

Appendix 1: Bournemouth and Poole BCF Q2 Return

Better Care Fund Template Q2 2018/19

1. Cover

Version 1.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and are planned for publishing in an aggregated form on the NHSE website. **Narrative sections of the reports will not be published.** However as with all information collected and stored by public bodies, all BCF information including any narrative is subject to Freedom of Information requests.

- As noted already, the BCF national partners intend to publish the aggregated national quarterly reporting information on a quarterly basis. At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:

Bournemouth & Poole

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Who signed off the report on behalf of the Health and Wellbeing Board:

Fiona Richardson

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

2. National Conditions & s75 Pooled Budget

Selected Health and Wellbeing Board:

Bournemouth & Poole

Confirmation of Nation Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:
1) Plans to be jointly agreed? (This also includes agreement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the Planning Requirements?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Managing transfers of care?	Yes	

Confirmation of s75 Pooled Budget			
Statement	Response	If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:	If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)
Have the funds been pooled via a s.75 pooled budget?	Yes		

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Metrics

Selected Health and Wellbeing Board:

Bournemouth & Poole

Challenges Please describe any challenges faced in meeting the planned target

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Support Needs Please highlight any support that may facilitate or ease the achievements of metric plans

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	Even though they have been a significant increase compared to last years figures, the increase has been observed across the whole Dorset System	Although the Health and Wellbeing area is not on track to meet the target the number of non-elective spells remains similar to previous year.	NA
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	Not on track to meet target	Performance in regards to admissions to care homes has not met targets, with the Bournemouth area admitting higher than anticipated numbers of older adults into care homes, however this	However this approach has enabled prompt discharge from hospital.	NA
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Data not available to assess progress	Data collection has been a challenge due to how provider contracts are set up to collect data, this area is being addressed but is based on a snapshot data between October and December.	Despite these challenges , NHS data shows that at the point of discharge from intermediate care teams 80% of people are at home.	NA
Delayed Transfers of Care	Delayed Transfers of Care (delayed days)	On track to meet target	Performance on delayed of care (DToC) remains very challenging, the key issues continue to be higher than anticipated levels of admissions and lack of capacity in the care market for nursing	Despite these challenges the Health and Wellbeing Area is meeting its targets in regard to all delays.	NA

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4. High Impact Change Model

Selected Health and Wellbeing Board:

Bournemouth & Poole

Challenges

Please describe the key challenges faced by your system in the implementation of this change

Milestones met during the quarter / Observed Impact

Please describe the milestones met in the implementation of the change or describe any observed impact of the implemented change

Support Needs

Please indicate any support that may better facilitate or accelerate the implementation of this change

		Maturity Assessment					If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Narrative		
		Q4 17/18	Q1 18/19	Q2 18/19 (Current)	Q3 18/19 (Planned)	Q4 18/19 (Planned)		Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg 1	Early discharge planning	Established	Established	Established	Established	Established		Continued high levels of NEL demands and acuity of patients continues to provide challenges. This is compounded with workforce vacancies across health and social care organisations in Dorset. It is recognised that all staff should be trained in good discharge process.	There is a pan Dorset ICS programme of work which has been established to improve the process for supporting stranded patients. A Stranded patients audit and workshop has been undertaken and good practice is being taken forward across Dorset ICS.U&EC transformation funding of £257k supporting this strand of work.	n/a
Chg 2	Systems to monitor patient flow	Established	Established	Established	Established	Mature		Pressures continue within the system and demand for health and social care remains high. Care capacity in private providers, domiciliary care and reablement services can cause bottlenecks. This continues to prove problematic in regards to recruitment and retention of staff.	Focussed work now being planned on stranded patients audit and workshop to be undertaken to inform action plan, this included delays within reablement services, intermediate care services and community hospitals.Dorset ICS is looking to develop a system solution for proactive and real time monitoring of pressures across the system.	n/a
Chg 3	Multi-disciplinary/multi-agency discharge teams	Established	Established	Established	Established	Mature		Workforce capacity in the voluntary / community sector can be an issue when attendance is required at MDTs or other specific meetings, and due to winter pressures.	Integrated discharge hubs in all acute hospitals. Health and social care coordinators are an integral part of all community hubs to help provide local solutions. Mental health support now more readily available to support complex cases. Dorset Healthcare in-reach model and community matron offer enhances this process further.	n/a

Chg 4	Home first/discharge to assess	Established	Established	Established	Established	Established		Challenges with capacity in the care market impact on the successful implementation of a D2A model. Ongoing pressures continue to cause high demand for all services. The observed improved impact of the Dorset Care Framework mobilisation is being monitored and areas of capacity are raised and potential difficulties are discussed. Systems are also in place to monitor off-system referrals.	Options have been developed and going through approval processes. The second phase of the domiciliary care market will include opening the framework to new providers, moving to a consolidated pay basis and transition towards an outcome based approach. DCC business case is being developed for the home first project and working groups are pursuing key areas for improvement and development.	n/a
Chg 5	Seven-day service	Plans in place	Plans in place	Plans in place	Plans in place	Established		The challenge continues to be that planned discharges take place at weekends, but a lack of certain services at weekend continue to mean that an increase in discharges cannot be achieved consistently.	DCC Business case in development in response to Home First Project highlighting specific areas for development. Staff have been in consultation process to support working practices to support seven day working achievement.	n/a
Chg 6	Trusted assessors	Established	Established	Established	Established	Established		Consistent uptake across all providers Information sharing across health and social care	On line training in development. Role of Trusted Assessor (TA) to be considered across LAs. Care home work stream and HSH group working on TA role for care homes. There will be an evaluation across the system reviewing the models of H2H services.	n/a
Chg 7	Focus on choice	Established	Established	Established	Established	Established		Community options can limit the effectiveness, the implementation and compliance of the Choice Policy.	Senior management are supporting staff with complex difficult conversations and cases. Dorset Choice Policy is in the process of being reviewed by H2H joint health and social care group within 2018/19 and where appropriate refresher training will be arranged. Reviews of CHS self-funding support service is being evaluated.	n/a
Chg 8	Enhancing health in care homes	Established	Established	Established	Established	Established		Continuing issues with timely and consistent information from wards to care homes. Number of care homes that are utilised for placements across Dorset, Bournemouth and Poole.	Care Home Work Stream is being led by the ICPS Programme. Close links with DCC and the H2H group. Action plan agreed.	n/a

Hospital Transfer Protocol (or the Red Bag scheme)

Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.

		Q4 17/18	Q1 18/19	Q2 18/19 (Planned)	Q3 18/19 (Planned)	Q4 18/19 (Planned)	If there are no plans to implement such a scheme, please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.	Challenges	Achievements / Impact	Support needs
UEC	Red Bag scheme	Plans in place	Established	Established	Established	Established		Early analysis of the evaluation suggests that scheme needs to be relaunched as not all areas familiar with contents/ updating red bag documents	Combined (CCG, Community Services and Acute Trusts including ambulance trust) relaunch in development	none ar present

5. Narrative

Selected Health and Wellbeing Board:

Bournemouth & Poole

Remaining Characters:

12,194

Progress against local plan for integration of health and social care

Strong and Sustainable Care Markets

We are continuing to engage with providers through a series of workshop, learning and recruitment events. There have been workshops focussing on areas such as delayed transfers of care, CQC quality standards and question time /networking events with primary care and ambulance service partners. Through these workshops there has been much shared learning and some opportunities to develop closer working relationships between the independent sector providers and acute/ emergency and primary care settings.

In Poole work also continues between extra care support providers and social care to develop relationships and align to a more outcome-based model of service delivery.

Work continues on the construction of a new 80 bed care home, Figbury Lodge, owned by Poole council, but operate by an independent sector provider this will bring additional long-term capacity to the care market. Twenty of the beds are designated for intermediate care, jointly funded by the local authority and Dorset Clinical Commissioning Group, the remainder for dementia (with or without nursing) and challenging needs.

To further increase the dementia bed capacity within the area accreditation and self-assessment tools have been introduced along with an enhanced fee structure. Use of the tool is enabling homes to become more sustainable in a fragile market place as the local demand moves from frail elderly to dementia.

Advancing Locality Care

Locality multi-disciplinary teams are providing good outcomes for people and we are seeing 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.

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.

Integrated health and social care teams

Please tell us about the progress made locally to the area's vision and plan for integration set out in your BCF narrative plan for 2017-19. This might include significant milestones met, any agreed variations to the plan and any challenges.

Please tell us about an integration success story observed over the past quarter highlighting the nature of the service or scheme and the related impact.

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5. Narrative

Selected Health and Wellbeing Board:

Bournemouth & Poole

Remaining Characters:

12,194

Progress against local plan for integration of health and social care

Teams are strengthening their focus on the most complex patients with an increased focus on frailty. Primary care has been strengthening their frailty approaches and working at scale more than in previous years. Poole North was the first locality to establish an “enhanced” model combining the meetings of all four practices into a single weekly meeting with the participation of a comprehensive MDT including secondary care Geriatrician input, social care, voluntary services as well as physical and mental health teams. The success of this model has now encouraged the two remaining Poole localities to adopt the same model.

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.

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.

Maintaining Independence

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.

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 we are seeing a consistency across the partnership in supporting people to remain independent.

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.

Carers Services

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.

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.

Please tell us about the progress made locally to the area’s vision and plan for integration set out in your BCF narrative plan for 2017-19. This might include significant milestones met, any agreed variations to the plan and any challenges.

Please tell us about an integration success story observed over the past quarter highlighting the nature of the service or scheme and the related impact.

Early supported discharge

Work with acute hospitals is ongoing in planning for safe discharge into community settings. Focussed work on stranded/ 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.

The number and length of stay of people over 65yrs and in a hospital bed over 7 or 21 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.

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.

A stroke pathway has been implemented within Poole Hospital with a dedicated stroke practitioner appointed working on a multiagency basis to ensure discharge is timely.

The intermediate care services report on the % of people in their normal place of residence on discharge from the service. This continues to perform at 80-81% each month.

Learning disability moving on from hospital living-

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.

Understanding Joint Expenditure-

Prior to further aligning NHS and social care budgets, we are sharing financial information in order to better understand our joint expenditure and common areas of spend.

plan for integration set out in your BCF narrative plan for 2017-19. This might include significant milestones met, any agreed variations to the plan and any challenges.

Please tell us about an integration success story observed over the past quarter highlighting the nature of the service or scheme and the related impact.

Remaining Characters:

19,472

Integration success story highlight over the past quarter

Figbury Lodge build is completing in line with schedule. Recruitment to the in-reach to support effective rehabilitation and reablement has started and primary care is well engaged with the new development. The locality MDT approach and Poole Discharge hub is clearly having an impact on hospital bed occupancy in people over 75 years, the extension of the locality MDT model outside of Poole North is anticipated to support further change, at the end of June Poole North had the lowest bed occupancy for all our localities.

Please tell us about an integration success story observed over the past quarter highlighting the nature of the service or scheme and the related impact.

Better Care Fund Template Q2 2018/19

6. Additional improved Better Care Fund

Selected Health and Wellbeing Board:

Bournemouth & Poole

Additional improved Better Care Fund Allocation for 2018/19:

£ 4,313,696

These questions cover average fees paid by your local authority (including client contributions) to external care providers.

We are interested only in the average fees actually received by external care providers from local authorities for their own supported clients (including client contributions). The averages should therefore exclude:

- Any amounts that you usually include in reported fee rates but are not paid to care providers e.g. the local authorities' own staff costs in managing the commissioning of places
- Any amounts that are paid from sources other than the local authorities' funding (including client contributions), i.e. you should exclude third party top-ups, NHS Funded Nursing Care and full cost paying clients.

The averages will likely need to be calculated from records of payments paid to social care providers and the number of client weeks they relate to, unless you already have suitable management information.

This single average should include fees paid under spot and block contracts, fees paid under a dynamic purchasing system, payments for travel time in home care, any allowances for external provider staff training, fees directly commissioned by your local authority and fees commissioned by your local authority as part of a Managed Personal Budget.

If you only have average fees at a more detailed breakdown level than the three service types of home care, 65+ residential and 65+ nursing (e.g. you have the more detailed categories of 65+ residential without dementia, 65+ residential with dementia) please calculate for each of the three service types an average weighted by the proportion of clients that receive each detailed category:

1. Take the number of clients receiving the service for each detailed category.
2. Divide the number of clients receiving the service for each detailed category (e.g. age 65+ residential without dementia, age 65+ residential with dementia) by the total number of clients receiving the relevant service (e.g. age 65+ residential).
3. Multiply the resultant proportions from Step 2 by the corresponding fee paid for each detailed category.
4. For each service type, sum the resultant detailed category figures from Step 3.

If you are unable to provide rates for both 2017/18 and 2018/19, please ensure that you provide the estimated percentage change between 2017/18 and 2018/19 in the table below. Please leave any missing data cells as blank e.g. do not attempt to enter '0' or 'N/A'.

	2017/18	2018/19	If rates not yet known, please provide the estimated uplift as a percentage change between 2017/18 and 2018/19
1. Please provide the average amount that you paid to external providers for home care in 2017/18, and on the same basis, the average amount that you expect to pay in 2018/19. (£ per contact hour, following the exclusions as in the instructions above)	£ 18.17	£ 18.48	

<p>2. Please provide the average amount that you paid for external provider care homes without nursing for clients aged 65+ in 2017/18, and on the same basis, the average amount that you expect to pay in 2018/19. (£ per client per week, following the exclusions as in the instructions above)</p>	<p>£ 620</p>	<p>£ 639</p>	
<p>3. Please provide the average amount that you paid for external provider care homes with nursing for clients aged 65+ in 2017/18, and on the same basis, the average amount that you expect to pay in 2018/19. (£ per client per week, following the exclusions in the instructions above)</p>	<p>£ 711</p>	<p>£ 734</p>	
<p>4. If you would like to provide any additional commentary on the fee information provided please do so. Please do not use more than 250 characters.</p>	<p>Residential and Nursing are based on council paid fees and exclude the sec 117 contribution to bed price paid directly by CCG.</p>		