

WOLVERHAMPTON CCG

Governing Body
10th September 2019

Agenda item 12

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"> • This report provides key highlights, risks and Issues across the programme • This report details progress against national metrics • This report presents the 2019/20 BCF Plan and Pooled Budget
RECOMMENDATION:	<p>To inform the Governing Body on the work being undertaken within the Better Care Fund Programme</p> <p>To note the 2019/20 BCF Plan and Pooled Budget arrangements</p>
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 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

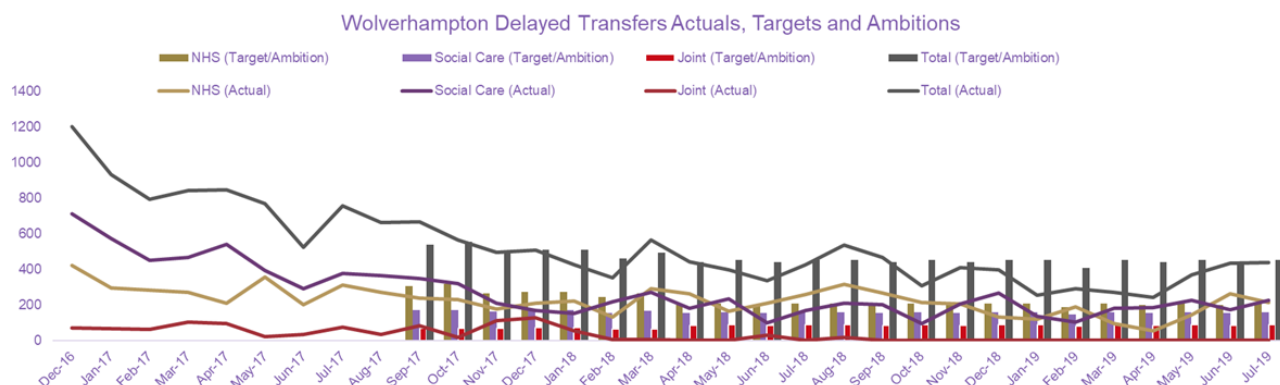
- 1.5 The Programme consists of 5 Workstreams; Adult Community Care, Mental Health, CAMHS, Dementia and Integration. Each workstream has a lead from WCCG and CWC and a

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Provider lead and members from all key stakeholders appropriate to the work being undertaken.

2. NATIONAL METRICS

2.1 Delayed Transfers of Care.



2.1.1 We continue to meet the DTOC ambition. The total delayed days reported so far for July are **439** and therefore the NHS based 'Ambition' (**453 over 31 days**) was again achieved as the total for the month was under the target figure by 14 delayed days. This figure is equivalent to a rate of **7.1 daily delays per 100,000 population 18+** against an NHSE target of **7.4**

July has seen a fall in the number of delays attributable to Health against a rise in those attributable to Social Care when compared with the figures in June and reflects rising overall delays over the last three months.

There has been a perceived increase in the daily DTOC numbers from 1st April which is due to including both acute and non-acute on the notifications whereas the daily numbers were just acute prior to this date.

However there has also been an important minor change in that 'discharge delays' when transferring patients from New Cross to West Park or Cannock do now count as attributable to 'Further Non Acute' delays in the totals but before April they were not counted as they were being treated as 'internal delays'. However these numbers involved are not contributing significantly to the overall totals.



2.2 Reduction of Non-Elective Admissions.

There is a reduction of non-elective admissions that are aligned to some of the schemes within the BCF Programme. For Care Closer to Home there has been a reduction of 592 admissions in the first quarter alone against the Gross Plan. This is a demonstration that the admission avoidance schemes, in part, are successful and are targeting an appropriate cohort of people.

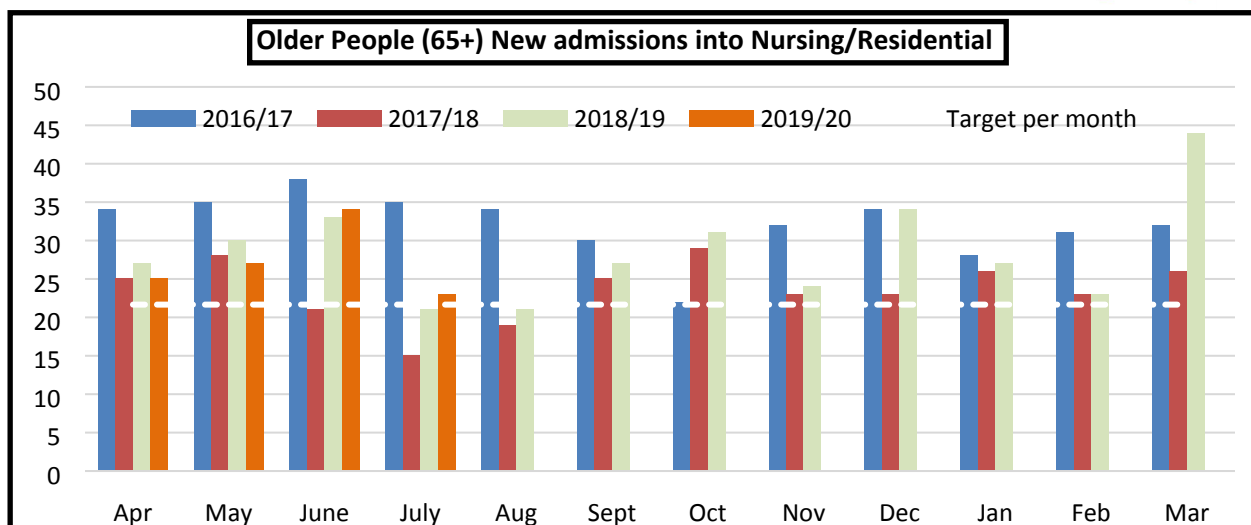
We are seeing an increasing number of non-elective admissions in other areas however, such as Respiratory and in particular pneumonia related conditions. This is being investigated further to establish if variations in pathways may support admission avoidance in this area.

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 June 23 is slightly higher than in the previous year. However, this highlights the overall rise in admissions since the start of the 2018-19 reporting year with the monthly target of just under 22 admissions, equivalent to 260 in the year, only being achieved twice. This target is carried over into the current financial year.

The year-end total for 2018-19 was 341 which was 31% above the target figure of 260 and 58 admissions (20%) above 2017-18. The year-end total in 2016-17 was 385. Reflecting these trends over the last sixteen months the total number of people resident in care homes has risen 6.7%. the numbers in residential care in May 2019 are 3% higher (+15) than in March last year and this is due in the most part to a rise in short term placements. In contrast the numbers in Nursing Care have steadily increased and are currently 13.6% more (+36) than March last year





2.3 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.

3 HIGHLIGHTS

3.1 Adult Community Care (Co-Location of Community Neighbourhood teams)

Work continues on identifying suitable accommodation for the SE team. Space has been identified at Bilston Health Centre and floor plans are currently being drawn up. A number of options are being explored, however each option will result in a cost to some part of the Wolverhampton system, be that Health or Social Care or both. The options and cost implications will be presented to the BCF Programme Board once available.

3.2 Adult Community Care (MDT working)

Primary Care based MDTs continue to be rolled out across the City. There are currently 22 MDTs in place and we are aware that any future modelling of community teams needs to be aligned to RWTs Community Transformation Programme and to the development of Primary Care Networks.

3.3 D2A Evaluation



The D2A Evaluation report was presented to both BCF Programme Board and A&E Delivery Board in July. Overall the evaluation demonstrated that the Wolverhampton D2A Model has had a positive impact on DToC, and there is no doubt that partners across the organisation have developed good relations and networks that support the process. There are still some challenges that continue to be worked through and further work is being undertaken to analyse the financial impact across all elements of the system.

A project closure report is being produced with the project due to formally close, following transition, in November.

3.4 Dementia

The Joint Dementia strategy for Wolverhampton has now been approved by Health and Wellbeing Board. The BCF Dementia workstream is planning the work required to implement the strategy.

3.5 Mental Health

The Mental Health workstream have undertaken a number of workshops (MapJams) to ascertain the gaps in service provision across the City. This work will inform the development of sustainable community services to support people with a mental health condition in the future.

3.6 BCF Planning

The national guidance and planning template is now available and the submission date for the 2019/20 plan is 27th September 2019. Unlike previous years we are just asked to submit the planning template with some narrative sections, rather than a lengthy narrative document.

The planning template is due to be submitted to BCF Programme Board on 5th September and to Councillor Jaspal, Chair of the Health and Well Being Board for approval on 10th September.

The table below outlines the contribution to the Pooled Budget



	CCG	CWC	Total
Adult Community Care	£31,095,414	£25,591,066	£56,686,480
Dementia	£3,581,121	£280,229	£3,861,350
Mental Health	£10,417,646	£3,675,002	£14,092,648
DFG		£3,147,482	£3,147,482
Total	£45,094,181	£32,693,779	£77,787,960

The Governing Body have previously given delegated authority to the Chair and Accountable Officer to sign the BCF Plan off on behalf of the CCG prior to submission to the Health and Wellbeing Board. The Planning template is attached for information.

3.7 Future Delivery of BCF

It has become apparent that there is significant cross over between the BCF Programme and the development of the Wolverhampton Integrated Care Alliance. A Proposal has been produced and presented and supported at both BCF Programme Board and ICA Governance group.

This proposal is on the Governing Body Agenda today.

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.

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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: 29.08.19

ATTACHED:

RELEVANT BACKGROUND PAPERS



REPORT SIGN-OFF CHECKLIST

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

