

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 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 Board. Engagement has been factored in to individual project plans that make up the Better Care Fund.
Previous GB / Committee/s, Dates	N/A

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

Initials: CR

1. Introduction

- 1.1 The east and west Better Care Fund (BCF) Plans for 2017-19 were submitted to NHS England in September 2017 with the joint ambition of closing the gap between health and social care services. Separate plans allow for the different geographies to tackle this ambition with local issues and knowledge at the heart of their initiatives. The plans are made up of several schemes and are underpinned by a number of pooled budgets, further encouraging integration between the CCG and Local Authorities.
- 1.2 The two Health and Wellbeing Boards are responsible for the successful delivery of the plan and are updated on progress through the quarterly reports which are circulated to NHS England, the Ministry of Housing, Communities and Local Government, Department of Health and Social Care and the Local Government Association.
- 1.3 This report covers performance against the targets for the end of year, Quarter four (January 2018 – March 2018) period. The completed submissions for Dorset and Bournemouth & Poole have been attached as Appendix 1 and Appendix 2.

2. Report

- 2.1 During year one, much effort has been put in to preparing 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. There have been numerous examples of integration success stories and improvements in performance against the BCF trajectories, yet more work is to be done if we are to achieve the vision of true system working within an Integrated Care System.
- 2.2 Upon entering the new financial year, it has been recognised that the efforts observed in year one have been crucial to ensure the right relationships and formal mechanisms to allow organisations to work effectively together. Moving forwards, consideration will be taken to;
 - Identify any new 'quick wins' that have emerged since initiating the plan
 - Agree 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
- 2.3 It is important to ensure that this work is completed at this stage to allow nominated BCF leads to shift towards the next stages of joint working and integration, especially in areas of high interdependence and limited resource.

2.4 In May, the National Team released the estimated DTOC targets to be achieved in 2018/19. Although the targets do 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 within Dorset County Council.

2.5 Key performance targets for the BCF are as follows;

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

3. Metrics

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

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

3.3 **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.

Dorset

3.4 Data cleaning for DTOC allowed the figures to be adjusted – this meant that Dorset’s end of year position was well within target.

Rate of Delayed Transfers of Care (Days)



Poole and Bournemouth

Rate of Delayed Transfers of Care (Days)



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

Dorset

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



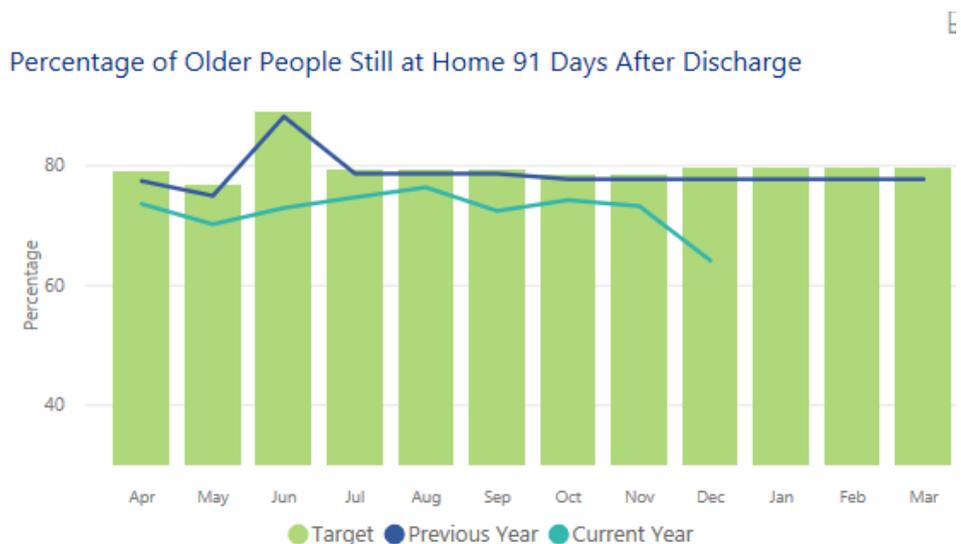
Poole and Bournemouth

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

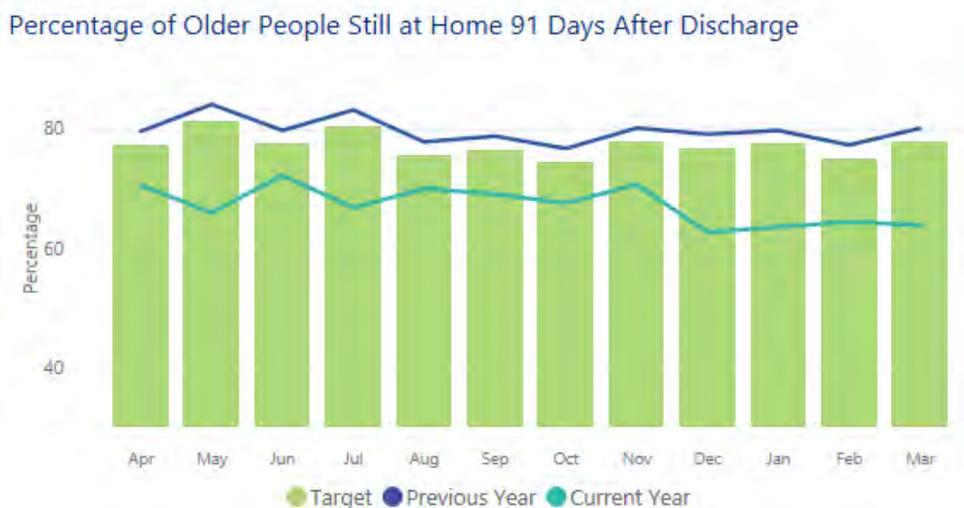


- 3.6 **Metric 3:** Proportion of older people who were still at home 91 days after discharge from hospital into reablement or rehabilitation services.
- 3.7 **Outcome sought:** Increase in effectiveness of these services whilst ensuring that those offered the service does not decrease.
- 3.8 Reporting against this metric is delayed by 91 days hence data does not yet show Qtr. 3.

Dorset



Poole and Bournemouth



- 3.9 **Metric:** Total non-elective spells (specific acute) per 100,000 population
- 3.10 **Outcome sought:** A reduction in the number of unplanned acute admissions to hospital

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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



4. Conclusion

- 4.1 The above charts show that although in many cases performance is improving, an integrated approach to embedding the actions within the BCF schemes is needed to contribute to successfully achieving the new performance trajectories. 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