</b>	<b>(0.138)</b>	<b>0.137</b>

### Step Up/Step Down Beds Update

6.8. The block contract in 2019/20 is for 65 beds. In the first seven months of the financial year there has been voids of 1561 bed nights, which equates to 11%, the financial value of the void bed nights equates to £0.196m.

### Improved Better Care Fund (IBCF)

6.9. Table 10 summarises the outturn position by the High Impact Change Model for the IBCF. There is no contingency or unallocated funds within the IBCF.

*Table 10: Outturn Position by the HICM for the IBCF*

Change Model IBCF	All figures in £m			
	Budget	Spend to Date	Projected Outturn	Variance
Home first/D2A	1.184	0.131	1.184	0.000
Protecting Adult Social Care	5.091	2.989	5.091	0.000
Preventative Services	0.936	0.520	0.936	0.000
Other	0.900	0.525	0.900	0.000
<b>Total</b>	<b>8.111</b>	<b>4.164</b>	<b>8.111</b>	<b>0.000</b>

### Winter Pressure Grant

6.10. Although the council received a winter pressure grant in 2018/19, this is the first year it has included within the BCF, in line with the grant conditions. Table 11 sets out the schemes commissioned against the WPG.

*Table 12: Commissioned schemes against Winter Pressures Grant*

Scheme	Value	Comments
Home from Hospital - RUH & GWR - winter pressure	£77,000	Continuation of 2018/19 scheme - April
First City Nursing - Winter Pressure Funded	£36,000	Continuation of 2018/19 scheme - April
Agincare - Winter Pressure Funded	£179,000	Continuation of 2018/19 scheme - May to October
Wessex Care Kimberly East D2A 4 beds pilot	£196,000	Beds at £1,100 per week: May to March
Peripatetic Team in hospital till April 29th	£21,000	Continuation of 2018/19 scheme
Home from Hospital - RUH & GWH - winter pressure	£115,000	2019/20 agreement at JCB 27 June 2019
Pathway 3 Diagnostics: Glenesk	£48,000	As per exemption
<b>Total Commissioned</b>	<b>£672,000</b>	



- 6.11. Table 13 sets out the agreed Winter Pressure Plan. This will create a financial pressure of £82,000 but this will be closely monitored by the Finance team and reported back through subsequent reports.

*Table 13: Winter Pressures Plan 2019/20*

Scheme	Value
Retain Bridging Service - Nov - 6 months	£114,000
Agincare - 600 hours	£421,000
3 OT's - Agency - to support bridging service	£80,000
30 System Pressure Beds - 20 weeks	£458,000
3 OTs - Agency	£80,000
3 SW - Agency	£80,000
<b>Total to be commissioned</b>	<b>£1,233,000</b>

### Section 75 Agreement

- 6.12. A one-year extension to the Section 75 agreement between the LA and the CCG has been agreed by the Joint Commissioning Board and is currently going through the governance process.

### Update on Winter Pressure Initiatives

- 6.13. The following tables provide an update on the schemes and initiatives being funded through the Winter Pressures grant and managed through the winter plan.

*Table 14: Update on Winter Pressures Initiatives*

Scheme Description	Start Date	Impact to Date (Metrics)
Step-Up beds in Sarum West for prevention of acute admission.	Dec 2019	Potential ED atts saving of 14 atts per month for SFT = 0.26% reduction in attendance and 1% NEL conversion.
Two additional step-down beds for pathway 2 for the south.	Dec 2019	Three patients per month; patients wait on average 3- 5 days to get on pathway 2 – impact for SFT. Commencement date started in November and have already supported 3 discharges from SFT.
High Intensity User (HIU) Service (Wiltshire)	Jan 2020	Rightcare predictions that 30% reduction on ED attendances and 50% reduction in NELS. Based on SFT Data shows that at M5 HIU attendances example impact approximately reducing A&E activity

Scheme Description	Start Date	Impact to Date (Metrics)
		by 0.38% and NEL conversion by 0.68% from ED attendance.
In reach nurse back fill.	Nov 2019	Develop criteria led discharge and improve patient satisfaction by reducing length of stay. Reduce delay in discharge due to incorrect pathway decision making. This will reduce a minimum of one day per referral.
800 Additional bridging and domiciliary care hours for pathway 3 (400 SFT, 200 RUH and 200 GWH).	Nov 2019	Average package size 17 hours including travel and each person with the service for 4 weeks; therefore 48 people supported with this service per month across Wilts.
36 Discharge to assess (D2A) beds facing acute hospitals to support long term decision making (10 SFT, 16 RUH and 10 GWH).	Dec 2019 / Jan 2020	Estimate 22 people per month will use these beds.
360 hours of additional reablement to support non-weight-bearing pathway home and therapy support.	Dec 2019	Discharging an additional 12 patients per week. 120 hours equates to four beds in each of the three Trusts.
Expansion of reablement total of 600 additional hours	Dec 2019	Reduce length of stay, focus on the home model not a step-down bed model which will increase the capacity in step down bed availability. 200 hours equates to 3 additional beds
Additional social work capacity to support D2A beds and bridging capacity	Nov 2019	<p>3 additional FAB officers to support the 3 acute hospitals</p> <p>3 additional OTs to ensure consistent flow through additional capacity to maintain transfers from acute hospitals to meet demand.</p> <p>3 additional social workers to ensure consistent flow through additional capacity to maintain transfers from acute hospitals to meet demand.</p>

<b>Scheme Description</b>	<b>Start Date</b>	<b>Impact to Date (Metrics)</b>
Additional step-down beds in North (Princess Lodge)	Dec 2019	Reduce length of stay in an acute hospital.

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