

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

<b>Date of the meeting</b>	14/11/2018
<b>Author</b>	C Ryan - West Better Care Fund Project Manager
<b>Sponsoring Board member</b>	T Goodson – Chief Officer
<b>Purpose of Report</b>	To provide an update of performance against the Better Care Fund Metrics and current scheme activity to address underperformance.
<b>Recommendation</b>	The Governing Body is asked to <b>note</b> the report.
<b>Stakeholder Engagement</b>	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.
<b>Previous GB / Committee/s, Dates</b>	18 July 2018; Better Care Fund Performance update to the Governing Body

### Monitoring and Assurance Summary

<b>This report links to the following Strategic Objectives</b>	<ul style="list-style-type: none"> <li>• Prevention at Scale</li> <li>• Integrated Community and Primary Care Services</li> <li>• One Acute Network</li> <li>• Digitally Enabled Dorset</li> <li>• Leading and Working Differently</li> </ul>		
	<b>Yes</b> [e.g. ✓]	<b>Any action required?</b>	
		<b>Yes</b> Detail in report	<b>No</b>
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

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

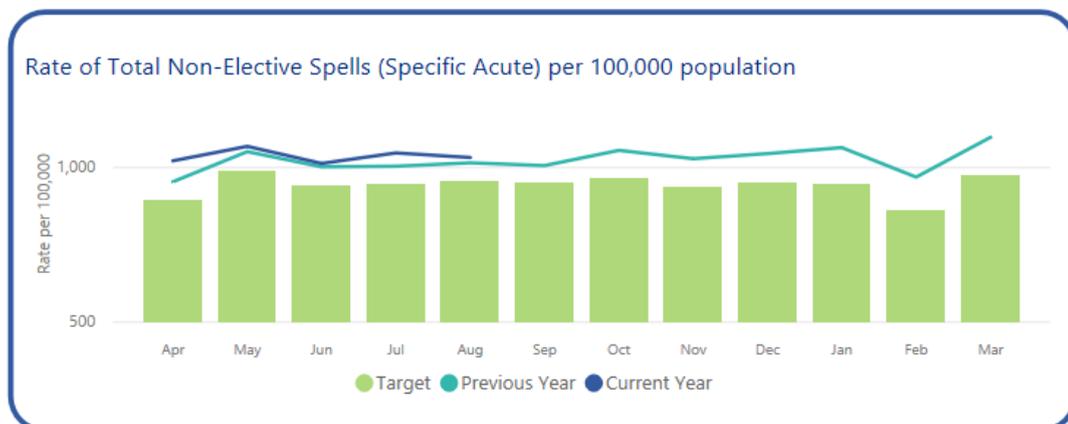
## 1. Introduction

- 1.1 The Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to integrate health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible. Health and Wellbeing Boards (HWBs) have oversight of the BCF and are accountable for its delivery. Dorset has two Health and Wellbeing Boards, one for the Dorset HWB area and one for the Bournemouth and Poole HWB area
- 1.2 This paper has been designed to provide the members of the Governing Body with an update on Better Care Fund activity and performance. This paper sets out the performance against plans with narrative around each HWB area together with a commentary of actions in progress to improve performance where required.
- 1.3 BCF performance is assessed using four metrics, these are:
- The rate of admissions to hospital for non-elective admissions;
  - The rate of inappropriate admissions to residential and nursing care;
  - The percentage of patients still at home 91 days after discharge from hospital; and
  - The rate of delayed transfers of care from hospital.

## 2. Report

### Metric 1 – Non-Elective Admissions

#### Pan-Dorset:

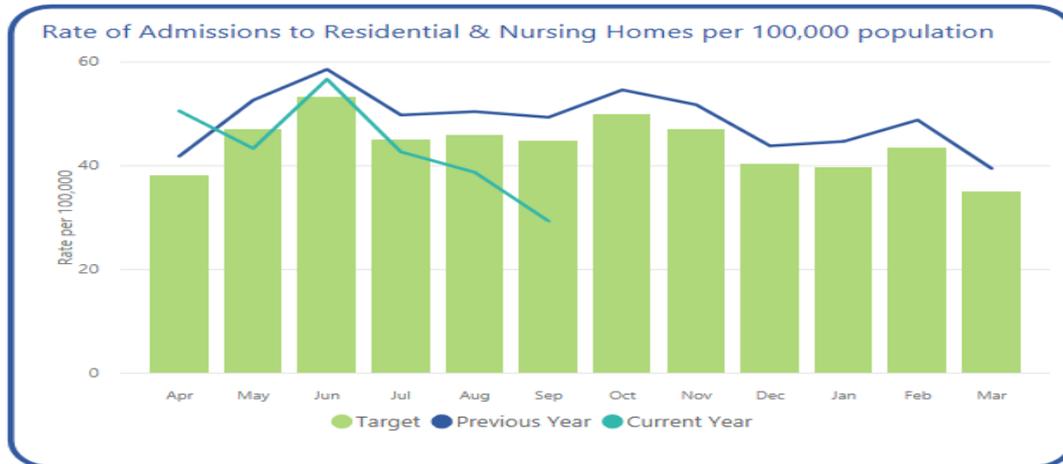


- 2.1 Across the Dorset system agreed plans for the rate of non-elective spells per 100,000 population have not been met to July 2018. The number of admissions during the year was above target for both Bournemouth and Poole HWB and Dorset HWB. Despite the increase against plan and when comparing with the 2017/18 levels the reported increase is not significant and comparable across both HWB. Poole UA have however seen a more significant rise in admissions. Winter pressures have caused high demand for all services both nationally and locally. Challenges within the Dorset system include the increased acuity of admissions, an overall increase in admissions,

a relatively high level of elderly residents resulting in higher admissions, workforce issues and capacity within the care market.

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

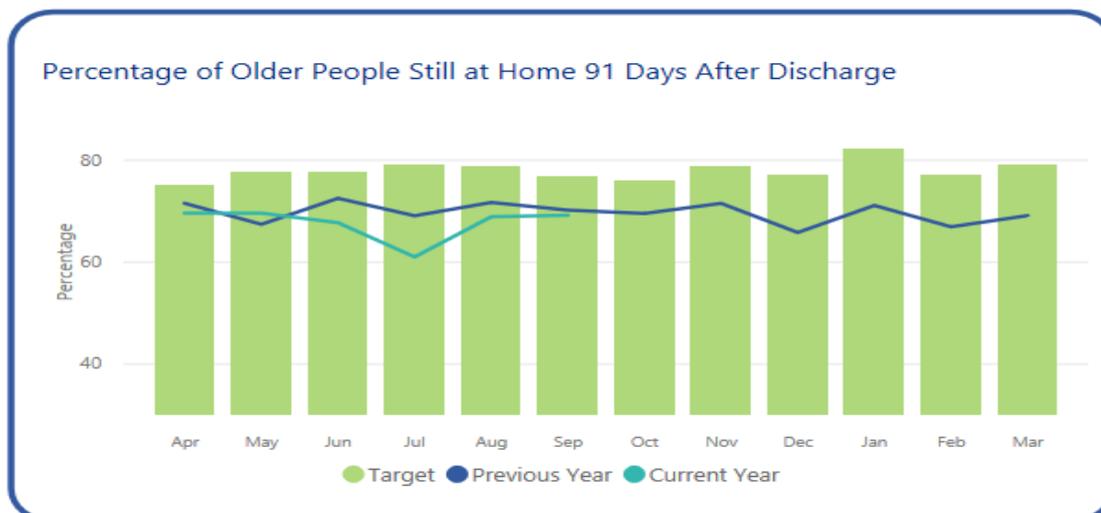
**Pan-Dorset:**



- 2.2 During 2018/19 the Pan Dorset rate of admissions to residential and nursing homes per 100,000 population continues to fall. The number of admissions to a to residential or nursing homes Pan Dorset has reduced by 86 when compared to the previous year with only Poole UA reporting an increase.
- 2.3 It is difficult to identify the required direction of travel for this indicator with a fine balance either way in favour of reducing admission or increasing admissions without impacting both financial resources or quality.
- 2.4 Challenges remain across the Dorset system with the number of care homes that are utilised for placements. The latest market analysis by Dorset County Council (DCC) shows the CCG and DCC purchased proportionally less than average care beds in the local market: DCC commission 21% of the total number of residential and nursing home placements against a national average of 35%. Whilst this can be seen as positive, the challenge is to manage and shape a sustainable local offer for people where care homes are marketed directly to self-funders. DCC has been successful in providing accommodation based alternatives with 4 extra care schemes based around the county. In the last quarter of 2017/18 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.

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

**Pan-Dorset:**

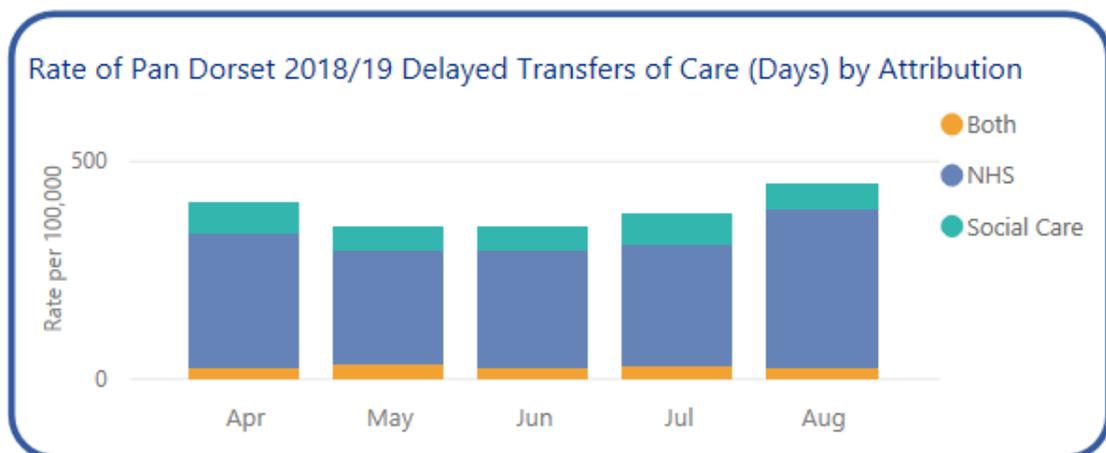


- 2.5 The latest Pan Dorset 2018/19 results show 69.2% of patients were still at home 91 days after discharge from hospital into reablement or rehabilitation services, below target and below the reported level seen in 2017/18. The reported performance for 2018/19 is below the 2017/18 for both HWB. Performance against this target continues on a downward trend.
- 2.6 Data collection issues remain similar to those reported to previous Committee meetings. It is therefore difficult to draw firm conclusions regarding relevant performance. Some of the issues faced are noted below:
- Bournemouth UA do not collect monthly data for this metric. Data is only collected for the statutory data collection months.
  - Poole UA report only in-house reablement figures.
  - Dorset Healthcare University NHS Foundation Trust who provide the rehabilitation service for both UAs will collect this data as a one-month annual audit.
  - Dorset County Council have implemented a new integrated case management system. Data quality is improving. The council is proactively working with the reablement service provider Tricuro to improve data reporting.
- 2.7 Within DCC waiting for reablement services remains a top three reason for lost hospital bed days. An Integrated Project Board has been created to map the integrated pathway to include reablement services, community rehabilitation teams and intermediate beds. The Board is still embryonic with a project scope in place. Current contractual arrangements for reablement provision are under review in order to introduce more challenging indicators. DCC has recently seen closer working relationships between locality teams, reablement services and community rehabilitation teams with local operational solutions to address service demand management being developed.

**Metric 4 – Delayed Transfers of Care from hospital per 100,000 population  
Pan-Dorset:**



2.8 During 2017/18 the Dorset system continued to make positive movements in the reported number of bed days lost due to delayed transfer of care. The levels reported in 2017/18 were significantly below the levels seen in 2016/17.



2.9 **Dorset HWB** did not meet the agreed target for 2017/18 despite showing and reporting improved performance, this is at HWB level and includes NHS Delays. The most prominent reason for delays continues to be attributed to awaiting care package in the home. The LA have identified the challenges which have resulted in these specific delays and outlined a series of short and long term solutions to mitigate the challenges. The refreshed DTOC targets released in May 2018 outlined a target of 9 local authority delays by September 2018 – local data indicates that for September alone, the local authority achieved 8 delays per day.

2.10 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 LA has also secured Care Home Selection Service funding following positive results from a short pilot.

2.11 **Bournemouth and Poole HWB** has seen a further good step in the number of days lost reported in 2018/19. Despite the progress however the reported

monthly position is tracking only marginally below the position seen in the last few months of 2017/18 and therefore the trend gap is expected to narrow.

- 2.12 There have been a number of improvements to the accuracy of recording delayed transfers of care. Both HWBs were positively impacted when approval was agreed at year end to remove Court of Protection days with significant positive impact on Dorset HWB. During the latter half of 2017/18 the Dorset system has enhanced relationship building across organisations and seen more effective whole system working. One example of this is the development of a system wide real time report identifying long stay and stranded patients for 7+, 14+ and 21+ days which is accessible across the Dorset system.

### 3. Performance Summary

- 3.1 To summarise, the Pan Dorset performance against the targets for the four metrics has been outlined below. The results show that two of the four metrics are not meeting expected targets and are rated red.

	Dorset	Bournemouth	Poole	Pan-Dorset
Non-Elective Admissions	Not on track	Not on track	Not on track	Not on track YTD August 2018
Admissions to Residential & Nursing Homes	On track	On track	Not on track	On track YTD September 2018
Percentage at Home 91 Days After Discharge	Not on track	Not on track	Not on track	Not on track YTD September 2018
Delayed Transfers of Care	Not on track	On track	On track	On track YTD August 2018

*\*Please note, figures for Poole UA are up to August 2018 only.*

- 3.2 The following section outlines the current scheme activity across the county to address areas of underperformance. Performance is also being monitored through the Integrated Community and Primary Care dashboard where the investment in to community care particularly relates to non-elective and DToC targets.

### 4. Scheme Activity

#### Strong and Sustainable Care Markets

- 4.1 Bournemouth and Poole are continuing to engage with providers through a series of workshop, learning and recruitment events. Workshops have focussed on areas such as delayed transfers of care, QCQ quality standards and networking events with primary care and ambulance service partners.

- 4.2 Work continues on the construction of a new 80 bed care home, Figbury Lodge, owned by Poole Council, but operating by an independent sector provider which will bring additional long-term capacity to the care market. Twenty beds are designated for intermediate care, the remainder for dementia (with or without nursing) and challenging needs. In addition, accreditation and self-assessment tools have been introduced to increase dementia bed capacity within the area, enabling homes to become more sustainable in a fragile market place.
- 4.3 In the Dorset area, progress has been made in remobilising the Dorset Care Framework through joint market engagement. Plans are currently on target to reopen the framework in December 2018 to additional providers, with further opportunities including complex care and live-in care. The learning disability Dorset Care Framework is also on track for procurement commencing in October 2018. A Section 75 agreement for brokerage has been agreed and is awaiting sign off. Council and CCG colleagues continue to work together to develop a joint commissioning strategy which will include the sustainable care markets scheme and its fit in to overarching commissioning intentions moving forwards – a Memorandum of Understanding is currently in development with expected agreement in December 2018.

## **Integrated Health and Social Care Pathways**

- 4.4 Across Dorset, Bournemouth and Poole, teams are strengthening their focus on the most complex patients with an increased focus on frailty, rapid response and care homes. Primary care has been strengthening their frailty approaches and working at scale more than in previous years. The localities are seeing a reduction in admissions, readmissions as well as a substantial decrease in lengths of stay for people over 65yrs. In recent months there has been an increase in super stranded who are only 50% likely to return to their home on discharge. The CCG investment will enable locality teams to be enhanced and recruitment has commenced. There is greater investment in North Dorset where we have a greater proportion of long stay patients, particularly in hospitals out of county alongside them have one of the lowest admission rates.
- 4.5 A Community Hub has recently been established for the Bournemouth Localities to support greater co-ordination between teams and more rapid response to avoid hospital admissions. GP practices across the localities are integrating their frailty approach with the community hub. Central Bournemouth has made greatest progress at this time and is seeing an improvement in hospital discharges and lengths of stay in hospital.
- 4.6 The CCG is investing £6million across the county in enhancing rapid response services and locality teams to support reductions in emergency admissions, faster discharges, a greater focus on working with care homes as well as people with respiratory disease who have a particularly high risk of admission. All localities are enhancing their Health and Social Care Co-ordination capacity and expanding weekend rapid response services.

- 4.7 In addition, within Dorset a programme of work is underway to pull together views of service users and carers, as well as staff in adult mental health and learning disability services to inform future service design for integrated pathways. This builds on the comprehensive co-production already undertaken as part of the Mental Health Acute Care Pathway work last year. Deep dive sessions with staff and service users are planned for October and November to look at their experience of services and generate further ideas for improvement. Prior to these sessions an intelligence review will be available to use as a reference point for discussions it will include baseline data on relevant areas of health and social care performance. Included in this are references to best practice summarised by SCIE and the Kings Fund. This will help with the intended evidence based approach for planning change

## **Advancing Locality Care**

- 4.8 In the east of the county locality multi-disciplinary teams are providing good outcomes for people with further development in consultant outreach from Poole hospital into care homes to prevent unplanned admissions. Increasingly locality care has a connected interface with acute hospitals in particular safe discharge into community settings, the integrated hospital discharge hub in Poole facilitates this. The Hub is now linking closely with community hospitals in order to facilitate timely discharge for patients after a period of rehabilitation. There is also an aspiration to develop a similar model with Royal Bournemouth Hospital during 2019.
- 4.9 The hub in Poole Hospital is helping to direct day to day resources more effectively at patients with the greatest need, reducing delayed discharges and developing new and more co-operative ways of working between the partnership. This service has had a substantial impact on bed days in hospital and is supporting earlier discharge.

## **Maintaining Independence**

- 4.10 In Bournemouth, the Integrated Care Facility, Coastal Lodge is succeeding in enabling people to remain independent. The joint working between Dorset Health Care and Tricuro (a joint Local authority trading company) has seen positive results, supporting people in step-up or step down situations.
- 4.11 The integrated equipment service continues to show strong performance across the partnership with well over 90% of equipment delivered within 3 days. Joint working between health and social care practitioners is now embedded and consistent across the partnership in supporting people to remain independent.
- 4.12 The online information and advice offer My Life My Care went live as a Bournemouth and Poole only offer on 25th June 2018, much of the PAN-Dorset directory content remains but the advice and information on the site will become more focussed and relevant to the Bournemouth and Poole population.
- 4.13 Within Dorset the scope of the Promoting Independence Project has been defined and governance arrangements agreed with a steering group including

representation from Dorset County Council, the CCG and Public Health. The first design workshop has taken place to look at the current pathway, with design workshops planned over the next quarter to develop a new independent living pathway.

- 4.14 The technology enabled care team has continued to support a culture shift towards technology use with an extensive education programme, as well as supported the piloting of new technologies. An example is exploratory conversations between Dorset County Council, Dorset CCG, Public Health and Bournemouth University to become a pilot site for the thermal imaging technology.

## **Carers Services**

- 4.15 The Pan Dorset Carers steering group oversees the development of the joint vision 'Valuing Carers in Dorset'. With this comes the chance to discuss some of the practical challenges facing organisations following recent, and impending, personnel changes, and how this can be addressed. The membership of this group includes carers, naturally leading to services and solutions being coproduced to ensure that carers are receiving the services they need and use the most.
- 4.16 The CCG Carers lead role has transferred to Dorset Healthcare to enable greater integration of work with the community service carers lead and develop a more sustainable team to support primary and community services.

## **Early supported discharge**

- 4.17 Work with acute hospitals in the east is ongoing in planning for safe discharge into community settings. Focussed work on stranded and long stay patients is taking place, a dashboard has been developed and rolled out to acute hospitals to monitor and manage patient flow. Weekly structured calls are taking place between senior officers to ensure that the stranded patient target is being achieved. An early, medium and longer-term plan are being devised with the early plan to meet the 25% reduction set by NHSE by 1st October 2018 and the medium plan will look at how this is maintained.
- 4.18 The number and length of stay of people over 65yrs and in a hospital bed over seven or twenty-one days has reduced with the greatest changes being in localities that have a greater proportion of Poole LA residents. The integrated hospital discharge hub is influencing this positive direction of travel, through more efficient and co-operative ways of working by having all aspects of discharge co-ordination taking place within the hub. The hub is also linking closely with community hospitals to facilitate timely discharge.
- 4.19 Primary care streaming continues in Poole hospital. This service is supporting GP's stream patients away from A&E and also reduce the number of admissions to hospital.

## **Learning disability moving on from hospital living**

- 4.20 Commissioners have been considering pooled budget arrangements in relation to the new Councils of Dorset and Bournemouth, Poole and Christchurch from 1st April 2019. The Pooled budget for 18/19 is projected to be overspent due to complex packages commissioned by Bournemouth and Dorset Councils.

## **5. Conclusion**

- 5.1 The Governing Body is asked to **note** the BCF update.

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<b>APPENDICES</b>	
<b>Appendix 1</b>	<b>Bournemouth and Poole Better Care Fund Quarter 2 (2018/19) submission</b>
<b>Appendix 2</b>	<b>Dorset Better Care Fund Quarter 2 (2018/19) submission</b>
<b>Appendix 3</b>	<b>Better Care Fund Finance Summary for Joint Commissioning Board</b>