

# Appendix 1 - Dorset Better Care Fund Quarter 4 (2017/18) submission

## 1. Metrics

Better Care Fund Template Q4 2017/18					
3. Metrics					
Selected Health and Well Being Board:		Dorset			
Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements	Support Needs
NEA	Reduction in non-elective admissions	Not on track to meet target	Challenges include; The acuity of admissions and overall increased admissions across the system.	Despite the challenges listed, Dorset has been able to maintain a position which is broadly consistent with previous activity levels (i.e. in 2016/17).	n/a
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	Our latest market analysis shows that the CCG and DCC purchase proportionally much less than average care beds in the local market. DCC only commissions 21% of total number of residential and nursing placements as against the national figure of 35% in the market. Whilst this is positive on the one hand the challenge is to manage and shape a sustainable local offer for people where care homes are marketing directly to self-funders. In addition there are a number of placements which are referred to the Local Authority from former self-funders, where their assets have dropped below the threshold for private funding. Some people may have been living in the care home for long periods and moving is not in their best interests. The local authority then are required to assess and pick up these placements, therefore have minimal influence over these admissions. Ways this can be mitigated are for a more comprehensive advice and information offer for older people, more support for carers and greater shaping of	Achievements in this area include successful provision of accommodation based alternatives- 4 extra care schemes are based around the county – all being reviewed in this quarter, and in the last quarter a new scheme of 50 units opened in Dorchester. A partnership agreement relating to 44 units in Gillingham, North Dorset is now in the pipeline to open by 2020. A strong business case is in preparation for Bridport for a scheme of a minimum of 40 units in the west of the county.	n/a
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Not on track to meet target	Demand continues to challenge capacity and waiting for reablement services remains a top three reason for DToC.	Closer working relationships between locality teams; Reablement services and CRT continue to develop with local operational solutions being developed to address service demand	Trusted assessor training to be considered for Tricuro Reablement services to support Assessment hand offs.
Delayed Transfers of Care*	Delayed Transfers of Care (delayed days)	On track to meet target	The most prominent delay reason continues to be attributed to awaiting a care package in the home. Specific challenges are: - Identified 'hot spots' of demand; - A need for consistent engagement of the available networks/resources to help effect change; - Less transactional and more outcomes based partnerships; A series of short and longer term solutions have been outlined to mitigate the challenges above.  Key needs have also been identified within adult and older person's mental health where challenges include limited capacity in current supported housing and/or community support. A threefold approach to addressing these challenges has been identified.	The end of year position suggests we are on track to come in under the DToC target - with Dorset being below the target for each month in Quarter 4.  Adult Social Care delays in Dorset are 12% lower than in 2016/17 (national average is showing a 5% decrease).  Q4 has witnessed more efforts to ensure reliable reporting, enhanced relationship building across organisations and more effective whole system working.  Care Home Selection Service (CHS) funding has been secured following initial positive results from the short pilot.	n/a

## 2. Narrative

### 7. Narrative

Selected Health and Wellbeing Board:

Dorset

Remaining Characters:

18,114

#### Progress against local plan for integration of health and social care

The Dorset BCF maintains its alignment with the STP and supports progression towards becoming an Integrated Care System. Within the last quarter communications and integration efforts have continued to improve, which has been reflected within our end of year DTOC figure where we are due to end the year under the set target. Success stories this quarter include the provision of accommodation based alternatives for residential admissions, with 4 extra care schemes based around the county. Additionally, 4 of the 5 bids made to NHS England for the Transforming Care Programme were successful, meaning a significant investment to allow us to convert or establish new accommodation for people on the TCP Register. Integrated working across social care and community mental health teams has also seen real time positive results for mental health carers through the creation of a monthly peer support group. Furthermore, the stage has been set to develop the Independent Living Pathway to support an ambitious programme of change, with a particular focus on assistive technologies to enable and support residents in Dorset. Finally, following the successful roll out of the Dorset Care Framework at the end of quarter 3, efforts to shape and manage the care market continue! The initial focus was home and community services, which is now extending to Complex and Live-In care. Work is now progressing to develop a joined up contracting approach to care homes and the procurement of an integrated preventative support service. The strength of the market to respond to a crisis can now be evidenced in the ability to source a number of care packages at short notice, within some of our most challenging areas. Moving in to the new financial year, we are looking forward to continuing to progress and build on these efforts and fulfil the ambitions set out within the Better Care Fund plan.

#### Integration success story highlight over the past quarter

##### 1. Support for Carers

Integrated working with Community Mental Health Teams has resulted in the establishment of a regular carer support group, to assess over time the benefits of having a carer group within a community mental health setting. Initially, a 'pop-up' group to establish interest levels for a regular group was conducted. The CMHT were keen to support this work and offered one of their rooms on a monthly basis to enable the support group to continue. The group was advertised locally and carers who had not been supported on a one to one basis by the support provider were offered details of the new group. Support and additional resources are currently provided by the services' carers project and an existing volunteer coordinator was identified to support the group until a regular volunteer is secured.

The setting up of the new group has demonstrated the benefits of liaising across health, social care and voluntary organisations to ensure that information and support reaches the carers who need it. Success factors include the observation of visible relief for members of the group. For example, two men talking freely with each other about the destructive behaviour they suffer from their mentally ill partners and offering each other support around a subject that is too often taboo, particularly for men, showed us why these groups are needed. The carers who accessed the group felt less isolated, and had a safe place to talk about very difficult situations and feelings. One carer said "I have been waiting for so long for such a group."

##### 2. Integrated Health and Social Care Pathways

In addition to the progress reported in Q3, there is continued progress in all localities on bringing the different teams in NHS sectors, community and the local authority adult social care together to deliver the new Dorset Integrated Community and Primary Care Services model of care. Particular focus continues in prioritising the identification, through MDT working and risk stratification methods, of complex patients, to support an effective joined up pro-active and reactive response to minimise escalation of their needs. The positive impact of these new ways of working is beginning to show an impact on secondary care services usage; Overall the change is very positive with a reduction in occupied bed days continuing but also a plateauing in the growth in the number of admissions and number of people staying over 7 days. Weymouth & Portland start from a high level but are projecting the greatest decrease in occupied bed days at 7%. Work has commenced in North Dorset to explore the potential of domiciliary care being delivered to complex patients through the community teams, to support effective team working and support the challenges faced in this area in securing complex packages of care.

##### 3. Maintaining Independence

Work to develop the independent living pathway continues via the Independent Living Strategy Board and dedicated project management is being embedded to support an ambitious programme of change, particularly in relation to assistive technology.

Partnership working between County, District and Borough Councils has been strengthened by the recent Government decision to move to a unitary authority.

At an operational level, a conference for allied health professionals in Dorset was held which included AHP from DCC, the CCG and Dorset Hospital University Foundation Trust.

The conference was underpinned by the NHS England document 'Allied Health Professions into Action' which aims to develop AHP to transform health, care and wellbeing.

## Integration success story highlight over the past quarter

Groups were run discussing the following 4 impacts:

Impact 1- AHPs will improve the health and wellbeing of individuals and populations

Impact 2- AHP's will support and provide solutions to general practice and urgent and emergency services to address demand.

Impact 3- AHP's will support integration, addressing historical service boundaries to reduce duplication and fragmentation.

Impact 4- AHP's will deliver evidence based/informed practice to address unexplained variances in service quality and efficiency.

Following the conference, a local framework is to be developed around utilisation of AHP skills. This work has been led by the CCG, and the learning will be incorporated into our integration approaches by supporting decision makers in how they can best use these staff groups.

### 4. High Impact Changes

As part of the High Impact Changes Discharge to Asses models are being progressed with Acute Provider stakeholders alongside greater visibility for health and social care discharge coordinators which is helping wards to move to a more pro-active discharge planning footing. Dorset County Council continue to engage with key stakeholder including Dorset Healthcare University NHS Foundation Trust to look at developments around an integrated intermediate care target operating model; the key values for the service; and defining client and patient focused outcomes. Opportunistic work continues at an operational level to look at demand management and bring together Reablement and Community Rehabilitation (CRT) services at the point of referral. In some instances, this has led to the extension of colocation between and with Locality Teams; reablement services and CRT. The evidence for positive impact is the DCC DToC performance continues to improve with the expected outcome that we will meet challenging iBCF targets for the year.

### 5. Moving on from Hospital Living

In December 2017 a total of 5 bids were made to NHS England for Transforming Care Programme funding. The bids were made in partnership with East Boro Housing Trust and asked for capital to convert or establish new accommodation for people on the TCP Register.

In January we received the news that 1 of the bids had been approved for a following bid round, and of the remaining 4, 3 have been approved for this bid round. This brings NHS England investment of £787,000 into Dorset for the creation of 17 new homes for some of our most vulnerable and difficult-to-house customers. Furthermore, 12 of these units are to be portable modular accommodation, the first time that NHS England have approved TCP Grant for this type of housing.

We are now working with East Boro to plan and deliver this accommodation across a range of sites in Dorset.

This complements a recent decision by DCC cabinet to commit capital funding of £1.5m for the purchase of 30 units of modular accommodation for a range of customers, to be located on DCC land across Dorset.

### 6. Strong and Sustainable Care Markets

As previously reported, the main feature of Dorset's strong and sustainable market approach is a joint contract framework called the Dorset Care Framework, and developing the commissioning partnership between the CCG and Dorset County Council to shape and manage the care market. Initially the focus has been on home and community services for older people and people with disabilities. This is now developing to accommodate Complex Care and Live-In care which is an important aspect of the CHC market.

The strength of the market to respond to crisis has been evidenced in the ability to source a number of care packages at short notice within Christchurch, an area that holds considerable challenge in securing care on framework at agreed rates.

Two other workstreams are underway to develop the joined up contracting approach to care homes (segment 3) and develop a co-production approach for innovation (segment 2).

Segment 2 work has seen the procurement of a integrated preventative support service that aligns housing, health and wellbeing and will contribute to the new Homelessness Reduction Act. In addition this service supports people living with, or experiencing short term mental ill-health, preventing escalation into other social care and health services. This service will connect with DFG -funded home improvement agencies and assistive technology.

Segment 3 work is concentrating currently on a jointly agreed tariff based pricing approach to support better market management.

Further work towards the integration of the brokerage function between adult social care and CHC is in development.