

Health and Wellbeing Board

9 January 2019

Better Together Programme and Adult Social Care Winter Fund 2018/19 progress update

Recommendation(s)

1. To note the progress of the Better Together Programme in 2018/19 to improve performance against the four national Better Care Fund (BCF) areas of focus.
2. To note progress against the High Impact Change Model.
3. To note the Adult Social Care Winter Fund allocation, conditions and agreed priority areas.

1.0 Better Together Programme Progress Update – 2018/19 Performance

- 1.1 Locally our plan for 2017/19 focusses our activities to improve our performance in the four key areas which are measured against the National Performance Metrics, these being:
 - a. Reducing Delayed Transfers of Care (DToC)
 - b. Reducing Non-Elective Admissions (General and Acute)
 - c. Reducing admissions to residential and care homes; and
 - d. Increasing effectiveness of reablement

a. Reducing Delayed Transfers of Care

The 2018/19 target for this metric is 43.2 average daily beds delayed. The stable performance seen in quarter 1 has been maintained in quarter 2 with delays below (better than) or just above the target. At the end of quarter 2 2017/18 (September 2017) the average daily beds delayed was 64 and one year later at the end of September 2018 this has reduced to 46, which represents a 29% improvement in performance.

This improved performance has been achieved whilst seeing increasing numbers of admissions and acuity of patients. Despite this health and social care colleagues across all nine acute and community sites, along with domiciliary (home care) and residential and nursing home providers, have and continue to work tirelessly to discharge patients safely.

The most significant improvements continue to be at the three main acute sites, Warwick, George Eliot and University Hospital Coventry and Warwickshire. The challenge now is to maintain this improvement during quarter 4 (the main winter pressures period), whilst continuing to reduce the number of days patients are delayed elsewhere in the system:

- in the community hospitals and
- Warwickshire residents at out of county providers.

Whilst the volume of delays in community hospitals and out of county providers is relatively low in comparison to the three main acute sites, they contribute a disproportionate number of delays.

Note: There is a 6 week delay in confirming actual delays data.

DToC performance is measured as the average number of daily beds occupied by a delayed Warwickshire resident.

Month	Average daily beds occupied by a delayed resident	Target (lower is better)
April 18	51	43
May 18	41	43
June 18	32	43
July 18	41	43
Aug 18	46	43
Sept 18	46	43
Oct 18	45	43

b. Reducing Non-Elective Admissions (General and Acute)

Non-elective admissions decreased by 0.3% in quarter 2 2018/19 compared to Quarter 1 but non-elective admissions were 5.9% higher than the same period last year. The main reason for the continued growth in volumes of non-elective admissions in quarter 2 was a 5.7% increase in A&E attendances of all ages and a 5.2% growth of those aged 65+.

NHS	65+ NEAs	All Age NEAs
SWCCG	+0.8%	+3.9%
WNCCG	+11.6%	+8.1%
Rugby	+5.2%	+6.9%
Total	+5.1%	+5.9%

Non-elective admissions from Warwickshire North CCG patients have seen the greatest growth compared with the same quarter last year (8.1%), while growth at Rugby and SWCCG was 6.9% and 3.9% respectively.

Non-Elective Admissions performance:

Quarter	Actual	Target	% over target
Q1 2017/18	13,309	13,138	1.3%
Q2 2017/18	13,281	13,280	0.0%
Q3 2017/18	13,818	13,289	4.0%
Q4 2017/18	13,388	13,003	3.0%
Q1 2018/19	14,123	13,827	2.1%
Q2 2018/19	14,076	13,985	0.6%

The main driver for growth in non-elective admissions is an increase in A&E attendances when compared to the same period in the previous year.

This is manifested by a 8.1% growth in A&E attendances of all ages at University Hospital Coventry and Warwickshire, 5.3% growth at South Warwickshire Foundation Trust and 3.5% George Eliot Hospital.

c. Reducing long term admissions to residential and nursing care 65+

Permanent admissions were 31% lower than quarter 2 17/18 and 28% below target in quarter 2 2018/19.

The target for 2018/19 is 724 admissions per 100k population, which equates to a quarterly target of 181.

Quarter	Actual	Target	% Over target
Q1 17/18	173	138	25.6%
Q2 17/18	189	138	37.2%
Q3 17/18	164	138	19.1%
Q4 17/18	170	138	23.4%
Q1 18/19	163	181	-9.9%
Q2 18/19	130	181	-28.2%

d. Increasing the effectiveness of reablement

This target measures the percentage of older people (65 and over) who are still at home 91 days after discharge from hospital into reablement or rehabilitative services. This target is an annual measure and performance for 2017/18 was 93%.

Year	Actual	Target (higher is better)	% Over target
2016/17	87.9%	86.8%	1.1%
2017/18	93.0%	89%	4%
2018/19	Data available in June 19	89%	n/a

2.0 Better Together Programme Progress Update – High Impact Change Model (HICM)

2.1 Progress continues to be made against implementing all eight changes in the model and the most recent self-assessment of progress is detailed below:

		Status as at Q1 18/19	Status as at Q2 18/19
Change 1	Early discharge planning	Established	Mature
Change 2	Systems to monitor patient flow	Established	Established
Change 3	Multi-disciplinary/multi-agency discharge teams	Established	Established
Change 4	Home first/discharge to assess	Established	Established
Change 5	Seven-day service	Established	Established
Change 6	Trusted assessors	Plans in place	Established
Change 7	Focus on choice	Established	Established
Change 8	Enhancing health in care homes	Plans in place	Plans in place

2.2 The national Better Care Fund target is to achieve ‘Established’ status by March 2019 and all sites and teams have local action plans in place to achieve this.

2.3 The local Better Health, Better Care, Better Value target is to achieve ‘Mature’ status against all 8 changes in the model, across all sites by March 2019. It should be noted that this is not currently on track to be achieved.

3.0 Adult Social Care Winter Fund allocation, conditions and agreed priority areas

3.1 In October 2018 the Department of Health and Social Care announced £240m of additional funding for councils to spend on adult social care services to help councils alleviate winter pressures on the NHS, getting patients home quicker and freeing up hospital beds across England. The funding allocation for Warwickshire was £2.2m.

3.2 Agreement on how this fund will be used has been carried out in collaboration with Clinical Commissioning Group and acute trust partners and in conjunction with discussions around the use of the Improved Better Care Fund in 2019/20 to best support pressures across the health and care economy.

3.3 Following receipt of a number of requests for funding from partners across the system, a list of agreed schemes/cost pressures was prepared and agreed on behalf of Warwickshire County Council and Clinical Commissioning Groups by their representatives on the Warwickshire Cares Better Together Finance Sub-Group. This group then prioritised the pressures and requests from across the

health and care system, within the context of both the Adult Social Care Winter Fund and Improved Better Care Fund (iBCF).

3.4 The funding will be used to provide additionality throughout the winter across a number of areas, including:

- Domiciliary care placements
- Supporting carers with one-off grants (via Direct Payments) to minimise the risk of carer breakdown
- Additional Care Home Trusted Assessors to support timely discharge
- Additional Discharge to Assess placements
- Additional social care workers in the acute hospitals
- Additional transport from people ready to be discharged from hospital in the morning needing intermediate care or reablement
- Additional support to care homes from GPs including medicines management support to prevent admissions into hospital

4.0 Timescales associated with progress reporting

4.1 The Better Care Policy Framework requires quarterly reporting and monitoring against the four national performance metrics and finances.

4.2 The Adult Social Care Winter Fund requires Warwickshire County to complete a plan indicating how the money will be spent, along with an update in January and a final report by 30 April 2019, detailing how the funding has been spent.

Background papers

1. None

	Name	Contact Information
Report Author	Rachel Briden	rachelbriden@warwickshire.gov.uk Tel: 07768 332170
Director of Public Health and Assistant Director People	John Linnane	johnlinnane@warwickshire.gov.uk Tel: 01926 41 3705
Strategic Director – People Directorate	Nigel Minns	nigelminns@warwickshire.gov.uk Tel: 01926 74 2655
Portfolio Holder	Cllr Les Caborn	cllrcaborn@warwickshire.gov.uk

The report was circulated to the following members prior to publication:

Local WCC Member(s): N/a

Other WCC members: Councillors Caborn, Morgan, Redford, Golby, Parsons and Rolfe.