

WOLVERHAMPTON CCG
PRIMARY CARE JOINT COMMISSIONING COMMITTEE
5th July 2016

Title of Report:	Better Care Fund – Third Sector Organisations
Report of:	Steven Marshall
Contact:	Andrea Smith
Primary Care Joint Commissioning Committee Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	To inform the committee of the plans within Better Care Programme with regard to increasing support from Third sector organisations to the developing Community Neighbourhood teams.
Public or Private:	This Report is intended for the public domain
Relevance to CCG Priority:	
Relevance to Board Assurance Framework (BAF):	
<ul style="list-style-type: none"> • Domain 2a: Performance – delivery of commitments and improved outcomes 	The increase of working with Third Sector organisations will support the delivery of the Better Care Programme by helping people to remain in their own home, reducing emergency attendances and admissions and supporting early discharge
<ul style="list-style-type: none"> • Domain 2b: Quality (Improved Outcomes) 	Enabling patients to have improved experience b receiving care closer to home
<ul style="list-style-type: none"> • Domain 4: Planning (Long Term and Short Term) 	Better Care Programme Plan for 2016/17 and beyond



N.B. Please use Paragraph Numbering in all documents for easier referencing.

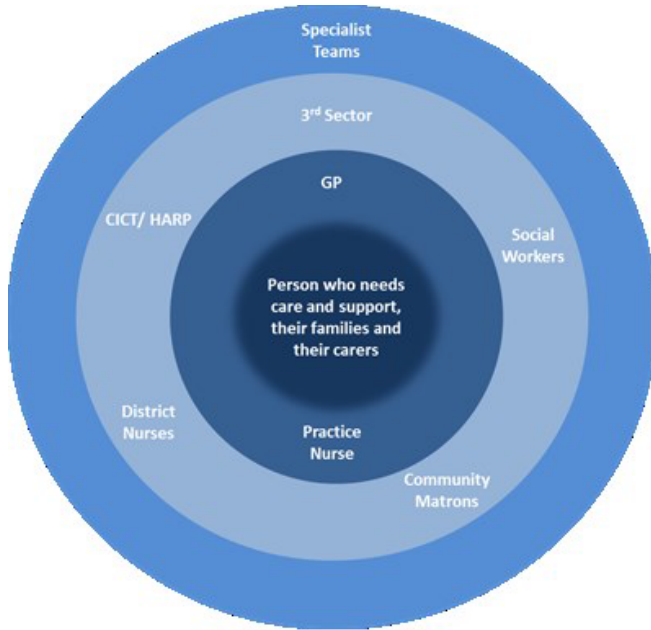
1. BACKGROUND AND CURRENT SITUATION

- 1.1. Following an update on the third sector Grant Policy and bidding process at the last meeting, this report is being presented to further describe the process and how links will be made with Primary Care services.

2. MAIN BODY OF REPORT

- 2.1. The second round of the bidding process has now been finalised and a total of 10 contracts have been awarded. Grants were awarded following an evaluation process whereby the bids were considered against an agreed criteria which supported the delivery of the CCG priorities but in the main supported patients:-
 - Right Care, Right place, right time
 - Supporting Independent Living
 - Combatting Social Isolation
 - Focussing around people with a Long Term Condition and/or the Frail Elderly.
- 2.2 The grant awards will be subject to an evaluation process which will aim to provide assurance to the CCG that organisations have delivered on their objectives/ outcomes
- 2.3 In order to support the delivery of the Better Care programme and consequently to support Primary Care a number of steps were undertaken with the successful bidders of the first round and these will be replicated with the second round of bidders. The key objective was to introduce the third sector organisations to the community neighbourhood teams (CNTs) to begin to build relationships and to develop referral pathways. The model below demonstrates how the CNTs will be wrapped around the patients and Primary Care.

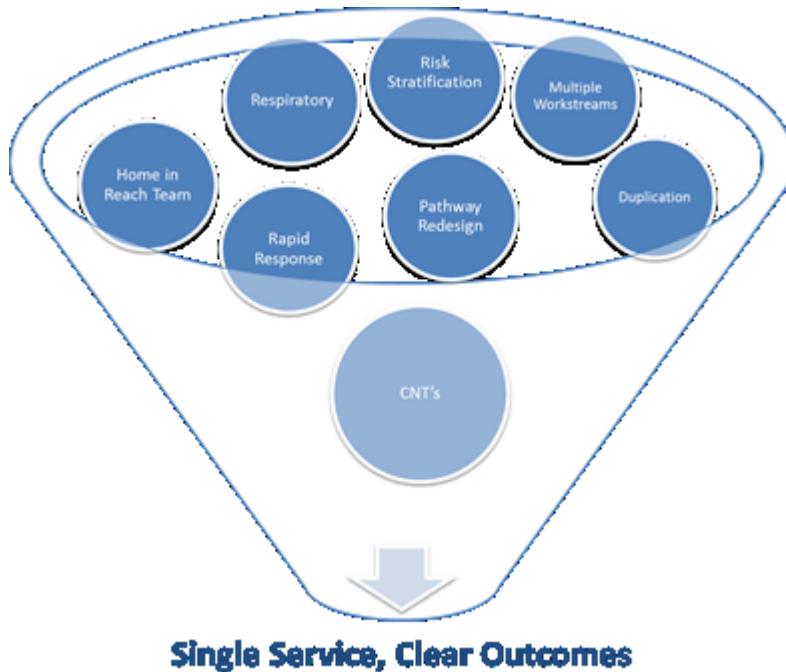




Person-centred Care Model

The aim of these integrated health and social care teams is to provide both a proactive and a rapid response service to people at high risk of emergency admission using a number of methods as demonstrated below:-





- 2.4 The organisations that have been awarded grants can be found on the CCG's Internet and Intranet sites. They will be publicised in the GP and Staff newsletters and information will be cascaded at TEAM W, GP Locality meetings and the Practice Managers Forum. Please see Appendix 1 for information on the Grant's awarded.
- 2.5 The organisations are initially invited to the Adult Community Care work stream meetings to present what their service can offer to support the work of the CNTs. They are then invited to attend the meetings on a regular basis so that discussions can be held about appropriate referrals and to monitor the progress of the projects and the impact upon the service user.
- 2.6 Work is underway to co-locate the CNTs. Once the teams are co-located there will be more opportunity to integrate the third sector into the teams on a more effective basis.

3. CLINICAL VIEW

- 3.1. The senior nurses within the teams will ensure that patients are appropriately referred into the services. GPs are also able to refer directly into services.

4. PATIENT AND PUBLIC VIEW

- 4.1. Patient feedback and evaluation will be built into the monitoring of the services.

5. RISKS AND IMPLICATIONS

Key Risks



- 5.1. There are risks that the services do not receive enough referrals to make their services effective.
- 5.2. There are risks that some of the services only address a very small cohort of patients and therefore it may be difficult for GPs to determine which patients meet the referral criteria

Financial and Resource Implications

- 5.3. Financial Implications are covered by the CCG Grant Policy Framework

Quality and Safety Implications

- 5.4. The quality and safety of the services will be managed via the management of the service contract.

Equality Implications

- 5.5. Equality Impact Assessments have not been undertaken for these grant awards.

Medicines Management Implications

- 5.6. There are no medicines management implications.

Legal and Policy Implications

- 5.7. Any legal implications are managed through the CCG Grant Policy Framework and the contract management of the service.

6. RECOMMENDATIONS

- 6.1. It is recommended that the committee receive and discuss this report.

Name: Andrea Smith
Job Title: Head of Integrated Commissioning
Date: 27th June 2016

ATTACHED:

(Attached items:)

RELEVANT BACKGROUND PAPERS

CCG Grant Funding Policy



REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View		
Public/ Patient View		
Finance Implications discussed with Finance Team		
Quality Implications discussed with Quality and Risk Team		
Medicines Management Implications discussed with Medicines Management team		
Equality Implications discussed with CSU Equality and Inclusion Service		
Information Governance implications discussed with IG Support Officer		
Legal/ Policy implications discussed with Corporate Operations Manager		
Signed off by Report Owner (Must be completed)		

