

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 **Narrative sections of the reports will not be published.** However as with all information collected and stored by public bodies, all BCF information including any narrative is subject to Freedom of Information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:

Dorset

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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'

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2. National Conditions & s75 Pooled Budget

Selected Health and Wellbeing Board:

Dorset

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		

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	There has been a significant increase in the conveyance rates across the Dorset System, this has been observed across all hospitals	Although the Health and Wellbeing area is not on track to meet the target, the number of NEA remains similar to 2017/18.	n/a
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	Not on track to meet target	There is some evidence of delays for care homes to provide a pre-admission assessment. This is being addressed by commissioning colleagues. The East of the county have particular shortfalls in care home provision, which can impact on the overall costs and delays.	The current arrangements for localities to manage their block bed provision is being centralised in October to ensure that there is a consistent 'offer' to all Dorset residents and that delays are kept to a minimum.	There continues to be a shortfall in the market place for high quality and cost effective Older Person's Mental Health care home provision.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	On track to meet target	The challenge continues to be ensuring reablement services for Dorset are effective at supporting people to reable and reduce their long term support needs. A significant challenge is to ensure interim placements are kept to a minimum when domiciliary care/reablement is not available to ensure we do not create dependency, and that people are supported to return home.	Home First is a new initiative for Dorset to ensure all residents have every opportunity to return home and long term decisions about their future are not made in hospital.	A dedicated commissioning colleague has been identified to address and resolve issues with reablement, and to ensure the service maximises every opportunity for the person to get home as soon as possible.
Delayed Transfers of Care	Delayed Transfers of Care (delayed days)	Not on track to meet target	From a local authority perspective, the challenge continues to maintain good levels of reductions on delays both in acute and community hospitals pan Dorset. The largest delay continues to be the market place for domiciliary care. The second largest delay is for younger and older adults with mental health issues.	Since beginning of June, Adults and Community services have focused specifically on social care delays, with a local daily call to address specific difficulties. As such the average number of patients delayed per day has reduced significantly from 14 to 9 approximately every day. A dedicated Social Worker has been identified for Alderney Hospital to ensure progress for assessment and discharge planning.	The daily calls and meetings need to continue to ensure there is a good 'flow' in the system. Commissioning colleagues are now focused on addressing any issues with reablement opportunities and efficiencies in the system.

4. High Impact Change Model

Selected Health and Wellbeing Board:

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 demand 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 planning processes.	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 has been allocated to support this strand of work.	n/a
Chg 2	Systems to monitor patient flow	Established	Established	Established	Established	Established		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	Established		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 new care framework 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	Plans in place		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 are in the consultation process to support change in 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 to be considered across LAs. Care home work stream and hospital to home (H2H) 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		Increase in care home conveyances evident from care home conveyance dashboard. Red Bag initiative not fully embedded into practice. Specific training needs identified for a number of parts of the system eg care homes, paramedics, ED.	Dashboard developed re care home conveyances and shared with localities to share/discuss and prioritise care and support Task and finish groups established to focus on various elements of the EHCH programme Establishing closer working relationships with the Dorset Care Home Association	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	Challenges	Achievements / Impact	Support needs
UEC	Red Bag scheme	Established	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

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5. Narrative

Selected Health and Wellbeing Board:

Dorset

Remaining Characters:

18,871

Progress against local plan for integration of health and social care

The Dorset Better Care Fund has continued to evolve throughout quarter two, particular highlights include the focus on remobilising the Dorset Care Framework for reopening in December 2018. The Dorset Care Framework is a key element to achieving the BCF metrics as it offers the opportunity to gain some structure and control over a marketplace where the vast majority are self-funding. The Home First Project is also progressing with four work-streams created to combat key areas of ASC delays; Assessment and trusted practitioners, reablement and packages of care, pilot reviews and assistive technology and staffing/HR. It is anticipated that the Home First Business Cases will be sent for approval at the beginning of Q3. Further progress has been witnessed in assistive technologies, with partners coming together from health, social care and education to discuss the trial of thermal imaging software as it is recognised that Dorset's demographic lends itself to research. Furthermore, learning regarding self-management apps for healthcare is progressing with training programmes to be rolled out within the next quarter.

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.

Integration success story highlight over the past quarter

Support for Carers

Shaping of the carers offer has been progressed through a Pan-Dorset Steering Group, bringing together representatives from across health and social care dedicated to improving the experience of carers across the Dorset system. In addition, agreement on a joint specification for developing an early support offer for carers to create one point of contact is in progress, alongside a dedicated helpline.

Integrated Health and Social Care Pathways

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 but in recent months we have seen an increase in super stranded patients these patients 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.

LD & MH Pathways - 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

Maintaining Independence

Over the last quarter the scope of the promoting independence project has been defined and governance arrangements agreed with a steering group set up which includes 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.

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.

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.

Moving on from Hospital Living

Whilst additional analysis is taking place in order for a refocus upon this area, the future strategic direction identifies that commissioning partners have agreed to review pooled budget arrangements for 2019/20 in the context of the Local Government Review. In addition, a new Bid Round is opening in November for 2019/20 projects which will likely be determined by the end of this financial year.

Strong and Sustainable Care Markets

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. Furthermore, 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.

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6. Additional improved Better Care Fund

Selected Health and Wellbeing Board:

Dorset

Additional improved Better Care Fund Allocation for 2018/19:

£ 5,478,595

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)	£ 20.00		2.5%

<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>£ 803</p>		<p>2.5%</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>£ 743</p>		<p>2.5%</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>n/a</p>			