

WOLVERHAMPTON CCG

Governing Body
13th November 2018

Agenda item 9

TITLE OF REPORT:	Quarterly Update Better Care Fund Programme
AUTHOR(s) OF REPORT:	Andrea Smith, Head of Integrated Commissioning
MANAGEMENT LEAD:	Andrea Smith
PURPOSE OF REPORT:	To provide an update on progress of the Better Care Fund Programme
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	<ul style="list-style-type: none"> Attached is the Internal audit report produced in May 2018, which suggested a quarterly progress report should be presented to WCCG Governing Body Attached is the latest quarterly report for Health and Wellbeing Board. Reporting to Health and Wellbeing Board has now been reduced to annually. This report provides key highlights, risks and Issues across the programme
RECOMMENDATION:	To inform the Governing Body on the work being undertaken within the Better Care Fund Programme
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	Within the BCF programme we continually aim to improve the quality and safety of the services we commission by reviewing current pathways and processes and developing integrated health and social care pathways where this will improve both the quality and the patient experience.
2. Reducing Health Inequalities in Wolverhampton	The BCF programme strives to ensure that health inequalities are reduced across the City. The plan is based on data and evidence which allows us to understand the health inequalities that we are aiming to address
3. System effectiveness	The Better Care fund programme is supported by a pooled budget with the City of Wolverhampton Council. The pooling of resources

delivered within our financial envelope	gives us the opportunity to use our resources more effectively together
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1. BACKGROUND AND CURRENT SITUATION

- 1.1. The recent internal audit report proposed that the Governing Body should receive a quarterly report outlining progress of the Better Care Fund Programme in Wolverhampton.
- 1.2. The Better Care Fund Programme is a programme of work across multiple organisations across the City including WCCG, City of Wolverhampton Council (CWC), Royal Wolverhampton Trust (RWT), Black Country Partnership Foundation Trust (BCPFT), Wolverhampton Homes, Wolverhampton Voluntary Sector.
- 1.3. Organisations work together in an integrated way aiming to improve pathways and services to patients moving care closer to home where appropriate.
- 1.4. The programmes vision statement is *“Provide individuals and families in Wolverhampton with the services, methods and knowledge to help them to live longer, healthier and more independent lives no matter where they live in the city. Health & Social Care colleagues will work better together, alongside local community organisations to deliver support closer to where individuals and families live and in line with their needs”*
- 1.5. This is visualised below:-



Figure 1 BCF Vision

1.6 The Programme consists of 5 Workstreams; Adult Community Care, Mental Health, CAMHS, Dementia and Integration. Each workstream has a lead from WCCG and CWC and a Provider lead and members from all key stakeholders appropriate to the work being undertaken.

2. NATIONAL METRICS

2.1. Delayed Transfers of Care.

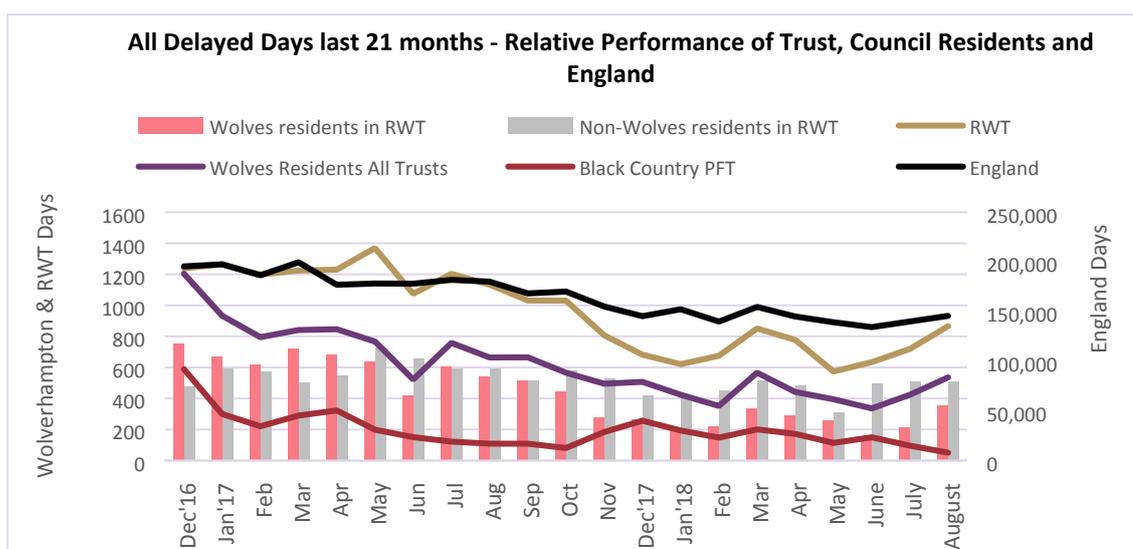


Figure 2 above shows a significant reduction in the overall levels of recorded monthly delayed days over this period, however March saw an increase in delays both locally and nationally as have both the months of July and August more recently.

The latest daily delays rate per 100,000 population aged 18 and over for Wolverhampton residents when calculated over the five months of the year to date is **7.04** against an NHS England ‘ambition’ of **7.4**. Additionally, the last seven months relative performances against comparators are shown below.

	February	March	April	May	June	July	August
England	11.5	11.5	11.1	10.3	10.3	10.4	10.8
Wolverhampton	6.4	9.2	7.5	6.4	5.7	6.9	8.7
West Midlands	12.6	13.5	13.6	12.3	12	11.9	12.3
CIPFA Group	9.5	10	9.2	9.5	8.7	8.5	9.8

Figure 3 Daily delays

2.2. Reduction of Non-Elective Admissions.

The target reduction of non-elective admissions for 2018-19 is 1198. The reduction to date for those that are aligned to BCF schemes is **508** against a plan to date of **506**.

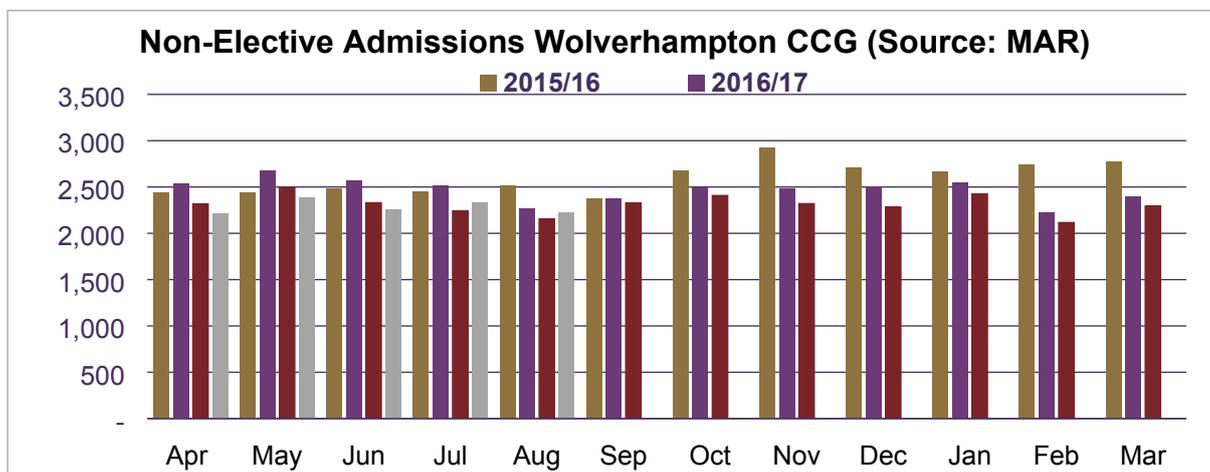


Figure 4 Non-elective admissions

The columns shown above in Figure 4 represent the Emergency Admission figures over the last 41 months contained within the NHS Monthly Activity Reports (MAR) for the Wolverhampton CCG and these indicate an overall long-term trend of improvement since a peak in November 2015.

July and August have seen the first monthly year on year increases since July 2016, however this is in line with national trends and also with an increase in A&E attendances in these months.

2.3. Permanent Admissions to Residential Homes.

The latest reported number of permanent admissions of people aged 65 and over to residential and nursing homes for the month of September (Figure 5) is 2 more than last year and follows the trend seen each month since the start of the reporting year with the average monthly target of just under 22 admissions (260 in the year) now being exceeded by 4.

The year-end total for 2017-18 was 283 which although above the target figure of 260 was 102 admissions (26.5%) lower than the outturn in the previous year. The latest year-end estimate based on six months performance is now 316 admissions.

2.4. Reablement – The proportion of older people (over 65) who are still at home 91 days after discharge from hospital into reablement/rehabilitation services.

This figure is currently only calculated once a year and is made available each October as part of the SALT Return.

The provisional outturn for ASCOF 2B Part 1 (Effectiveness of reablement) based on the latest SALT Return for 2017-2018 is 80.7% which represents an improvement on the same figure for 2016-2017 of 74.5%.

3. HIGHLIGHTS

3.1 Rapid Intervention Team (RITs) Burdett Nursing Award

The model of a Rapid Intervention team was developed within the BCF Adult Community Care workstream. The team is a community based, nurse-led team that responds to patients within 2-4 hours in their own home. The team respond to patients who are experiencing an exacerbation of a medical condition that otherwise would most likely result in an emergency admission to hospital or at least a conveyance to A&E. The model was co-produced with key partners and following evidence of the teams effectiveness in admission avoidance the CCG has recently invested further into the service to enhance its capacity.

In May 2018 the RITs team were nominated for a Burdett Nursing Award in the “Who Dares Wins” category. The award was for an exceptional team that has succeeded in embedding excellence in patient care as a driving force in its organisation’s strategy. Following an excellent submission the team were successful in winning the award.

3.2 Sharing Data – Fibonacci

Fibonacci continues to be a valuable interim solution alongside the development of an Integrated Health and Social Care Record. The system allows multi-disciplinary team members to access data relating to patients that they are case managing. Data from RWT, BCPFT and Social Care is available at the touch of a button. We are currently working on the inclusion of housing data and data from Compton Care and are also looking to explore opportunities with access for West Midlands Ambulance Service.

A trial has been undertaken in Primary Care to establish whether access to the system would be beneficial, with varying feedback. However should access be required by GP practices this can be arranged with the appropriate IG arrangements being put in place.

3.3 Fibonacci – Nursing Times Award shortlist

The team have been shortlisted for a Nursing Times award under the category of “Technology and Data in Nursing” for the innovative use of Fibonacci to provide whole system information in case managing patients. The MDT staff quote that accessing the information via Fibonacci “it is like having the patient sat in the room with you”.

The award ceremony takes place on 31st October 2018.

3.4 Co-location NE Health and Social Care teams

As described in the BCF vision on page 3, one of the key aims of the programme is for an integrated approach to providing care to patients from health and social care teams, wrapped around the individual patients and around GP populations.

The first of these, integrated neighbourhood teams will be co-located by December 2018, at the Science Park. This co-location will enable more effective multi agency working to both proactively and reactively manage and care for patients in a more seamless way.

The teams that will be co-located are the District nurses, social workers and support staff for the North East locality. There will also be the option for other staff, i.e. housing colleagues, social prescribing link workers and mental health staff to join the team as required.

The teams are undertaking a number of Organisational Development sessions to support this new way of working.

3.5 Collaborative working with Housing

Housing colleagues are playing an increasingly important part in the work delivered by the BCF Programme. They are regular members of the Adult Community Care workstream and provide support for both admission avoidance and reducing Delayed Transfers of Care. Members of the Home Improvement team are now embedded within the Integrated Health and Social Care team at RWT to support with Discharges home. They can also be accessed by the admission avoidance team directly and are working with colleagues at the CCG to directly focus work with specific cohorts of patients with the aim of reducing falls and emergency admissions from respiratory conditions.

The CEO of Wolverhampton Homes is a now a member of the BCF Programme Board.

3.6 CAMHS Transformation Plan

The CAMHS Transformation plan has been refreshed and is now available on the CCG website. The plan was viewed, by NHSE, as an excellent example and shared amongst other areas as good practice.

Workforce development has now begun with meeting to support development of the needs of the city

3.7 Integrating Better

The BCF team have been involved in the national programme “Integrating Better”. Wolverhampton was one of only 10 areas selected to support NHSE and the Local Government Authority (LGA) in gathering examples of good practice and learning from experience and challenges in order to inform the planning of the Better Care Fund Programme post 2019.

4. CLINICAL VIEW

- 4.1. Clinical view is taken upon each individual project that the programme delivers where necessary

5. PATIENT AND PUBLIC VIEW

- 5.1. Patient and public view is taken upon each individual project that the programme delivers where necessary

6. KEY RISKS AND MITIGATIONS

- 6.1. Outline the key risks associated with the report; this should include any reputational risks, litigation etc. You should also highlight any controls or actions in place to mitigate these risks.
- 6.2. Highlight whether the report either specifically relates to risks included on the risk register or if any risks need to be escalated.

7. IMPACT ASSESSMENT

Financial and Resource Implications

- 7.1. This report acts as a progress update and any financial implications are managed through the BCF Programme Board.

Quality and Safety Implications

- 7.2. This report acts as a progress update and any quality and safety implications are managed through the BCF Programme Board.

Equality Implications

- 7.3. Each individual project within the BCF Programme will undertake an equality impact assessment.

Legal and Policy Implications

- 7.4. Any legal and policy implications for individual projects will be managed by the BCF Programme Board.

Other Implications

- 7.5. N/A

Name: Andrea Smith

Title: Head of Integrated Commissioning

Date: 31.10.18

ATTACHED:

Health and Wellbeing report
Internal Audit report

RELEVANT BACKGROUND PAPERS

Wolverhampton Integration and Better Care Fund Plan 2017-19

REPORT SIGN-OFF CHECKLIST

	Details/ Name	Date
Clinical View	N/A	31.10.18
Public/ Patient View	N/A	31.10.18
Finance Implications discussed with Finance Team	N/A	31.10.18
Quality Implications discussed with Quality and Risk Team	N/A	31.10.18
Equality Implications discussed with CSU Equality and Inclusion Service	N/A	31.10.18
Information Governance implications discussed with IG Support Officer	N/A	31.10.18
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	31.10.18
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/A	31.10.18
Any relevant data requirements discussed with CSU Business Intelligence	N/A	31.10.18
Signed off by Report Owner (Must be completed)	Andrea Smith	31.10.18