

# Buckinghamshire Integrated Care System

## Better Care Fund (BCF)

- Winter schemes and 2019/20 successes
- Q3 performance snapshot

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# 2019-20/2020-21 Update

- The BCF 2019-20 plan was formally approved in December 2019. This is a year long plan covering up to 31<sup>st</sup> March 2020.
- The Q3 return has been submitted and acknowledged.
- It has been confirmed that for 2020/21 there will be another rollover year. CCG allocations and operating guidance have been published but the BCF planning guidance and template are yet to be released.

**Better Care Fund – winter  
schemes and 2019/20 success  
stories**

# Reablement Intermediate Care Beds

- Temporary care home placements for patients to receive support to regain their skills and functional ability before returning home after a stay in hospital.
- Commenced 23/12/19; four beds currently in operation.
- As of 29/02/20, a total of **9 patients** have accessed the beds.
- Reasons for accessing the beds have included falls, catheter support, insulin management and arm strengthening.
- **Identified benefits:**
  - Positive effect on transfers of care by enabling patients to access support outside of the acute hospital
  - Improves patient flow and bed capacity
  - Evaluation to be undertaken to determine future strategic direction

# Case Study

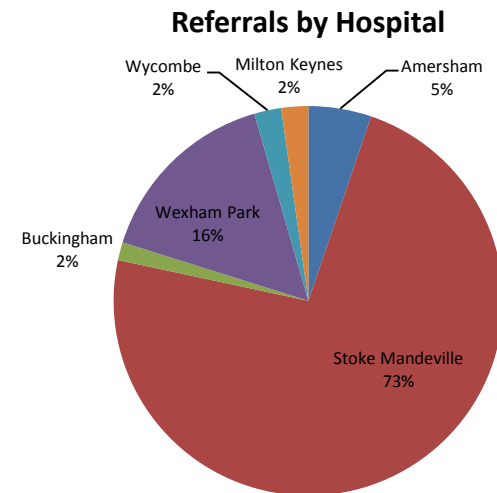
Following two falls, Mr X was placed at Fremantle Court to help build up his confidence and regain his independence. Mr X was taught to use his catheter and supported to do his personal care. He received stair training to get fit for home, and was taught basic exercises to build strength. To assist with meals, Mr X received training with the microwave, micro meals and tea making. A key goal for Mr X was to be able to walk from his house to his local shops, so an important aspect of his reablement was training for walking outside. Mr X had a medication review and medication delivery to his home was arranged. After his stay in Fremantle Court, Mr X was able to successfully return home 19 days later.

A follow up visit to assess Mr X at his home demonstrated that his reablement had been a success. On that morning, he had been to his local shop to do some shopping. He had been seeing to his own personal care as well as all of his meals and his medication. Mr X still has a catheter in place, which he has been managing on his own.

A pendant alarm and a rollator have been ordered to make things a lot easier for him. Mr X no longer requires Reablement at this time as, pending this equipment, he will be independent.

# Hospital Brokerage Service

- Provides support to self-funders currently in hospital to make appropriate choices about their care and support.
- 134 referrals received via the hospitals in 2019 (Jan – Dec).
- 73% of referrals are from Stoke Mandeville Hospital.
- Brokers are most commonly required to help source domiciliary care and residential placements.
- The most common reason for discharges being delayed are families' making a decision regarding the choice of provider.

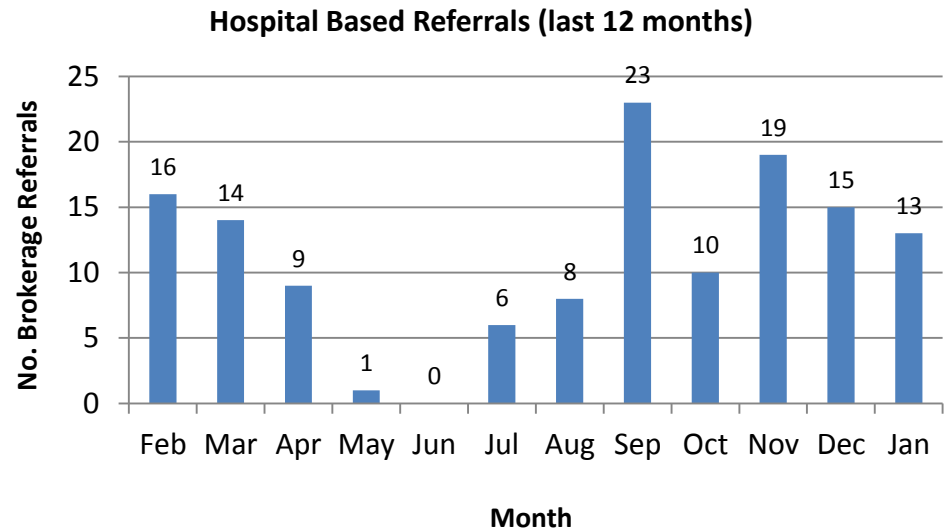


# Hospital Brokerage Service

- Month by month breakdowns show there were 88 referrals in the six months between August and January compared to 46 for February to July 2019.

- **Identified benefits:**

- Reduces delayed transfers of care through speedier discharge.



- Ensures value for money choices are made, reducing costs to the client and potential impact on ASC budgets.

# Creating additional capacity

- Winter Pressures funding of £1,339,318 has enabled the following care to be sourced from Oct 2019 to Jan 2020:
- **Residential and Nursing placements –**

Placement type	No of clients	Cost per week	Total cost
Nursing	3.78 FTE	£851 p/w	£336,589
Residential	3.75 FTE	£862 p/w	

- **Live in Care** – 1 live in care placement at a cost of £29,569. This is in line with our strategy to minimise these placements.
- **Domiciliary Care** – 86 FTE placements at a cost of £973,160.

## Identified benefits:

- Facilitates transfers of care by enabling appropriate social care support to be put in place.



# Integration of discharge teams

## Supporting High Impact Change Model Domain 3 – Multidisciplinary teams

- Integration of the hospital based discharge coordinators with the Adult Social Care Teams at Stoke Mandeville Hospital took place in September 2019.
- Initial focus has been about co-location rather than structural changes to test and embed the new model of working.
- Away days as joint health and social care teams have taken place and have helped to improve staff integration.
- ICT issues remain with further development required.
- **Identified benefits:**
  - Streamlined and effective transfer of care planning process for patients and carers, supporting wards and multidisciplinary teams when there are factors that could lead to delay.

# Single Joint Assessment Form

Supporting High Impact Change Model Domain 3 – Multidisciplinary teams

- One form for all services including community health, BCC reablement and Adult Social Care, for use within Stoke Mandeville Hospital (SMH) introduced in November 2019.
- **Has improved outcomes for patients by:**
  - Streamlining the discharge process
  - Better patient journey through the hospital
  - Offers a range of coordinated and integrated services that a patient can access
- **Identified benefits:**
  - Minimises duplication of work
  - Achieves better use of staff skills and expertise
  - Has helped to integrate systems and procedures in discharge planning

# New Patient Dashboards

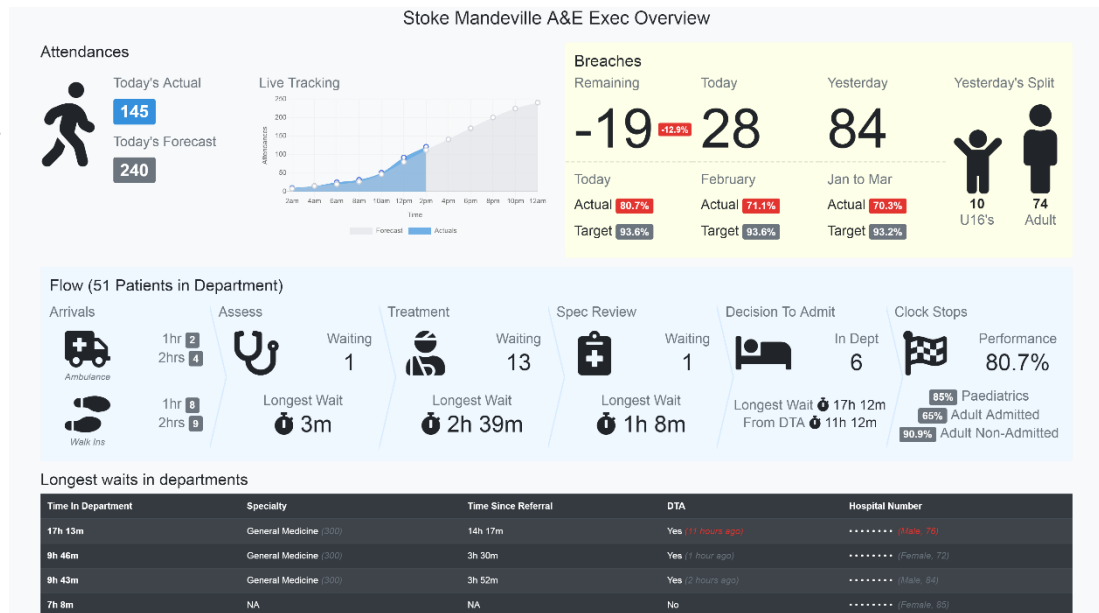
Supporting High Impact Change Model Domain 2 – Systems to monitor patient flow

- Introduced in stages from March 2019, the new dashboards have been implemented at Stoke Mandeville Hospital to monitor patient flow in real time.

## A&E Exec Overview

Gives a quick overview of the department including:

- Attendances
- Breach performance
- Patients at each stage
- Longest waits

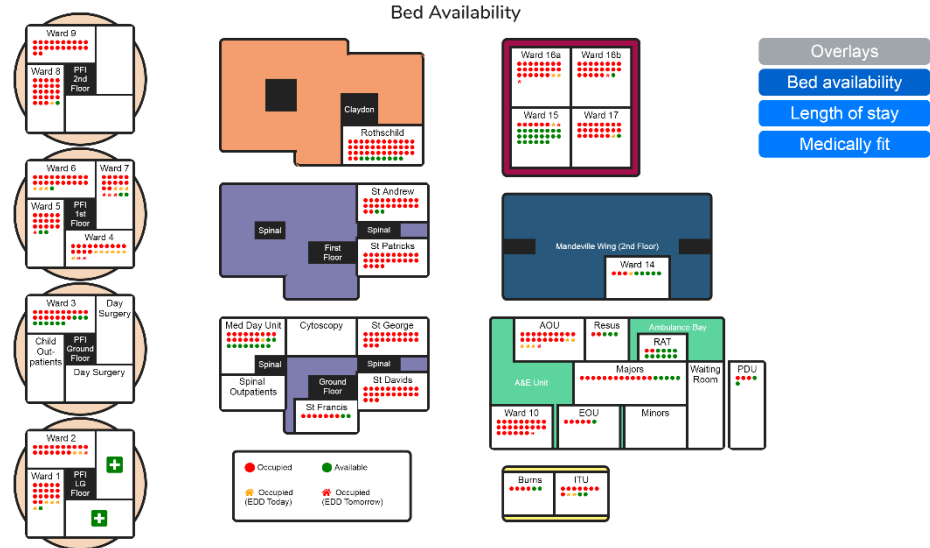


# New Patient Dashboards

Supporting High Impact Change Model Domain 2 – Systems to monitor patient flow

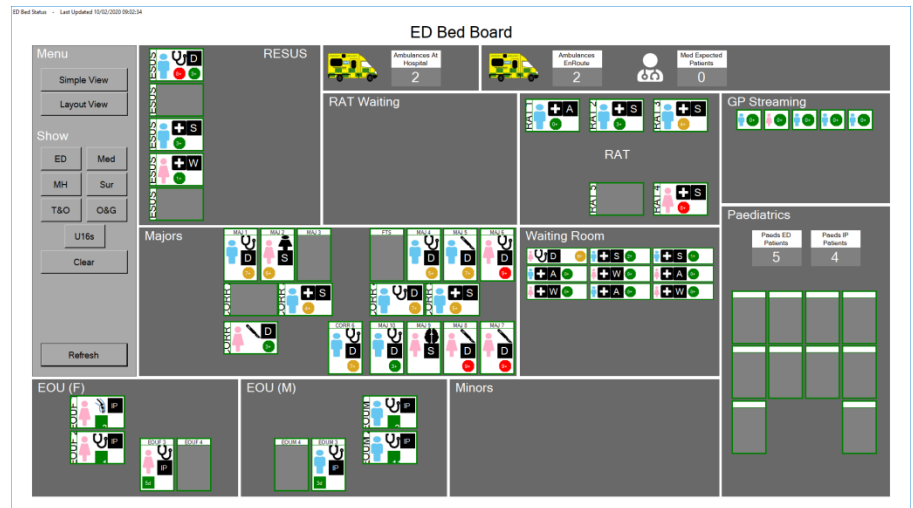
## Bed management:

Gives quick visual overview of bed status across the hospital



## ED Bed Board:

- Shows the bed status for all the beds within ED
- Shows some patient information
  - Gender
  - Length of stay
  - Speciality being seen by

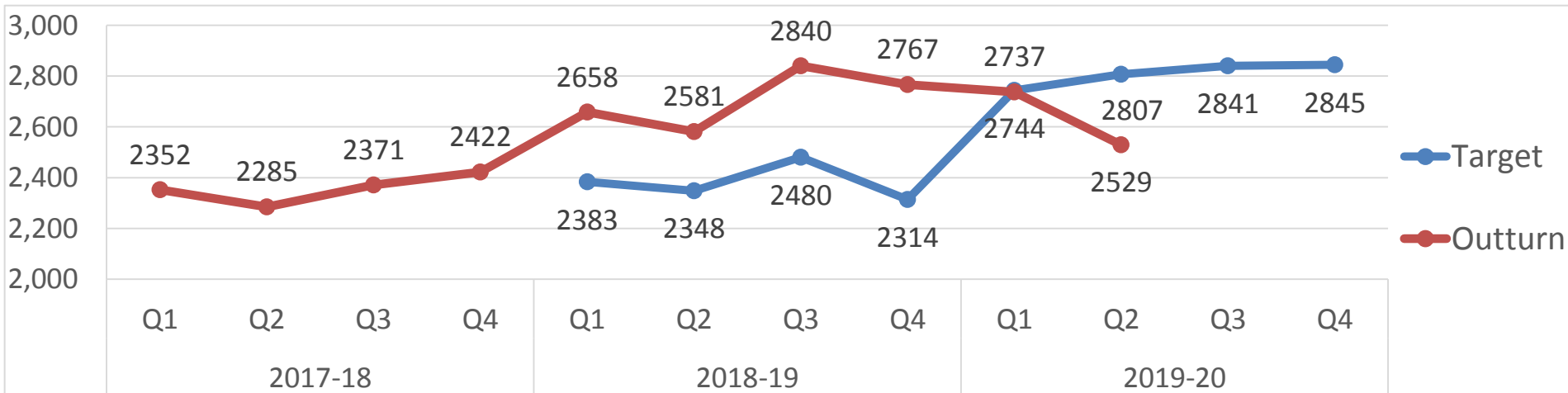


# Snapshot on performance

# Non-elective admissions (NEAs)

- The 2,841 target for Q3 **was achieved** with performance at 2,801.
- The revised 2019/20 target is higher than 2018/19 – NEAs for October and December are comparable year on year.
- SDEC performance continues to be above the 33% target – 42% Nov

Quarterly – NEA Buckinghamshire (Rate 100k)



Source: NHS Digital - Secondary Uses Service (SUS)

## Admissions to care homes

- The yearly admissions target of 400 is **not currently on track to be met**, but is borderline, with 343 admissions up to the end of January (target 333).
- This target was revised down from 520 admissions per year to match the corporately agreed target.

## Effectiveness of reablement

- The target for 2018-19 of 75% was **not achieved** but was an improvement on 2017-18 performance (72% vs 66%).
- The proportion of people where their independence has been improved by the BCC reablement service has been variable this year, Q3 performance was 53%, **above** the 50% BCC target.

# Delayed Transfers of Care (DTOC)

- DTOC performance for December was the best it has been since December 2018. Delays were at their highest in August 2019.
- There were **461 fewer delays** in December compared to October.
- Of 1082 delays in December, ASC contributed to 113 of these, the NHS 883 and 86 delays were considered joint responsibility.
- This equates to an average of **35 people delayed in hospital per day** in December therefore the target of 32 was **not met** but is showing a downward trend towards achieving this.

Month	Total no. of days delayed per month	Change from previous month	Daily Average (target 31.8)
August 2019	1643	↑+71	53.0
Sept 2019	1486	↓ - 157	49.5
Oct 2019	1543	↑ + 57	49.8
Nov 2019	1310	↓ - 233	43.7
Dec 2019	1082	↓ - 282	34.9



# Recommendations for the Board

- **To note** the Better Care Fund successes and performance update.