

Buckinghamshire Integrated Care System

**Better Care Fund, Improved Better Care Fund and
Delayed Transfers of Care**

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Better Care Fund Plan – Update

Refreshing our Plan for 2018/19

The national current Better Care Fund framework (BCF) is a 2 year plan from 1 April 2017 to 31 March 2019.

We have had the opportunity to refresh our plan at the mid point. The guidance on the refresh made it mandatory to refresh the Delayed Transfers of Care (DToC) target in line with the “national expectation”.

We retained the other BCF National Metrics in line with our original BCF Plan.

We took the opportunity to make minor amendments the 18/19 budget to reflect the efficiencies delivered through recommissioning and contract renegotiation achieved in 17/18. Our revised plan was agreed through Integrated Commissioning Executive Team (ICET) partners and submitted following discussion with Natalie Jones, (regional Better Care Manager) to NHSE.

Changes to the DToC Metric

The national expectation for DToC in 2018-19 is that the number of hospital beds occupied by people whose transfer has been delayed, should not average more than 4,000 by end September. This national expectation reflects the Government's Mandate to NHS England for 2018-19 setting an ambition for reducing DToC, to be met through partnership working between the NHS and local government.

The contribution that each system needs to make to achieve the national ambition has been established at the Health and Wellbeing Board level.

Health and care partners were set a target based on their 17/18 performance and the level of challenge was related to the distance they were from achieving their 17/18 target.

The target is to be achieved by Sept 2018 and performance sustained for the remainder of 18/19.

Buckinghamshire DToC Targets

	NHS average days delayed	Adult social care average days delayed	Joint average days delayed
Target from Sept 2018	24.9	6.8	0.1
Reported June 2018	41.5	10.9	0.6
Current distance from target	> 16.6	>4.1	>0.5
For comparison performance in June 2017	41.7	5.5	1.03

Buckinghamshire DToC Targets

DToCs don't exist in isolation and we are also focusing on individuals who have an extended length of stay. These are identified as those patients who are in hospital longer than 7 days and those in hospital longer than 21 days

A programme of work is underway with the Red Cross and NHS Improvement which is designed to target patients who remain in hospital for longer than expected. It is anticipated that this will:-

- Improve patient flow and reduce the numbers of stranded and super stranded
- Reduce DToCS
- Improve process

We are aligning this extra capacity with our existing Red Cross Home to Hospital service

Challenges

- On a monthly basis the most days delayed are caused by the wait for non acute NHS interventions
- The next most significant contributing factor is waiting for both health and social care packages of care
- Frimley NHS Foundation Trust has more DToCs amongst its Buckinghamshire residents than our residents in Buckinghamshire NHS Trust (BHT).
- The wait for Care Package In Home remains the most usual reason for delays attributable to Adult Social Care.
- Some lengthy delays have been as a result of individual patients with complex needs in mental health settings requiring specific follow on support

Some delays are system driven and a range of activities are in place to address these. Some delays result from the ways we are working with service users and their families. Examples of this include:-

- Clients who self fund their ongoing care needs, staying in a hospital bed whilst they identify their ongoing placement
- Wait for practical problems to be addressed, e.g. waiting for major adaptations

System wide activities

High Impact Change activities – a set of activities which have an evidence base and are being implemented across the NHS, including:-

- Early discharge planning - Established
- Systems to monitor patient flow - Established
- Multi-disciplinary discharge teams - Plans in place with a view to establishing by Q3
- Home first/discharge to assess – Plans in place
- Seven day service – Plans in place
- Focus on choice - Established
- Enhancing health in care homes – Established
- Trusted Assessor - Plans in Place

Progress and performance is reported to the Accident and Emergency Delivery Board.

System wide activities

- NHS Improvement is currently supporting BHT as a critical friend to identify opportunities for system improvements in relation to discharges and process
- Improving digital connectivity and partnership working with health and care partners in Frimley Hospitals Trust to improve our efficiency
- QIPP – Quality, Innovation, Productivity and Prevention targeted programmes of work to improve performance
- Daily 09:00 medically fit call with SMH (which includes Clinical Commissioning Group (CCG) presence) to discuss all patients on the medically fit list.
- Review of Community Care Co-ordination Team triage process for Rapid Response and Intermediate Care (RRIC) and reablement due to take place in next 2/3 weeks.
- A system-wide Discharge to Assess (D2A) business as usual model proposal to ensure opportunities within existing resources are maximised.
- DToC escalation framework has been presented to ICET and to be routed through the system wide Accident & Emergency delivery group and board. This process will support timely discharge and escalation as appropriate.
- Urgent and Emergency Care (UEC) STP (Sustainability and Transformation Plans) funding to support projects to help reduce long stayer patients in the acute has been secured for the Bucks system. The three high impact changes agreed:
 - Introduction of Action Squad, supported by BHT, Community Services and ASC reviewing patients over 21 days on a daily basis
 - Weekly Escalation Call with Chief Nursing Officer, Chief Operating Officer BHT, Director ASC, CCG – a review of the top10 longest stay patients across the Trust
 - A review of the Choice Policy and it's comprehensive implement of this and introduction of electronic record to monitor use, followed by refresher training for all staff

Health and Wellbeing Board is asked to:-

- Confirm reporting to continue quarterly from Integrated Commissioning Executive Team to the HWB
- Confirm that ICET will continue to oversee the preparation and submission of Quarterly BCF returns



Just 10 days in hospital leads to the equivalent of 10 years' ageing in the muscles for people over 80.*

We've pledged to do everything we can to keep our elderly people safer, and out of hospital, where appropriate.

What will you do?

**NHS Aylesbury Vale and
NHS Chiltern Clinical
Commissioning Groups**

***Functional impact of 10 days of bed rest in healthy older adults. J Gerontol A Biol Sci Med Sci.2008**

