

Health and Wellbeing Board

10 January 2018

Better Together Programme – Progress Update

Recommendation(s)

1. To note the progress of the Better Together Programme to improve performance against the four national Better Care Fund (BCF) areas of focus.
2. To note the recent announcement regarding the 2018/19 allocations of the social care funding provided at Spring Budget 2017.
3. To note the progress relating to the section 75 and risk share arrangements.
4. To note the additional funding relating to the Disabled Facilities Grant (DFG).

Key Issues

- 1.1 At the meeting on the 6th September 2017, the Health and Wellbeing Board approved the Better Together Programme's two year plan, spanning 2017-19.
- 1.2 Following regional assurance and calibration, Warwickshire's plan was placed in the 'Approved with Conditions' category as further assurance and information regarding three specific planning requirements were required by the Department of Health and the Department for Communities and Local Government.
- 1.3 The additional evidence and information requested was submitted on the 2nd November relating to:
 - Planning Requirement 5 – Confirmation that the high impact change model to support Delayed Transfers of Care has been agreed between partners for delivery and funding; and inclusion of the outcome of the high impact change self-assessment in the narrative plan.
 - Planning Requirement 8 – Narrative plan to specifically address how it will contribute towards reducing health inequalities.
 - Planning Requirement 9 – Narrative plan needs to be revised so that delivery and financial risks are clearly articulated for at least the life of the plan (to end of 18/19) and any longer term risks identified. Including the

need to understand the management of risk between partners given some of the system fragilities identified as challenges in Warwickshire

- 1.4 Whilst it is our understanding that the plan has now been 'Approved', final confirmation is outstanding.

2.0 Better Together Programme Progress Update

Performance

- 2.1 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

Since June 17 there has been a downward trend in the number of delays, from 85 average daily beds delayed to 53 in October, which represents an improvement in performance. 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)
June 17	85	87
July	83	77
August	64	68
September	64	58
October	53	49
November	52 estimate	40

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

Non-elective admissions have increased by 4.2% in the first two quarters of 2017/18 compared to 2016/17, The main reason for the step change in volumes of non-elective admissions in this period was a 4.6% increase in A&E attendances of Warwickshire residents at the 3 main acute providers, with older age groups of 65+ seeing the biggest increase. CCGs are further investigating A&E attendance levels split by practice, attendance time (whether in or out of GP opening hours) and the treatment received - to understand if people are

attending A&E that could have been treated in primary care. There have also been some changes in coding which have artificially increased volumes of non-elective admissions at all CCGs.

Quarter	Actual	Target	% Over Target
Q1 17/18	13309	13138	1.3%
Q2 17/18	13307	13280	0.2%

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

In Quarter 2 of 2016/17 there was a significant reduction (29%) in the rate of permanent admissions compared with the previous year. This new level of admissions continued for the remaining quarters of 2016/17. For this reason a challenging target for 2017/18 was set.

However, in Quarter 1 2017/18, the rate of permanent admissions increased by 7% on the previous quarter and was also slightly higher (3%) than the target. Early indications for Quarter 2 2017/18 suggest that performance will be further above target than Quarter 1, however quarter 2 data will not be available until the end of December. The Insight Team at WCC are currently reviewing reasons for this, including the age of admission and turnover rates. The target for 2017/18 is 470 admissions per 100k population which equates to a quarterly target of 118.

Quarter	Actual (rate per 100k pop)	Target (lower is better)	% Over target
Q1 17/18	142	118	3%
Q2 17/18	Data not available till end of December	118	-

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 will not be available until May 18.

South Warwickshire Foundation Trust's CERT and ICT teams and WCC's reablement team are both working on improving capacity and identifying opportunities for pathway integration where this improves customer experience and operational efficiency and effectiveness.

2018/19 allocations of additional social care funding

- 2.2 In a recent announcement (5th December) the Department of Health and Department for Communities and Local Government (following a review of our DToC data) confirmed that there will be no impact on the additional social care funding / Improved Better Care Fund (iBCF) allocation in 2018/19 as Warwickshire is not in the bottom quartile and/or has shown positive improvement.

Section 75 and Risk Share Arrangements

- 2.3 Since our submission in September, a section 75 agreement spanning the two years of the Better Together Programme Plan has been drafted, circulated and is currently being agreed and signed by all funding partners (Warwickshire County Council and the three Clinical Commissioning Groups).
- 2.4 In addition, following a workshop in September, options for a more mature approach to risk sharing across partners and in particular financial risk shadowing have now also been agreed by partners (strategic commissioning and finance leads from the three CCGs and Warwickshire County Council).

The approach is built on evidence taken from other systems where risk sharing protocols have had differing levels of success to ensure that any lessons learnt from other systems are incorporated into our local approach. The risk shadow model recognises the evidence that there needs to be a step change approach to ensure all partners remain committed and confident. As Coventry and Rugby CCG also work with Coventry City Council, we are also able to benefit from using their lessons learnt, reporting process and outputs already in place in the neighbouring area. This new approach will be developed during quarter three 2017/18 and 2018/19.

The following agreed areas of spend to be shadowed against all risk share models, in 3 phases, commencing with Phase 1 for Q2 2017/18:

- 1) Phase 1: ICESS (health and social care spend) and Falls (Prevention and Training – CCG, Social Care and Public Health, Occupational Therapist/Physiotherapist Capacity, and Fire Service)
- Further phases to be included in the shadow monitoring arrangements – dates to be agreed
- 2) Phase 2: Jointly funded CHC packages
- 3) Phase 3: Out of Hospital (OoH) risk share monitoring to be progressed once the OoH programme is more established. This

could include: OoH, D2A pathway 2 & 3, Domiciliary Care, Moving on Beds, Dementia and End of Life.

Autumn Budget announcement: Additional £42 million for DFG in 2017-18

2.5 In a recent announcement (1st December) from the Department for Communities and Local Government, further detail was provided about the additional £42 million of capital funding for the DFG in 2017-18 for local authorities in England.

Unlike the current 2017-18 DFG Grant Determination, in two tier areas, the additional funding will be issued directly to the district and borough council's authorities and is also not subject to the usual Better Care Fund (BCF) requirements such as the need for local authorities and clinical commissioning groups to jointly agree how to spend the funding. This is to ensure that the additional funding is quickly distributed, and to enable it to be spent by the end of the current financial year.

3.0 Timescales associated with progress reporting

3.1 The Better Care Policy Framework requires quarterly reporting and monitoring against the four national performance metrics, high impact change model and finances.

Background papers

1. None

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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.