

Report to: Staffordshire Health & Wellbeing Board

To be held on: 06/09/18

Report Title:	Staffordshire Better Care Fund 2018 Quarter 1 Progress Report					
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Board Sponsor:	Dr Richard Harling					
Report Type:	System Issues	<input checked="" type="checkbox"/>	Prevention	<input type="checkbox"/>	Statutory Duties	<input checked="" type="checkbox"/>
Recommendations / action required:						
<ol style="list-style-type: none"> 1. Note the Q1 BCF performance 2. Note issues uncovered regarding DTOC methodology and agreed approach to DToC counting 3. Board to reconfirm that the co-Chairs of the HWBB have delegated authority to sign off BCF decisions 						

1.0 Brief Report Summary

This report includes:

- i. the Q1 update and activity summary for Staffordshire BCF performance;
- ii. joint commissioning intentions for Staffordshire County Council and all Staffordshire CCGs as part of the BCF Joint Commissioning Board
- iii. Issues relating to BCF DTOC target

2.0 Background/Introduction

- 2.1 The Staffordshire BCF plan received full approval (conditions removed) 22.03.18 and is in the second year of a two year programme (2017-19)
- 2.2 Quarterly reporting now includes the BCF and iBCF and has a combined budget of £85.6m for 17/18 and £93m for 18/19:

	2017/18 (000m)	2018/19 (000m)
CCG cash transfers to SCC for adult social care	16,810	17,129
CCG cash transfers to SCC for carers	560	571
CCG directly commissioned adult social care services	196	237
CCG cash transfers excluding Care Act	17,566	17,937
CCG cash transfer for ongoing costs of Care Act	1,977	1,977
Total CCG cash transfer	19,543	19,914
iBCF part 1	1,263	12,722
iBCF part 2	15,559	10,080
Social Care Total	36,365	42,716
CCG aligned funding	41,741	42,172
Disabled Facilities Grant	7,520	8,172
BCF total	85,626	93,060

2.3 We are making progress with implementing our Better Care Fund and reducing Delayed Transfers of Care. May 2018 figures showed a total of 15.46 (delayed days per 100,000 people over the age of 18) against a target of 16.02 for the month towards a trajectory of 10.99 by September 2018 – see Appendix 1. We are also on target for Non-Elective admissions, residential admissions and reablement metrics set out in the quarterly returns

2.4 Staffordshire’s high level of DTOC was highlighted as an issue for national escalation as part of the 2017-19 BCF Plan resulting in support for the system through Peer challenges and external reviews, this has identified some structural and data factors as contributing to the consistently high level of DTOC in Staffordshire resulting in agreements with the BCF National team to provide support and challenge to reduce DTOC

2.5 The Staffordshire System is highly complex and remains ‘challenged’ and we have requested continued support for implementation through 2018/19 from the National Team to allow us to embed the progress so far and to further to further improve urgent care.

3.0 Current Activity

3.1 Progress against National Conditions

Four targets make up the National Conditions within the BCF conditions and are collected for every authority as part of the main BCF monitoring process; at Q1 Staffordshire are compliant with all national conditions:

Metric	Progress against planned target	Challenges	Achievements	Support needs
Reduction in Non-Elective Admissions	On track to meet target	Staffordshire has seen an overall rise in NEAs in Q1 but remains within the BCF target. Focus will be on ensuring the current rise is managed	n/a	n/a
Residential ¹ Admissions	On track to meet target	Demographic pressure due to aging	Staffordshire has continued to restrict	n/a

¹ Permanent admissions to residential care (65+)

		Staffordshire population and market demand management	residential admissions to below 2015/16 levels despite significant demographic pressure.	
Reablement ²	On track to meet target	Meeting increasing demand	Staffordshire is currently achieving a success rate of over 90% which is well above the national average.	n/a
Delayed Transfers of Care	On track to meet target	Ensuring consistent collection of data that satisfies the 3 conditions needed for DTOC reporting Mobilising commissioned capacity in HomeFirst services & full capacity in D2A beds Continuing to review in hospital discharge pathways	Staffordshire was on track in May to meet the target of achieving a 30% reduction in NHS delayed days and 40% reduction in social care delayed days by September 2018 compared to Q3 17/18. However significant challenges remain	Methodological support to understand patient flow and if necessary remodel D2A capacity Implementation support for large scale DTOC counting methodology Resolve residual issues with DTOC counting

The full performance report for BCF National Conditions is attached in Appendix 2

3.2 High Impact Change (HIC) implementation

The HIC model is a nationally adopted approach to managing transfers of care, the model is broken down into 8 system stages and the expectation of 2017-19 BCF is that area will have implemented the HIC by 31.03.19

A summary of Staffordshire HIC Progress is attached in Appendix 3

Staffordshire has plans in place to ensure that the High Impact Change model is implemented; the HIC has been incorporated into the Staffordshire Single Urgent Care plan

3.3 Staffordshire Single Urgent Care Plan

The Staffordshire Single Urgent Care Plan has been created following support the system received during BCF escalation and incorporates all actions relating to:

- a. Sir Neil McKay STP UEC Review
- b. STP Transformational Plans
- c. UHNM Risk Review
- d. High Impact Change Model
- e. Peer Review undertaken 9-11 January 2018
- f. DTOC Senior Leaders' Meeting
- g. Exec Action Log
- h. National UEC Deliverables
- i. Newton Europe review
- j. NHS Improvement Review (Oct 2017)

² Proportion of people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services

k. UHNM Internal Plans

The NHS and Local Authorities in Staffordshire and Stoke on Trent through the Urgent Care plan are united in a vision to support older people to live fulfilling lives at home.

We are making progress. This is a testament to improving relationships across our organisations and a tremendous amount of hard work from all of our staff, including during an exceptionally challenging winter in 2017/18. Recent trends are for a reduction in emergency hospital admissions, a reduction in length of stay and a reduction in delayed transfers of care.

The Urgent Care Plan sets out Staffordshire’s ambitions to further improve urgent care, with actions against ten key themes:

- 1: Leadership**
- 2: Promoting independence and positive risk taking**
- 3: The care pathway**
- 4: Best practice care pathway**
- 5: Systems and processes**
- 6: Development of integrated teams**
- 7: Independent Care**
- 8: Underpinning OD Programme**
- 9: Governance**
- 10: Evidence based change including development of a performance dashboard**

A summary of the ten key themes is attached in Appendix 4

3.4 SCC and CCGs Joint Commissioning Board

National BCF guidance sets out joint commissioning expectations for CCGs and Local Authorities; there is an agreed joint commissioning programme of work underway for 18/19 overseen by the BCF Joint Commissioning Board;

The following joint commissioning will be maintained and improved:

Services		Progress
A.	Better Care Fund including Discharge to Assess	Good alignment of commissioning of D2A
B.	Integrated equipment service	Well developed
C.	Transforming Care Partnership	Good joint working Good progress with discharging original cohort Problem with new admissions of young people
D.	Joint funded care – S117	Good progress recently with new agreements to resolve some historic issues
E.	Quality assurance	Increasing alignment of QA activities for care homes

Joint commissioning will be developed for the following services:

Services	
A.	Home First
B.	Home care health tasks
C.	Continuing Health Care

4.0 Issues

4.1 Data Quality

4.2 In July 2018 UHNM and MPFT began reporting higher numbers of DTOC. This was without notification of the CCGs or SCC. Following scrutiny UHNM and MPFT have now discovered that an incorrect methodology to count DTOC has been used since April 2017.

4.3 DTOC reporting has been under considerable scrutiny following the National BCF escalation process during 17/18. At UHNM and MPFT DTOC reports are drawn from CDS using 'identifiers' built into the CDS system. UHNM and MPFT have provided assurance about the accuracy of DTOC data on daily operational calls and weekly BCF Leaders calls.

4.4 Due to the observed counting error there will be an implication for the BCF DTOC target:

- a. The September 2018 DTOC target is judged against a baseline in Q3 2017. Because we have been counting incorrectly our current baseline is now wrong and needs to be revised.
- b. We have used historical 'green to go' figures to determine DTOC figures for the October 2017 to May 2018 period if we had been counting according to the proposed methodologies.
- c. The table below shows the difference in the DTOC figures between the current and proposed methodologies ***note that these are based accurate figures for UHNM but further due diligence is underway with MPFT and final figures will not be confirmed until after date of writing***

Month	Staffordshire		Stoke on Trent	
	Current	Proposed [provisional]	Current	Proposed [provisional]
October 2017	3681	4275	1655	1914
November 2017	3948	4469	1402	1515
December 2017	2888	3626	1281	1466
January 2018	3449	4091	1312	1502
February 2018	3376	4180	1003	1286
March 2018	4033	4754	1256	1693
April 2018	3895	4649	1082	1388
May 2018	3371	3812	1180	1309
June 2018	Not yet available	Not yet available	Not yet available	Not yet available

*see appendix one for breakdown by organisation



- d. The current Q3 baseline is 3506 – an average of the October - December 2017. The revised baseline for submission figures is 4123.
- e. The September 2018 targets based on the current baselines are: Staffordshire 2310; Stoke on Trent 981. The September 2018 targets based on the revised baselines are: Staffordshire 2717; Stoke on Trent 1098

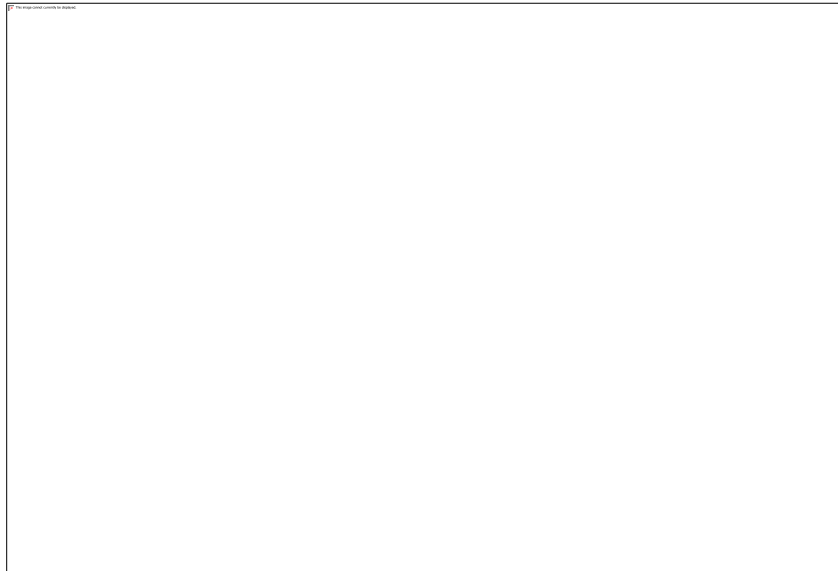


Figure 1: Proposed revision of DTOC baseline – Staffordshire

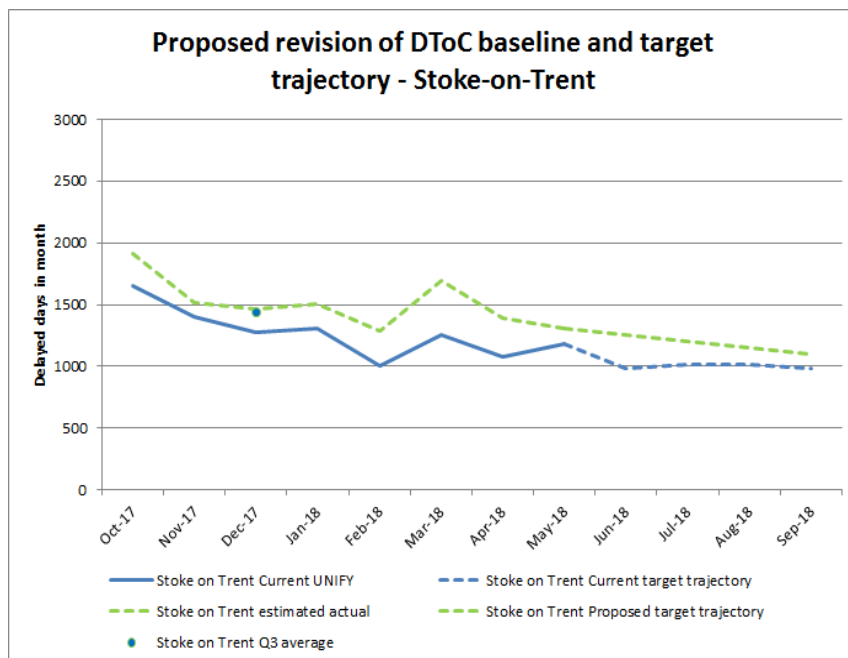


Figure 2: Proposed revision of DTOC baseline – Stoke on Trent

4.5 Operational Guidance 18/19 – key points

4.6 Revised DTOC guidance will not be out until October 2018, the guidance states clearly that after October 2018 all areas will be required to use the new guidance

4.7 The expectation is that areas achieve the DToC by September then maintain through the winter

4.8 An extended stay target has been added with the expectation that local areas decide how to delegate responsibility – ‘through implementing HIC change 2 (patient flow), 5 (7 day service) and 7 (Trusted assessor) and national condition 4 (DTOC) areas should achieve a **25% reduction by December**’

4.9 Ongoing National Support

A joint SCC and CCG request for continued national support in 18/19 has been submitted to ADASS and the National BCF team to support the implementation of the High Impact Change Model, DTOC methodology changes and the Single Urgent Care Plan.

<p>Appendices:</p>	<p>Appendix A – DToC May 18 data Appendix B – BCF Performance Dashboard Appendix C – High Impact Change Progress Appendix D – Staffordshire Single Urgent Care Plan Summary</p>
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