

Health and Wellbeing Board

8th January 2020

Better Together Programme Progress Update

Recommendation(s)

1. To note the progress of the Better Together Programme in 2019/20 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 progress on planning for the Improved Better Care Fund and Adult Social Care Winter Fund in 2020/21.

1.0 Better Together Programme Progress Update – 2019/20 Performance

- 1.1 Locally our plan for 2019/20 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

- i) The 2019/20 target for this metric is 44 average daily beds delayed. The stable performance seen last year has been maintained in quarter 2 with delays below (better than) the target. At the end of quarter 2 2019/20 (September 2019) the average daily beds delayed was 40. Quarter 2 performance was 16.9% better than target and also 16.9% lower (better) than the same period last year.
- ii) This sustained improved performance has been achieved whilst seeing increasing numbers of admissions and acuity of patients, as overall delays in Warwickshire (NHS, social care and joint delays) have now been at or below target since December 2018, with the exception of February 2019.
- iii) Warwickshire Social Care DToC performance has been at or below target for the last year with the exception of August 2018.

- iv) However, NHS delays continue to be an area of focus as Warwickshire Health DToC performance has been above target since August 2018 (with the exception of December 2018). Work to address this continues. The pilot Reduced Mobility Scheme supporting people with temporary mobility restrictions due to braces, plaster of paris etc is an example of where Commissioners and Delivery Teams at Warwickshire County Council are working with Clinical Commissioning Groups and Discharge Teams in the three acutes to reduce delays.
- v) Note: There is a 6 week delay in confirming actual delays data.
- vi) 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 19	38	44
May 19	37	44
June 19	41	44
July 19	32	44
Aug 19	39	44
Sept 19	40	44
Oct 19	46	44

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

- i) In quarter 2, Warwickshire non-elective admissions were 2.9% higher than the same period last year and 2.2% above target. The main reason for the continued growth in volumes of non-elective admissions in quarter 2 was a 7.6% increase in Warwickshire A&E attendances of all ages and 8.8% growth of those aged 65+.

Non-Elective Admissions performance:

Quarter	Actual	Target	% over target
Q3 2018/19	14,660	14,000	4.7%
Q4 2018/19	14,498	13,711	5.7%
Q1 2019/20	14,473	14,102	2.6%
Q2 2019/20	14,483	14,175	2.2%

NHS	65+ NEAs	All Age NEAs
SWCCG	+4.9%	+1.3%
WNCCG	+7.0%	+7.1%
Rugby	+7.4%	-0.2%
Total	+5.9%	+2.9%

ii) The growth in non-elective admissions of those in the 65+ group in quarter 2 (5.9%) is higher than that of the all age non-elective admissions (2.9%). Non-elective admissions from Warwickshire North Clinical Commissioning have seen the greatest growth in quarter 2 compared with the same quarter last year (7.1%), compared to South Warwickshire at 1.3%. In contrast non-elective admissions for Rugby residents has reduced by 0.2% over the same period. The high volume of non-elective admissions at Warwickshire North means these are 9.8% above target, compared to Coventry and Rugby Clinical Commissioning Group at 3.3% above target and South Warwickshire Clinical Commissioning Group 2.5% below target.

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

i) Permanent admissions were 13.7% higher than quarter 2 18/19 and 4.8% above target in quarter 2 2019/20.

ii) The target for 2019/20 is 728 admissions per 100k population, which equates to a quarterly target of 182.

Quarter	Actual	Target	% Over target
Q3 18/19	184	181	1.7%
Q4 18/19	160	181	-11.6%
Q1 19/20	196	182	7.7%
Q2 19/20	191	182	4.8%

d. Increasing the effectiveness of reablement

i) 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 2018/19 was 96.8%.

ii)

Year	Actual	Target (higher is better)	% Over target
2017/18	93.0%	89%	4%
2018/19	96.8%	89%	8%

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

2.1 There has been no change in status against the eight changes in the model since the last update. Work has though been progressing on the audit of 7 day working for services directly supporting discharge.

The most recent self-assessment of progress is detailed below:

		Status as at Q1 19/20	Status as at Q2 19/20
Change 1	Early discharge planning	Mature	Mature
Change 2	Systems to monitor patient flow	Mature	Mature
Change 3	Multi-disciplinary/multi-agency discharge teams	Mature	Mature
Change 4	Home first/discharge to assess	Mature	Mature
Change 5	Seven-day service	Established	Established
Change 6	Trusted assessors	Established	Established
Change 7	Focus on choice	Established	Established
Change 8	Enhancing health in care homes	Established	Established

2.2 The national Better Care Fund target was to achieve 'Established' status across all eight changes by March 2019 which has been achieved.

2.3 The model was developed in 2015 by strategic system partners, and has recently been refreshed, with input from a range of partners including the Local Government Association, the Association of Directors of Adult Social Services, NHS England and Improvement, the Department of Health and Social Care, the Ministry of Housing, Communities and Local Government and Think Local Act Personal Partnership. We are awaiting finalisation of the refreshed draft. The main point of note is that there is a new Change 9 which relates to housing and related services.

3.0 Planning for 2020/21

Update on the Better Care Fund Policy Framework and Guidance for 2020/21

3.1 2019/20 was meant to be the last year of the national five-year Better Care Fund programme. However, it has now been confirmed that the programme will continue for a further year in 2020/21.

Update on the Improved Better Care Fund and Adult Social Care Winter Fund

3.2 The Better Together Programme Board have commenced planning for 2020/21 and this has involved a review of the impact of existing schemes funded through the Improved Better Care Fund and Adult Social Care Winter Funds. This has included consideration of new schemes piloted in 2019/20 (such as mental health street triage and community support for adults with autism), opportunities to expand the coverage of schemes following successful pilots (such as potentially extending Housing Liaison Officers based in acute settings to include St Cross hospital) and new priorities for 2020/21 (such as falls prevention).

3.3 Commissioning and Delivery Leads from Warwickshire Council and the Clinical Commissioning Groups will continue to progress plans for 2020/21 in quarter 4 to ensure a seamless continuation of existing schemes and mobilisation of new activity.

4.0 Financial Implications

4.1 The programme and initiatives for its success are in part funded through national grants: Better Care Fund, Improved Better Care Fund and Winter Pressures Grant (2019.20: £55.7m). The former comes from the Department of Health and Social Care through Clinical Commissioning Groups, while the latter two are received by the local authority from the Ministry for Housing, Communities and Local Government. All three are dependent on meeting conditions that they contribute towards the programme and the targets, and that plans to this effect are jointly agreed between Clinical Commissioning Groups and the Local Authority under a pooled budget arrangement.

5.0 Environmental Implications

5.1 None.

Background papers

1. None

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Other WCC members: Councillors Caborn, Redford, Golby, Adkins and Roodhouse.