

**WOLVERHAMPTON CCG**

**Governing Body**  
**14<sup>th</sup> May 2019**

**Agenda item 7**

<b>TITLE OF REPORT:</b>	Quarterly Update Better Care Fund Programme
<b>AUTHOR(s) OF REPORT:</b>	Andrea Smith, Head of Integrated Commissioning
<b>MANAGEMENT LEAD:</b>	Andrea Smith
<b>PURPOSE OF REPORT:</b>	To provide an update on progress of the Better Care Fund Programme
<b>ACTION REQUIRED:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	This Report is intended for the public domain
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>• This report provides key highlights, risks and Issues across the programme</li> <li>• This report details progress against national metrics</li> <li>• The national planning guidance for BCF for 2019/20 has still not been published. Preparatory work is being undertaken to shape the programme for the future.</li> </ul>
<b>RECOMMENDATION:</b>	To inform the Governing Body on the work being undertaken within the Better Care Fund Programme
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	
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
---	---

## 1. BACKGROUND AND CURRENT SITUATION

- 1.1. 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.
- 1.2. Organisations work together in an integrated way aiming to improve pathways and services to patients moving care closer to home where appropriate.
- 1.3.
- 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:-



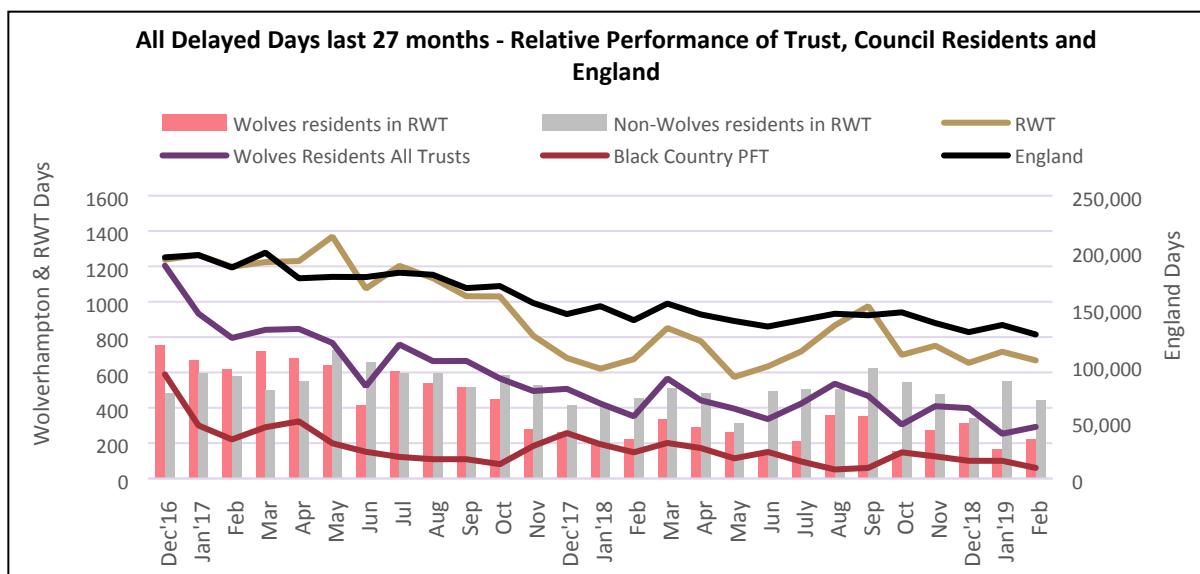
Figure 1 BCF Vision

- 1.5 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 - Relative performance between December 2016 and February 2019 (Source: NHS Statistics)*

- 2.1.1 The last 27 months data from December 2016 to February 2019, is set out in Figure 1 above. This shows a significant overall reduction in the levels of monthly delayed days over this period, however March, July and August 2018 saw reversals in this trend with increases in delays both locally and nationally. However, in recent months we have seen several of the best DToC performances for Wolverhampton residents for many years and although November and December produced higher numbers of delays both monthly totals have been within the NHSE target.
- 2.1.2 The relative performances of residents from the City of Wolverhampton Council (CWC) and patients treated in the Royal Wolverhampton Trust (RWT) and the Black Country Partnership Foundation Trust (BCPFT) are also included in the chart.
- 2.1.3 The trends above indicate that the improvement for Wolverhampton residents in all Trusts was initially more significant than for RWT, who routinely treat patients from other health and social care systems. RWT experienced a trajectory that was more in line with the national trend until October 2017 when the rate of reduction began to pick up pace until rising again in February and March and then over the summer months. The overall momentum in this financial year across and against comparators has been mixed and is marked by varying performances for residents of the city, the two Trusts and nationally.

The graph also shows that over the period involved the overall performance for Wolverhampton residents within RWT has improved at a greater pace than for the other health and social care systems that have patients there. The overall changes compared to February 2017 show falls of **6%** for **Wolverhampton** residents, **44%** for **RWT** and **73%** for **BCPFT** whilst the **National** reduction is **32%**.

The latest daily delays rate per 100,000 population aged 18 and over for Wolverhampton residents when calculated over the eleven months of the year to date has reduced to 6.38 against an NHS England ‘ambition’ of 7.4 and so is again below target. Additionally, the last twelve months relative performances against comparators are shown below.

**Daily Delays Rate per 100,000**  
**18+**

	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec'18	Jan'19	Feb
England	11.5	11.1	10.3	10.3	10.4	10.8	11.1	10.9	10.5	9.5	10	10.4
Wolverhampton	9.2	7.5	6.4	5.7	6.9	8.7	7.8	4.9	6.8	6.4	4.1	5.2
West Midlands	13.5	13.6	12.3	12	11.9	12.3	12.1	11.7	12.1	9.9	11.6	12.5
CIPFA Group	10	9.2	9.5	8.7	8.5	9.8	10.2	10.3	9.2	9.4	9.6	10.3

*Figure 3 Daily Delays Rate per 100,000 18+*



## 2.2 Reduction of Non-Elective Admissions.

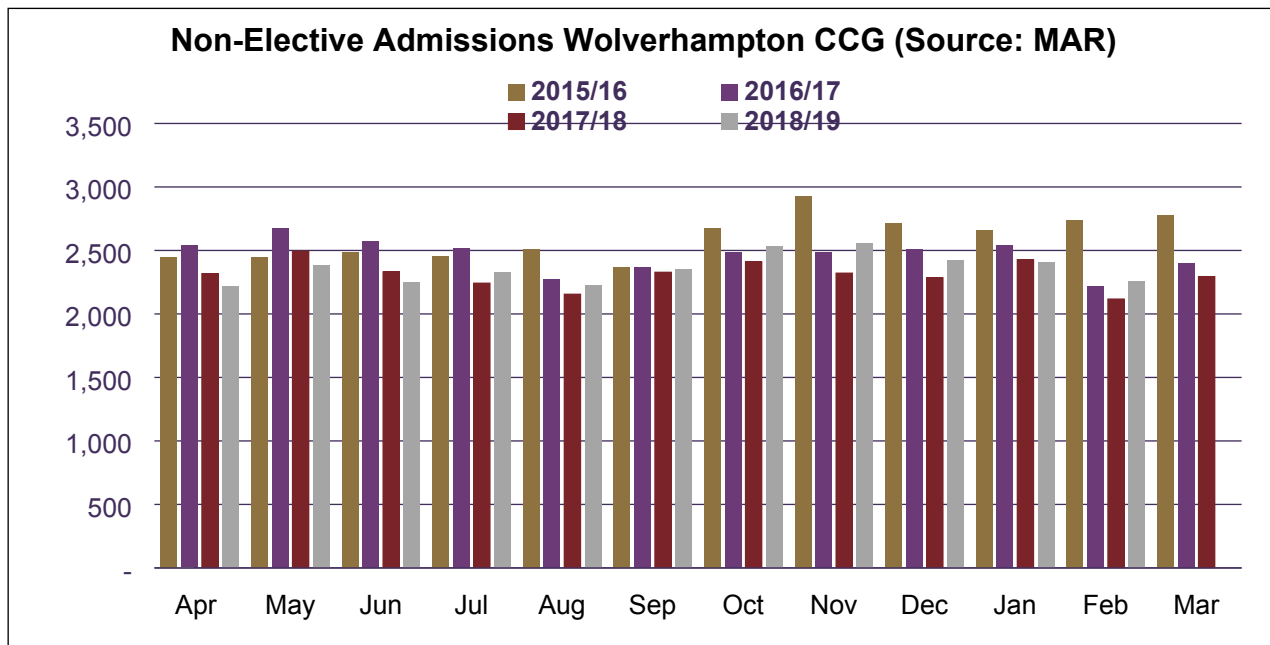


Figure 4 Non-elective admissions

2.2.1 The columns shown above in **Figure 4** represent the Emergency Admission figures over the last 47 months contained within the NHS Monthly Activity Reports (MAR) for the Wolverhampton CCG and until recently these indicated an overall long-term trend of ongoing marginal reduction since a peak in November 2015.

The six months from July to December had seen the first sustained monthly year on year increases in Emergency Admissions since 2016. Most recently January's figures were slightly below those for the same month last year, but February's were higher

2.2.2 These recent trends can be compared against the growth in the equivalent levels of emergency admissions at both national and local Trust level in Figure 5 below.

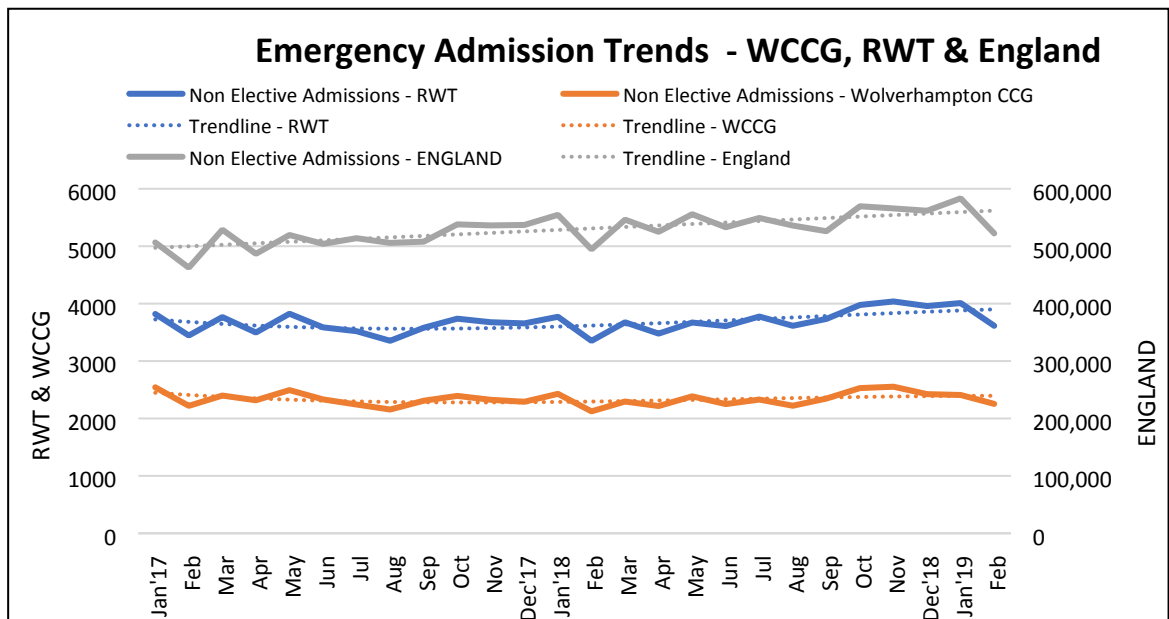
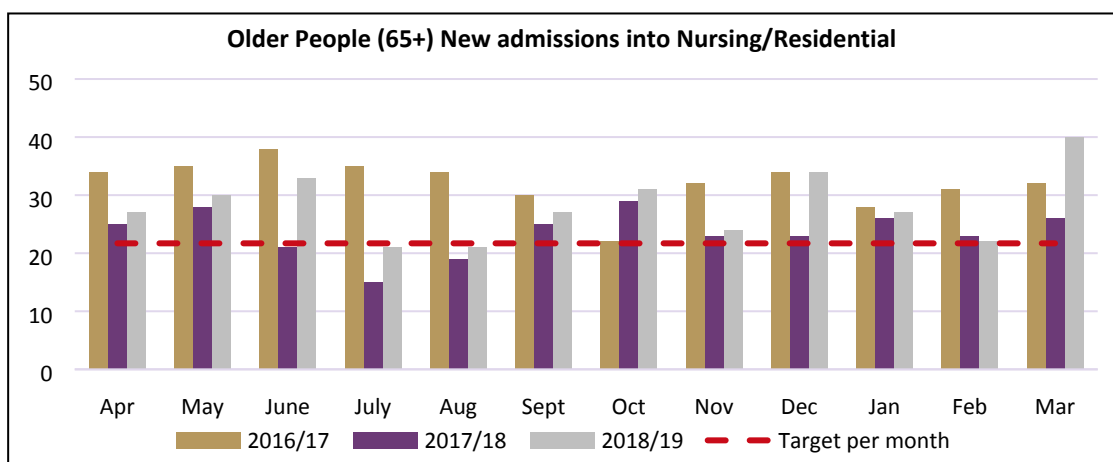


Figure 5 Admission rates

### 2.3 Permanent Admissions to Residential Homes.

2.3.1 The latest reported number of permanent admissions of people aged 65 and over to residential and nursing homes for the month of March (**Figure 5**) of **40** is significantly higher than last year and highlights the overall rise in admissions since the start of the year with the monthly target of just under 22 admissions (260 in the year) only being achieved three times.

2.3.2 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 total is now **337** admissions (28.1 per month) and **29.6%** above target.



*Figure 6 – Permanent Admissions of Older People to Care Homes over the last 33 months  
(Source: CareFirst)*

## **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.**

- 2.4.1 This figure is currently only calculated once a year and is made available each October as part of the SALT Return.
- 2.4.2 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 Co-Location of Community Neighbourhood teams**

The integration of the NE Community Neighbourhood team continues to grow. A number of case studies are being collected and a staff survey has circulated to obtain feedback from staff which may support the co-location of further teams.

Work continues with the team on a change management / integration programme which will include how the teams work in line with national and local transformation.

Premises are now being sought for the SE teams in Bilston with site visits arranged for early May.

### **3.2 MDT working**

Primary Care based MDTs continue to be rolled out across the City.

There are currently 18 MDTs in place with a further 4 due to go live in May 2019.

### **3.3 D2A Evaluation**

Following the request of the A&E Delivery Board, an evaluation of the D2A process is underway. This will include both qualitative and quantitative data as well as reviewing the impact on patients, staff, services and the reduction in Delayed Transfers of Care.

The evaluation is due to be presented to A&E Delivery Board in July 2019.



### 3.4 Dementia

The Joint Dementia strategy for Wolverhampton has now been approved by Health and Wellbeing Board. The BCF Dementia workstream will form the delivery vehicle for the implementation of the strategy.

### 3.5 BCF Planning

The Q4 report for 2018/19 was submitted on target and demonstrated a strong achievement against the Non-elective admissions and reduction in Delayed Transfers of Care targets.

The BCF Policy Framework was published in April (see attached). The Planning guidance is has still not been published and the latest view from the National team is that this will be available towards the end of May.

In the meantime preparatory work has begun with the Pooled budgets currently being defined and agreed and the workstreams developing their work programmes for the coming year.

The **Dementia** workstream will be responsible for the implementation of the Dementia Strategy which includes:-

- Promoting healthy lifestyles information with key messages about awareness, early intervention, prevention and risk factors for developing dementia
- Enable key staff such as community nurses, Dom care and care home staff are aware of prevention and risk reduction and where to signpost
- Increase early diagnosis and access to targeted groups
- Reduced waiting times for a memory assessment
- People are offered early post diagnostic support at assessment, diagnosis and beyond
- More people with dementia and their carers connection to support through their Dementia Care Navigator.
- More people with dementia engaged with agreeing advanced care plans and using self-directed support
- Integrated support for dementia is offered through health and social care teams and voluntary community organisations
- Improving the quality of care in the community to reduce unplanned admissions, delayed discharges and placement breakdowns.
- Develop a clear understanding of the end of life pathway and the support available for people affected by dementia, including families and carers
- Reduction in unnecessary hospital admissions within the last year of life





The **Mental health** workstream will be:-

- Reviewing preventative services
- Developing a model for community provision to prevent people entering crisis
- Agree shared clinical protocols between primary and secondary care
- Co-location of AMHPs

The **Adult Community** Workstream's programme includes:-

- Implementation of healthy ageing coordinators
- Evaluation of carer support into frailty clinics
- Roll out of carer support model in frailty clinics & ED
- Roll out of redesigned woundcare service
- Review and redesign of Community Nursing Services to align with PCN's
- Evaluate co-location of North Locality Teams and based on outcome of evaluation - develop Business case for roll out of model
- Develop redesigned model for Community End of Life care service
- Evaluate Pilot of GP Home Visiting Service
- Work with Practice to wrap MDT's around PCN populations
- Evaluate pilot of Night positioning service and Based on outcomes of evaluation, make recommendations to Board
- Explore model for RiTS service 24 hrs per day
- Undertake Scoping Exercise of current uptake and usage of emergency care passport
- Evaluate D2A and Care Home Trusted assessor processes and the impact on Community services

The **CAMHS** workstream will see the continuation of the CAMHS Transformation policy including:-

- Ensuring that the contract for the Emotional Mental Health and Wellbeing service meets the needs of young people
- Undertaking a workforce development strategy for emotional mental health and wellbeing with identified training needs across the system in Wolverhampton
- Ensuring that Children who are part of the Transforming Care Programme cohort and are at risk of admission to the criminal justice system or a tier 4 mental health bed are part of the dynamic risk register and discussed regularly so that additional resources can be utilised as needed to support to keep the young person at home if appropriate.
- Care, education and Treatment reviews are undertaken in a timely manner to support CYP who are at risk of admission to the criminal justice system or a tier 4 mental health bed.
- The continuation of the Online digital platform including counselling service. This has been running for a year and is already exceeding expectations with uptake.



## **4 CLINICAL VIEW**

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

## **5 PATIENT AND PUBLIC VIEW**

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

## **6 KEY RISKS AND MITIGATIONS**

- 6.3 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.
- 6.4 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***

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

### ***Quality and Safety Implications***

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

### ***Equality Implications***

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

### ***Legal and Policy Implications***

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

### ***Other Implications***

- 7.7 N/A

**Name: Andrea Smith**  
**Title: Head of Integrated Commissioning**  
**Date: 30/04/2019**

**ATTACHED:**

**RELEVANT BACKGROUND PAPERS**

BCF Policy Framework 2019/20

**REPORT SIGN-OFF CHECKLIST**

	<b>Details/ Name</b>	<b>Date</b>
Clinical View		
Public/ Patient View		
Finance Implications discussed with Finance Team	<b>Lesley Sawrey</b>	<b>30.04.19</b>
Quality Implications discussed with Quality and Risk 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	<b>Peter McKenzie</b>	<b>30.01.19</b>
Other Implications (Medicines management, estates, HR, IM&T etc.)		
Any relevant data requirements discussed with CSU Business Intelligence		
<b>Signed off by Report Owner (Must be completed)</b>	<b>Andrea Smith</b>	<b>01.05.19</b>



## BOARD ASSURANCE FRAMEWORK NOTES

(Please **DELETE** before submission)

Following a review of the BAF, it will now be based on the risks associated with the CCG achieving its strategic aims and objectives as follows:-

Strategic Aims	Strategic Objectives
1. Improving the quality and safety of the services we commission	<p>a. <u>Ensure on-going safety and performance in the system</u> Continually check, monitor and encourage providers to improve the quality and safety of patient services ensuring that patients are always at the centre of all our commissioning decisions</p>
2. Reducing health inequalities in Wolverhampton	<p>a. <u>Improve and develop primary care in Wolverhampton</u> – Deliver our Primary Care Strategy to innovate, lead and transform the way local health care is delivered, supporting emerging clinical groupings and fostering strong local partnerships to achieve this</p> <p>b. <u>Deliver new models of care that support care closer to home and improve management of Long Term Conditions</u> Supporting the development of Multi-Speciality Community Provider and Primary and Acute Care Systems to deliver more integrated services in Primary Care and Community settings</p>
3. System effectiveness delivered within our financial envelope	<p>a. <u>Proactively drive our contribution to the Black Country STP</u> Play a leading role in the development and delivery of the Black Country STP to support material improvement in health and wellbeing for both Wolverhampton residents and the wider Black Country footprint.</p> <p>b. <u>Greater integration of health and social care services across Wolverhampton</u> Work with partners across the City to support the development and delivery of the emerging vision for transformation; including exploring the potential for an ‘Accountable Care System.’</p> <p>c. <u>Continue to meet our Statutory Duties and responsibilities</u> Providing assurance that we are delivering our core purpose of commissioning high quality health and care for our patients that meet the duties of the NHS Constitution, the Mandate to the NHS and the CCG Improvement and Assessment Framework</p> <p>d. <u>Deliver improvements in the infrastructure for health and care across Wolverhampton</u> The CCG will work with our members and other key partners to encourage innovation in the use of technology, effective utilisation of the estate across the public sector and the development of a modern up skilled workforce across Wolverhampton.</p>

