ADULTS AND HOUSING SCRUTINY
28 February 2017

ITEM NO. .....

BCF UPDATE AND RIACT REVIEW

Purpose of the report

1. To provide an update of the progress in respect of Better Care Fund delivery in 2016/17, and the planning process for BCF 2017. To provide a specific update (verbal) in relation to the jointly commissioned review of intermediate care/RIACT.

Summary

2. The 2016/17 Better Care Fund work is currently reporting its third quarter progress, which will form the basis of planning for BCF for the next two years. Of the mandated BCF metrics, delay to transfer of care and admissions to 24 hour residential care are on target, Non Elective Admissions (NEA) are not on target.

3. There is evidence emerging that the deployment of Community Matrons within Care Homes has had a measurably positive effect on the frequency with which care home residents attend A&E or have unscheduled admissions.

4. The review of Intermediate Care/RIACT is nearing completion and a preliminary draft report is in preparation. The findings of the review will be reported further to Scrutiny Committee.

Recommendation

5. It is recommended that:-

   a. Scrutiny Committee note the impact of BCF to date and the requirements in respect of the next, two year, BCF plan.

   b. Scrutiny Committee note the receipt of the preliminary draft of the Intermediate Care and RIACT review and request a further update on the final recommendations when appropriate.

   c. Members ask any questions and request further information.

Suzanne Joyner, Director of Children and Adults

Background Papers

None

S17 Crime and Disorder	n/a
Health and Well Being	The Better Care Fund is owned by the HWBB
Carbon Impact	None
Diversity	If significant changes are proposed an EIA will be undertaken
Wards Affected	All
Groups Affected	Frail Elderly at risk of admission/re-admission to hospital
Budget and Policy Framework	Budgets pooled through a s75 agreement between DBC and Darlington CCG
Key Decision	No
Urgent Decision	No
One Darlington: Perfectly Placed	Aligned
Efficiency	New ways of delivering care have the capacity to generate efficiency

MAIN REPORT

Better Care Fund Delivery Overview

6. The Better Care Fund allocation for Darlington in 2016/17 is £8,014,000. This comprises £7,274,000 CCG revenue funding and £740,000 Disabled Facility Grant.

7. Of the £7,272,000 CCG Revenue, £2,337,000 is based on the Relative Needs Formula for social care, and a further £2,067,000 is ring-fenced for NHS out-of-hospital commissioned services.

8. Darlington's plan, owned and endorsed by the Health and Wellbeing Board, was approved in July 2016, and set out a number of schemes and activities in line with Darlington's longer-term health and social care transformation, and the Foundation Trusts' operational plans, and the One Darlington community strategy objectives.

9. The plan content and current position:

The BCF component	What's been delivered
MDT approach to reducing emergency admissions to hospital, building on the MDT approach for frail, elderly implemented under the BCF in 2015 to deliver high quality and effective planned care outside of hospital supporting frail elderly and at-risk patients in their usual place of residence.	In the first half of the year, 83 people were referred to the MDT voluntary sector brokers, resulting in 422 interventions, and over 200 hours of direct contact between the brokers' and the people referred. Around three quarters of the people referred were 70+, and a majority were men. The cohort being referred is to be extended to include "high impact users", and the MDT meetings are changing to reflect changes to the way GP surgeries are grouping up as part of the Community Hub development of "New Models of Care".
An approach to "Social Prescribing", identifying and implementing non-clinical options for individuals to support their health and wellbeing.	A test-bed proposal has been agreed and is being implemented for one year as a means of generating sufficient quantitative and qualitative information to fully shape a tender for this new service, to begin in April 2018. The test-bed will involve the current Voluntary, Community and Social Enterprise sector (VCSE) MDT Brokers, (plus a fourth to recognise the wider cohort) modelling the new, social prescribing role of care navigator, and thereby co-producing the full social prescribing specification for tender in Q3 2017/18. A summary of the social prescribing service is attached as ANNEX A.
Hospital to Home – bringing together a number of initiatives introduced in BCF 2015 to reduce	The review of intermediate care/RIACT is the key deliverable in the hospital to home strand. The outcome, and decisions made

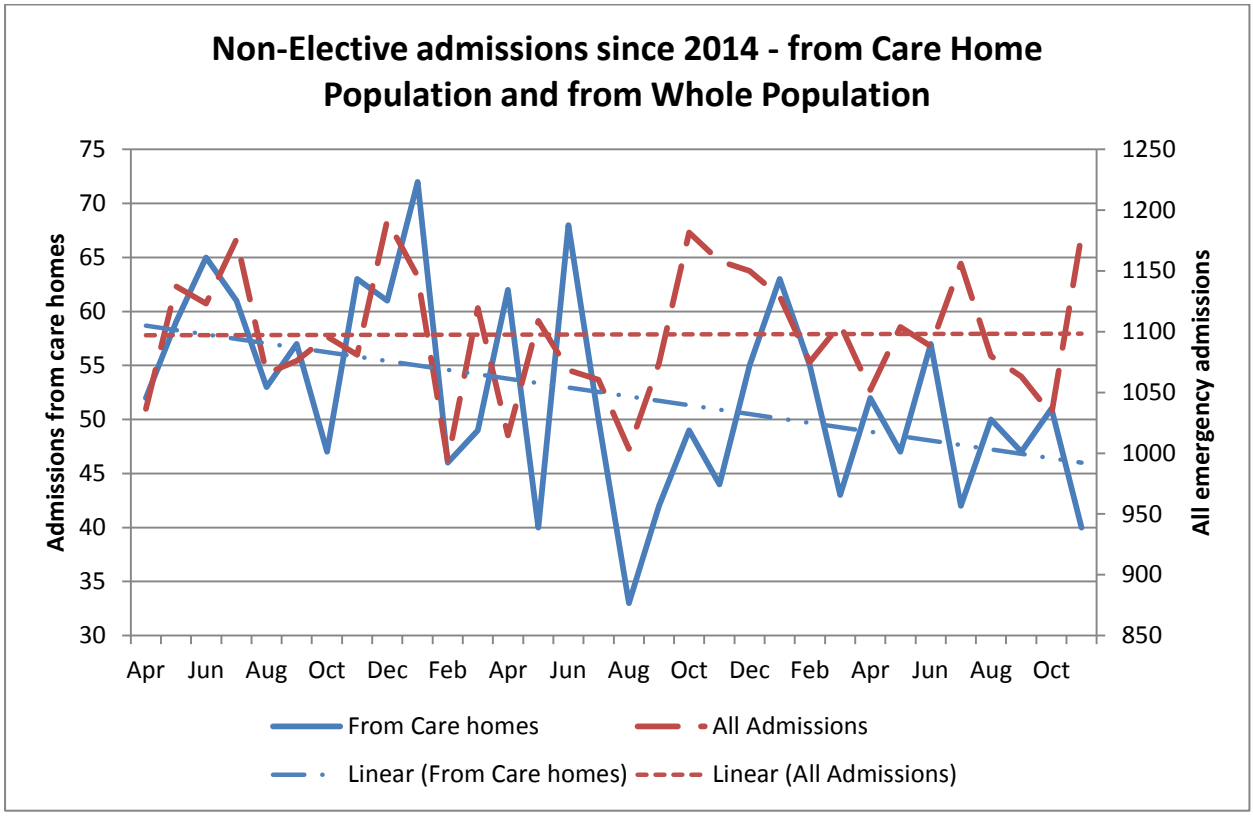
delays to discharge from hospital for medically stable people back to a community setting: wherever possible this is their usual place of residence.	as a consequence, will contribute to ensuring the current implementation of "Discharge to Assess" under the Better Health Programme is seamless and doesn't have an adverse impact on adult social care.
Safe at Home – bringing together and building on a number of initiatives introduced in BCF 2015 to help maintain independence among frail elderly people at home, reducing and delaying admission to 24 hour care, reviewing how domiciliary care packages and support is commissioned to better support people at home.	The current Transformation Programme at Darlington Borough Council is focused on maintaining independence and delaying the need for care. The alignment of care homes with GPs and Community Matrons is contributing to reducing the number of emergency admissions to hospital.
Long Term Conditions – continuation of the existing two year project started in September 2014 and this year focusing on breathlessness.	This project achieved formal closure at the end of October 2016 and an end of project report has been received by Dr Andrea Jones (project sponsor); Health and Partnership Scrutiny Committee, and Darlington Chief Officers. The project manager has transferred back to DBC from the secondment to CDDFT and has taken up the Transformation Programme mentioned above.

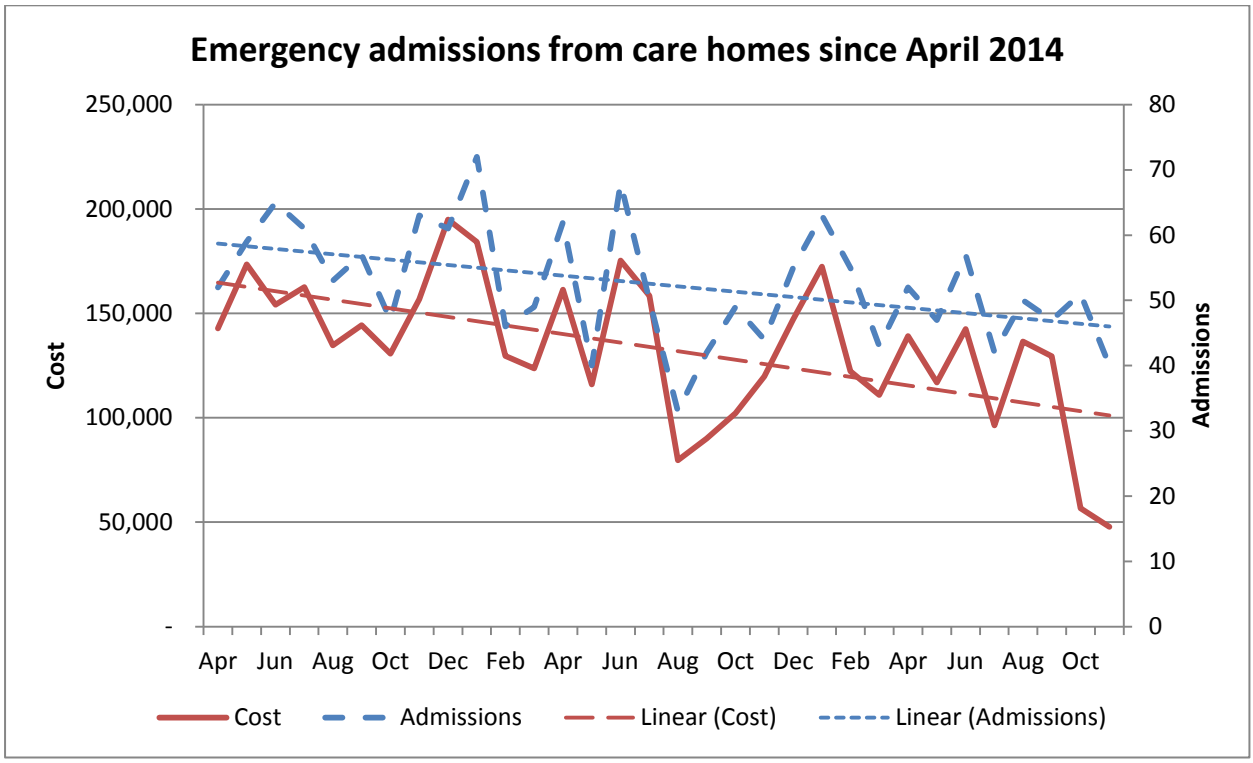
Better Care Fund Performance Overview

Hospital admissions and A&E attendances among the older population

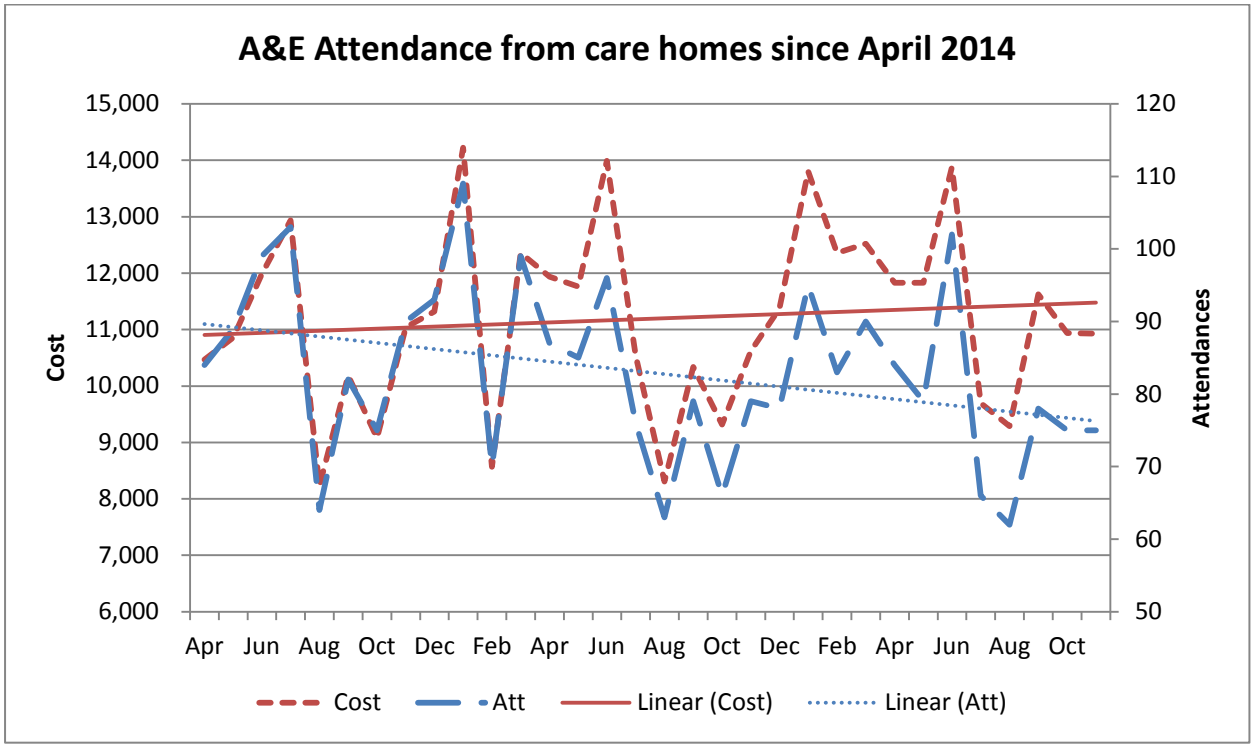
10. Non elective admissions in Darlington continue on a slightly upward trend since 2014. November data is awaited at the time of this report.

11. Admissions data is available only on an "all adults" basis. To try to narrow down an evaluation of our impact, an analysis of admissions from care homes shows a downward trend since 14/15 and a slightly steeper downward trend in the cost of those admissions. The average number of admissions from care homes each month has also fallen from 57 in 14/15, to 50 in 15/16. Currently this year the average is 49.



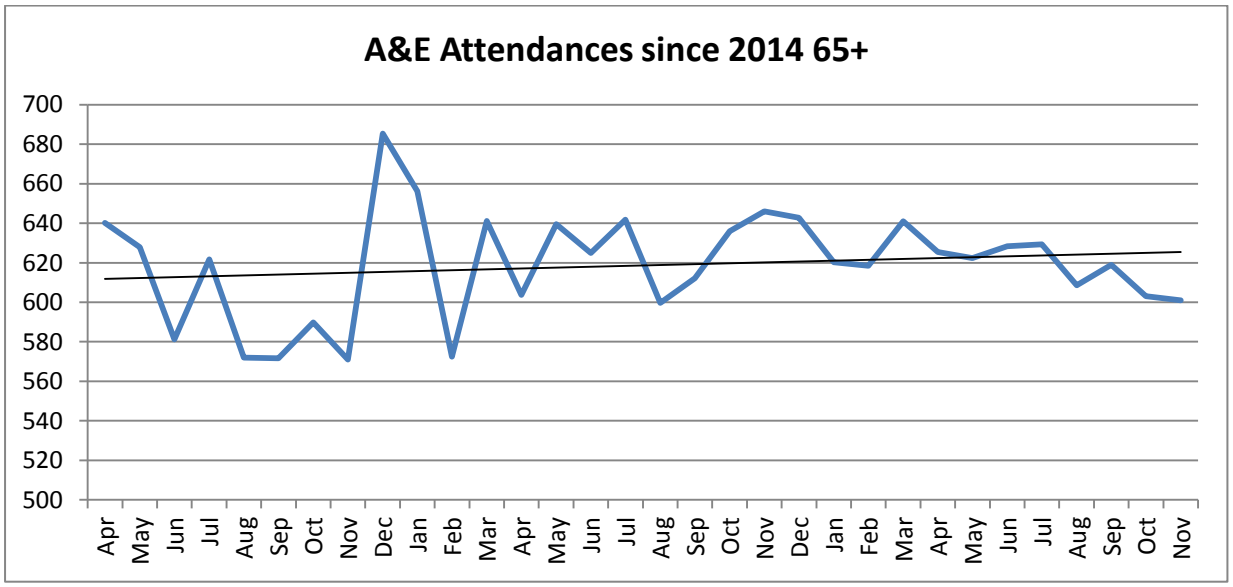


12. A similar analysis of A&E attendances from care homes shows a similar reduction in attendances but an increase in cost:



13. Further analysis is required to explain the increased cost for fewer attendances; are the treatments delivered more costly today than two years ago; are the treatments required more complex? We receive a report on diagnoses and their cost but not the data so it is not possible to tell if any particular diagnosis is increasing or decreasing in frequency.

14. When we look at A&E attendances among the whole older population, the trend since April 2014 is gently upwards, from which we can infer that the health of our care home population is being managed and crisis episodes are being avoided.



15. The driver of this reduction both in emergency admissions and A & E attendances from care homes is considered to be the introduction of Community Matrons. Indeed, a case study (attached as ANNEX B) of the impact of Community Matrons

in care homes, carried out by independent consultants Optimity on behalf of BCF, contains findings even more dramatic than those evidenced by our local data. The relevant extract:

Between April 2014 and December 2015, Darlington observed a 46% reduction in emergency admissions and a 36% reduction in A&E attendances from care homes. This equated to approximately 60 fewer emergency admissions per month and approximately 70 fewer A&E visits per month. To illustrate the value of secondary care savings, and using an average cost of £1,748 for an unplanned inpatient admission and £132 for an A&E visit, the reduction in use of secondary care equates to savings of approximately £114,000 monthly or £1.4 million annually. These are gross savings estimates that do not reflect the cost of the intervention. However, a submission to Health Service Journal (HSJ) indicates that Darlington invested £980,000 in this programme, making it cost-effective within the first year.

In addition, anecdotal evidence suggested qualitative benefits, including increased patient and GP confidence in matrons, better understanding for carers of conditions that can be treated in care homes and changes in clinical policies and procedures within care homes for issues including falls, infections and emergency contacts. Stakeholders considered these to be significant achievements as they improved patient experience, care quality, and effective service utilisation.

16. As mentioned above, non-elective admissions (NEA) in Darlington continue on a slightly upward trend since 2014. An analysis of non elective admissions by relevant BCF Cohort shows that Darlington CCG has one of the highest rates of NEA in the North East and is above the County Durham and Darlington average. Looked at by cohort Darlington has a higher rate of admission than other North East CCGs for the largest patient cohorts BUT for the main 75+ cohorts, admissions are notably below that average. These patients make up less than 10% of the CCG population.

The other mandatory BCF metrics – performance to November 2017

17. The required metrics by which our success at delivering these outcomes are:

    d. The number of non-elective admissions (general and acute)

    e. The number of permanent admissions to residential and care homes

    f. The effectiveness of our reablement services

    g. Delays to transfers of care

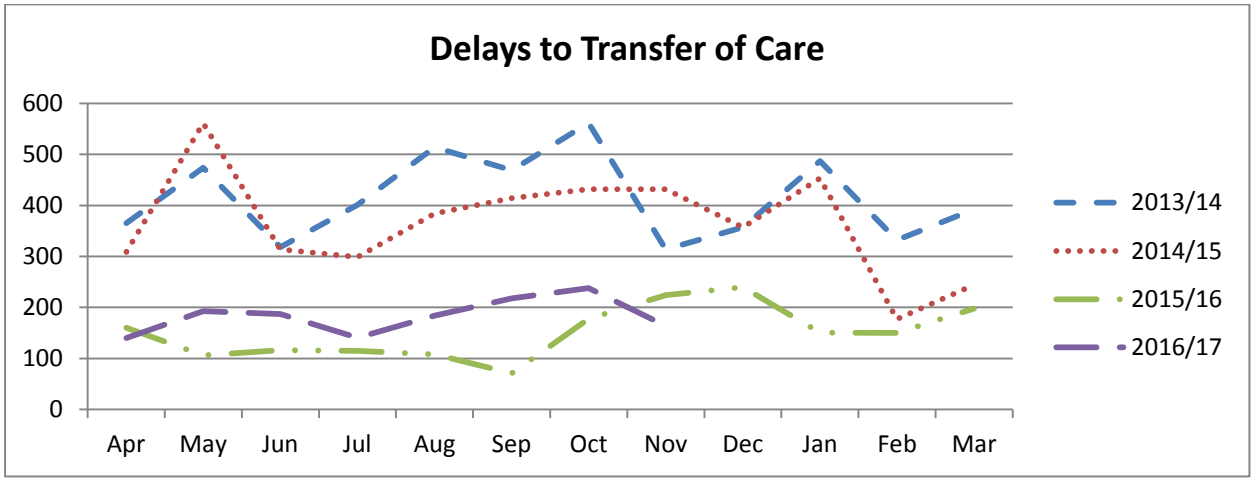
Better Care fund Indicators	2016/17														
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Current quarter	Qly TARGET	CUM ANN TARGET
Delayed transfer of care (actuals, not rate)	140	193	187	141	184	218	238	164					402	555	2250
Permanent admissions of older people to residential	1	5	2	14	7	33	12	19	6				37	43	170
Proportion of older people still at home 91 days after reablement	80.0%												80	80%	80.0%
Non-elective admissions	1052	1104	1088	1136	1080	1063	1032	1180					2212	3232	12828
Non elective admissions from care homes	52	47	56	42	49	47	51	40					91	126	
Local Metric: Proportion of adult social care users who find it easy to access information									77.0%						>75%

Non elective admissions

18. We set a target of 90 fewer NEA from care home residents this year compared to last, which despite having an ongoing trend of reduced admissions from this population, we are not on track to achieve currently. If current performance persists we will have around 30 fewer admissions from care home residents by year end.

Delays to Transfer of Care

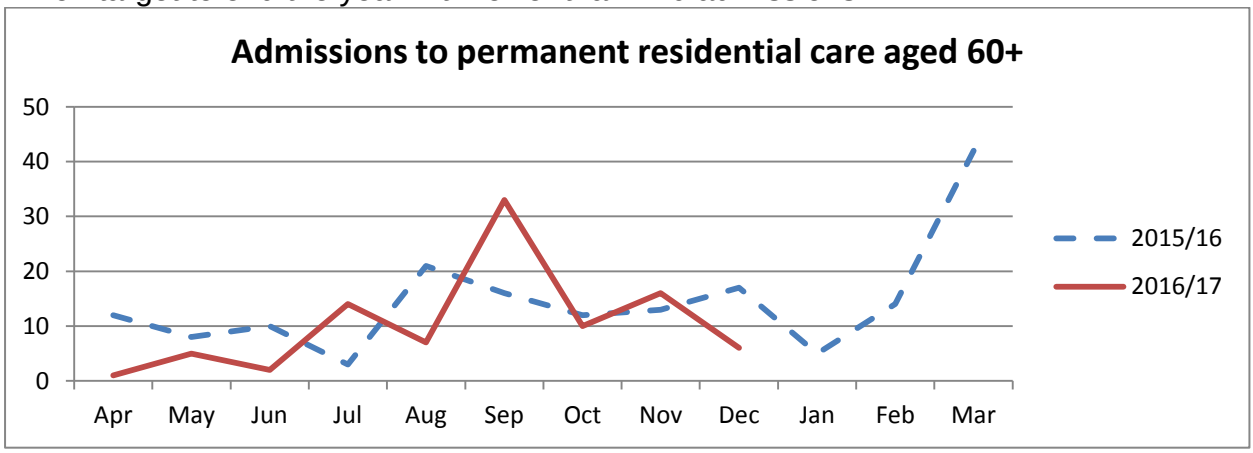
19. We are broadly on track to achieve our DToC target.



20. The analysis of non-elective admissions shows us that excess bed days (EBD), reported as relating to Delays to Transfer of Care, are reducing, in the context of a significant increase in EBDs for adults and elderly people with 1-3 LTC and patients with organic brain disorder including dementia. The rise is inferred as being as a consequence of patients not being medically fit to be assessed for discharge rather than in relation to social care packages. A large number of EBDs are said to relate to hip and knee surgery, and CCG Commissioning Intentions around nursing homes capacity to take non-weight-bearing patients is expected to address some of this rise in EBDs.

Permanent admissions to care homes

21. We currently have had 18 fewer admissions than at the same point last year and are on target to end the year with fewer than 170 admissions.



Proportion of people still at home 90 days after a period of reablement

22. We were on track to maintain 80% at the time of the last data collection: there is currently an ongoing issue with data collection that is being resolved.

Planning BCF 2017 – 19

23. At the time of preparing this report the policy framework and technical guidance for BCF is yet to be published. However, there are some key pillars that are understood to be the case, although must be treated with caution pending the publishing of the formal guidance.

    a. It will be a two year plan

    b. It will be focused on Integration – the title of the planning requirements document is currently "Integration and BCF Planning Requirements"

    c. It will require a specific DToC plan

    d. There will be a two stage submission process, with assurance regionally by a panel comprising LGA, ADASS, and BCF representatives.

    e. There will be six weeks between the publishing of the guidance and the submission date.

    f. The narrative will require an expression of a vision of fully integrated health and social care by 2020.

    g. The narrative will be shorter

24. Data analysis currently under way (and referred to above) suggests some areas we may wish to focus on in shaping any new or different schemes and interventions:

    a. Adults 16 – 74 with four or more Long Term Conditions have significantly more excess bed days in Darlington than in the rest of the regions, with a concomitant higher cost.

    b. Non-elective admissions of elderly people with 1-3LTC are costing around £147,000 more this year (to date) than in the same period last year, although our elderly patients tend to have a lower average non-elective care cost than across the NE as a whole.

    c. People aged over 75 with Long Term Conditions are disproportionately represented in admissions, cost, bed days and excess bed days

The Intermediate Care Review

25. The CCG and Local Authority jointly commissioned a review of the RIACT service under Better Care Fund. Data from Health and Social Care were gathered during December, interviews with people involved in managing and delivering the service were held in early January and the report is currently in development. Further reporting will be brought to Scrutiny.

26. A verbal update will be given at the meeting.