

**NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING
DORSET BETTER CARE FUND UPDATE**

Date of the meeting	18/07/2018
Author	C Ryan, West Better Care Fund Project Manager
Sponsoring Board member	T Goodson, Chief Officer
Purpose of Report	This report has been produced to update the members of the Governing Body with the end of year position and next steps for the east and west Better Care Fund plans.
Recommendation	The Governing Body is asked to note the report.
Stakeholder Engagement	The schemes which make up the Better Care Fund plans 2017-19 have been agreed by NHS Dorset CCG, Dorset County Council and the Health and Wellbeing Boards. Engagement has been factored in to individual project plans that make up the Better Care Fund.
Previous GB / Committee/s, Dates	

Monitoring and Assurance Summary

This report links to the following Strategic Objectives	<ul style="list-style-type: none"> • Prevention at Scale • Integrated Community and Primary Care Services • One Acute Network • Digitally Enabled Dorset • Leading and Working Differently 		
	Yes [e.g. ✓]	Any action required?	
		Yes Detail in report	No
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓

10.1

I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓
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Initials : CR

1. Introduction

- 1.1 Since the original announcement of Better Care Fund in 2013, Dorset, Bournemouth and Poole developed a joint plan, with varying degrees of success, to help bridge the gap between health and social care services via pooled budget agreements. In 2017, each area was required to provide a new two-year plan, detailing the schemes and performance trajectories that would help to shape and measure the success of the Better Care Fund to April 2019. At this point, two plans were submitted; one for the Dorset area and another for Bournemouth and Poole. Although the plans are similar in nature and continue to be underpinned by pooled budgets, the separate plans allow the different rural and urban geographies to tackle this ambition, with local issues and knowledge at the heart of their initiatives.
- 1.2 The Dorset and Bournemouth & Poole Health and Wellbeing Boards are responsible for the successful delivery of the plans and are updated on progress. Part of the 2017-2019 BCF Planning Guidance requires each plan to provide quarterly updates to NHS England, the Ministry of Housing, Communities and Local Government, Department of Health and Social Care and the Local Government Association. The Health and Wellbeing Board updates are also provided quarterly to ensure consistency.
- 1.3 This report covers performance against the targets for the end of year, quarter four (January 2018 – March 2018) period – based on the two BCF 2017-19 plans. The completed submissions for Dorset and Bournemouth & Poole have been attached as Appendix 1 and Appendix 2.

2. Report

- 2.1 During the first year of the plan (2017-18), numerous examples of integration success and improvements in performance against the BCF trajectories have been witnessed, yet more work is to be done if we are to achieve the vision of true system working within an Integrated Care System. Much effort has continued to prepare the landscape for integration, for example through the break-down of organisations barriers, establishing governance, changes in workforce, discovery, scoping and coordination to move towards achieving the overarching vision.
- 2.2 Upon entering the new financial year, the right relationships and formal mechanisms will encourage organisations to continue to work effectively together. Moving forwards, consideration will be taken to;
- Identify any new 'quick wins' that have emerged since initiating the 2017-19 plans
 - Agree 2018-19 priority areas in line with resource, both at a strategic level and within scheme
 - Agree longer term goals and interdependencies with Clinical Service Review timelines
 - Determine and map impact and interdependencies from the Local Government Review

- Review the Section 75 agreements

3. Metrics

3.1 In May, the National Team released the estimated DTOC targets to be achieved in 2018/19. Although the targets pose a significant challenge for both health and social care, the expectation is that they will be achieved from September 2018; all organisations must work together to reinforce BCF plans and priorities to allow for an achievable decline in delays over the coming months to September. These targets have already reinforced the focus on high impact change plans and it is to be suggested that partners scope and recommend their contributions to these plans for the next year – this work has already commenced with our Local Authorities.

3.2 Key performance targets for the BCF are as follows;

- Delayed Transfers of Care (DToC)
- Residential and Nursing Admissions
- Reablement, and
- Non-elective admissions.

3.3 The following tables below show the year end position against targets (columns) for the last 12 months, compared to the previous 12 months.

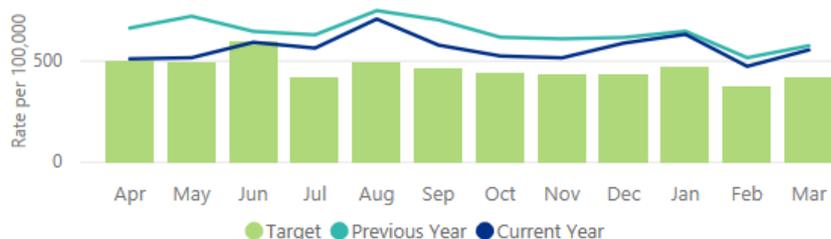
3.4 **Metric 1:** Delayed Transfers of Care from hospital per 100,000 population

Outcome sought: Effective joint working of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfers from all hospitals for all adults.

Pan Dorset this metric was not met by 3263 bed days higher than target. The Audit and Quality Committee Report gives the Pan Dorset position in more detail. Compared to 2016/17 this metric improved by 6624 bed days.

Dorset

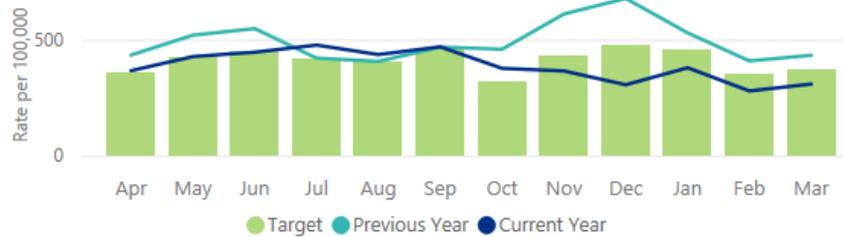
Rate of Delayed Transfers of Care (Days)



Dorset HWB did not meet the agreed target for 2017/18 (actual rate 6,774.8 per 100,000 bed days lost vs 5,574.9 target rate) with 4,149 bed days lost over target. Although it should be noted that there is a reduction compared to 2016/17.

Poole and Bournemouth

Rate of Delayed Transfers of Care (Days)



Bournemouth and Poole HWB has seen great improvements in the rate of delayed transfers of care in the latter half of 2017/18. The HWB met the 2017/18 target (actual rate 4,677.8 per 100,000 bed days lost vs 4,986.6 target rate) with 886 bed days lost under target. Within the HWB area, Poole UA were significantly under plan whereas Bournemouth UA remained above plan. This is in part due to the success of the Discharge hub changes made during the during.

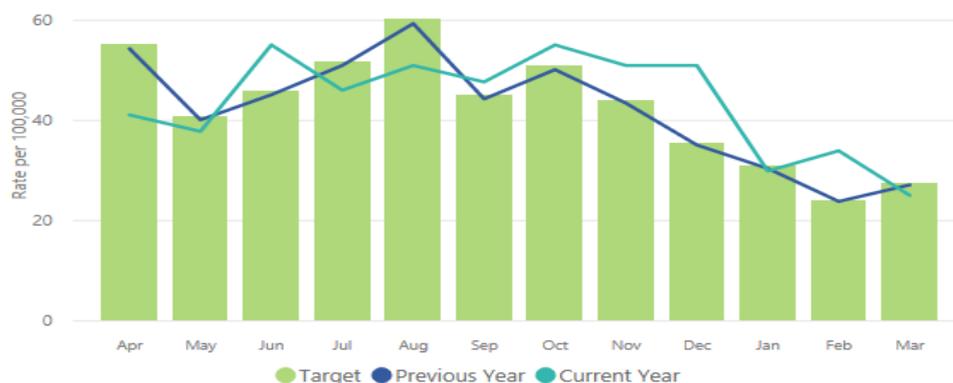
- 3.5 **Metric 2:** Long term support of older people (aged 65 or over) met by admission to residential and nursing homes per 100,000 population.

Outcome sought: Reducing inappropriate admissions of older people into residential care.

Pan Dorset this metric was not met.

Dorset

Rate of Admissions to Residential & Nursing Homes per 100,000 population



Dorset HWB did not meet the 2017/18 target. Dorset HWB has admitted 640 patients to residential and nursing homes during 2017/18 compared with 605 during 2016/17 (an increase of 35 admissions).

Poole and Bournemouth

Rate of Admissions to Residential & Nursing Homes per 100,000 population



Bournemouth and Poole HWB did not meet the 2017/18 target. The HWB has admitted 463 patients to residential and nursing homes during 2017/18 compared with 414 in the corresponding period in 2016/17 (an increase of 49 admissions).

- 3.6 **Metric 3:** Proportion of older people who were still at home 91 days after discharge from hospital into reablement or rehabilitation services.

Outcome sought: Increase in effectiveness of these services whilst ensuring that those offered the service does not decrease.

Pan Dorset this metric was not met but compared to 2016/17 this metric improved. Dorset Healthcare report on the proportion of people in their normal place of residence on discharge from the intermediate care service (part of this target) and have consistently maintained 80-81% during 2017/18. The audit undertaken annually by Dorset Healthcare for their intermediate care services indicated 94% of people at home after 91 days.

Bournemouth and Poole HWB are reporting figures to March 2018 however Dorset HWB are reporting figures to February 2018. The latest Pan Dorset 2017/18 results show 69.4% of patients were still at home 91 days after discharge from hospital into reablement or rehabilitation services against a target of 78.3%. The target was missed by 192 patients not being at home 91 days after discharge. Across the Dorset System demand continues to challenge capacity.

Dorset

Percentage of Older People Still at Home 91 Days After Discharge



Poole and Bournemouth

Percentage of Older People Still at Home 91 Days After Discharge



3.7 **Metric:** Total non-elective spells (specific acute) per 100,000 population

Outcome sought: A reduction in the number of unplanned acute admissions to hospital

Across the Dorset system agreed plans for the rate of non-elective spells per 100,000 population were not met in 2017/18. The number of admissions during the year was above target for both Bournemouth and Poole HWB (additional 4,132 admissions) and Dorset HWB (additional 4,543 admissions). During 2017/18 the Pan Dorset rate of admissions was relatively stable and showed a marginal increase (additional 722 admissions) when compared to 2016/17 activity.

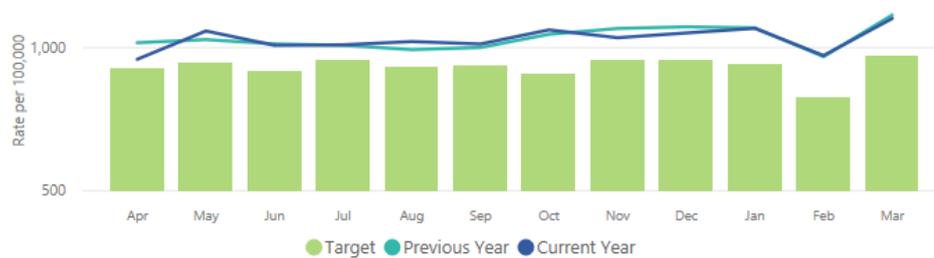
Dorset

Rate of Total Non-Elective Spells (Specific Acute) per 100,000 population



Poole and Bournemouth

Rate of Total Non-Elective Spells (Specific Acute) per 100,000 population



- 3.8 There is an ongoing challenge in that the boundaries for the Better Care Fund, Local Government Review and the East and West Integrated Care Systems are not fully coterminous. Reporting for the BCF is generally split by our Local Authorities as opposed to Pan-Dorset and therefore boundary issues will continue to be evident.

4. Conclusion

- 4.1 As a system we know that improvements are needed., An integrated approach to embedding the actions within the BCF schemes will be key to successful delivery. In turn this will help close the three gaps outlined in the Sustainability and Transformation plan and will help pave the way to becoming an Integrated Care System.

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APPENDICES	
Appendix 1	Dorset Better Care Fund Quarter 4 (2017/18) submission
Appendix 2	Poole and Bournemouth Better Care Fund Quarter 4 (2017/18) submission