

**WOLVERHAMPTON CCG**

**Governing Body**  
**11<sup>th</sup> February 2020**

**Agenda item 8**

<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.  To gain approval for the Section 75 agreement for 2019/20
<b>ACTION REQUIRED:</b>	<input checked="" 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 presents and <b>seeks approval for</b> the 2019/20 Section 75 agreement which underpins the BCF Pooled Budget</li> <li>• This report provides key highlights, risks and Issues across the programme</li> <li>• This report details progress against national metrics</li> </ul>
<b>RECOMMENDATION:</b>	To inform the Governing Body on the work being undertaken within the Better Care Fund Programme  To approve the 2019/20 BCF Section 75
<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	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

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Wolverhampton	aiming to address
3. System effectiveness delivered within our financial envelope	The Better Care fund programme is supported by a pooled budget with the City of Wolverhampton Council. The pooling of resources 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:-



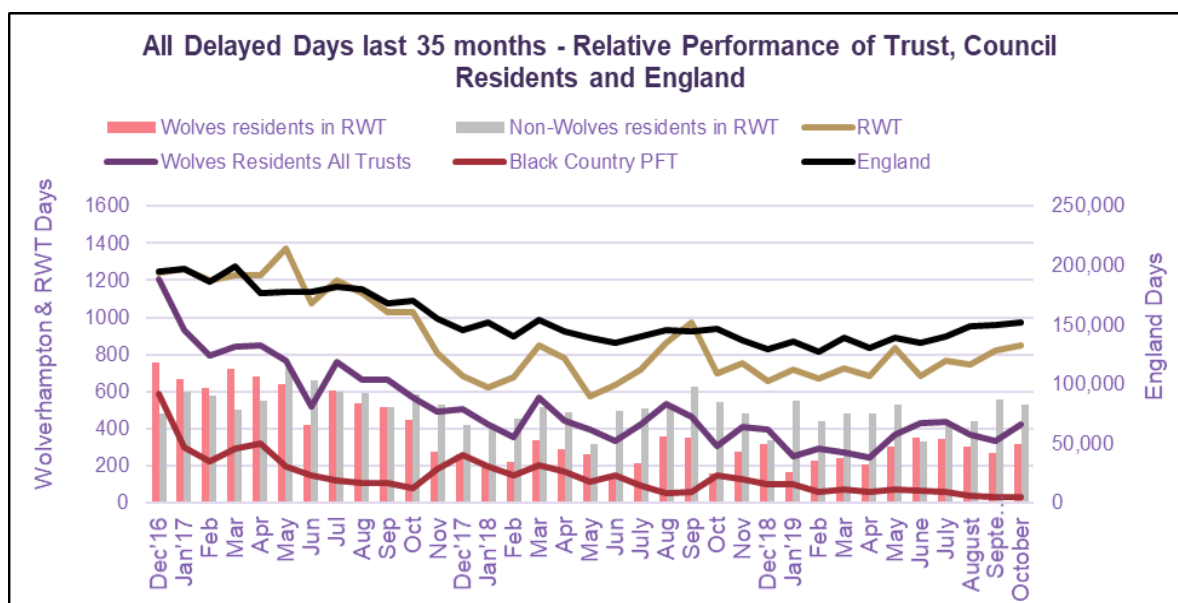
Figure 1 BCF Vision

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- 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 1 - Relative performance between December 2016 and October 2019 (Source: NHS Statistics)**

- 2.1.1 The last 35 months data from December 2016 to October 2019, is set out in **Figure 1** above. This shows a significant overall reduction in the levels of monthly delayed days over the period, however several months have seen reversals in this trend with increases in delays both locally and nationally. The last ten months has seen several of the best DToC performances for Wolverhampton residents for many years and although recently there has been some upward movement in the numbers of delays the overall totals each month have been within the NHSE target.
- 2.1.2 The latest delays **daily delays rate per 100,000 population aged 18 and over** in October for Wolverhampton residents when calculated over the last twelve months (Moving Annual Total) is **5.8** against an NHS England ‘ambition’ of **7.4** and so remains within the target.
- 2.1.3 Additionally, the last twelve months relative performances against comparators are shown below. October saw a change in the 14 councils that make up the CIPFA Comparator group with 4 replaced by new ‘statistical neighbours’.

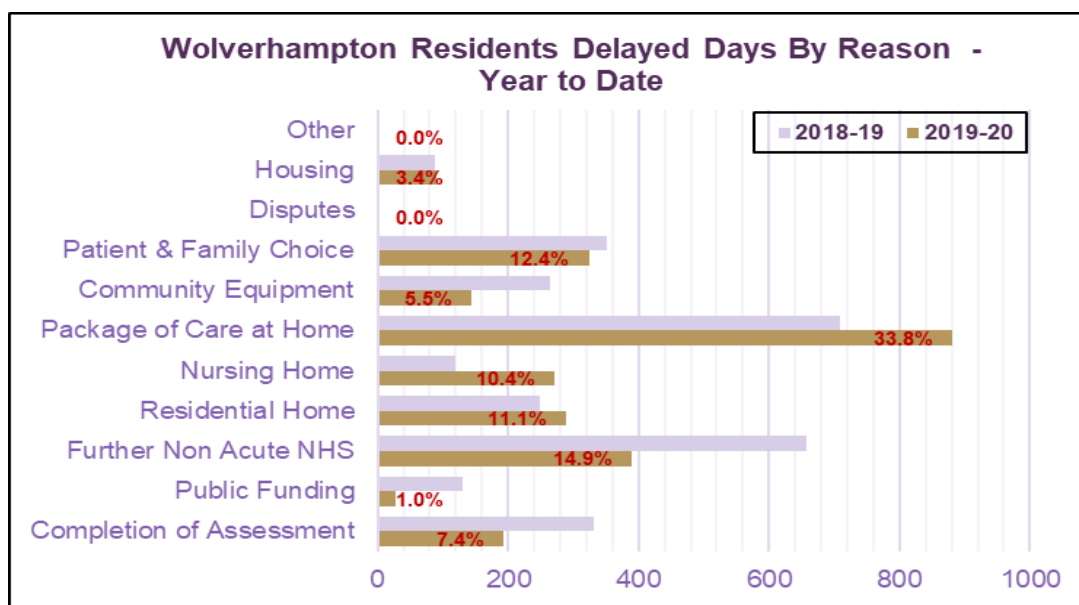


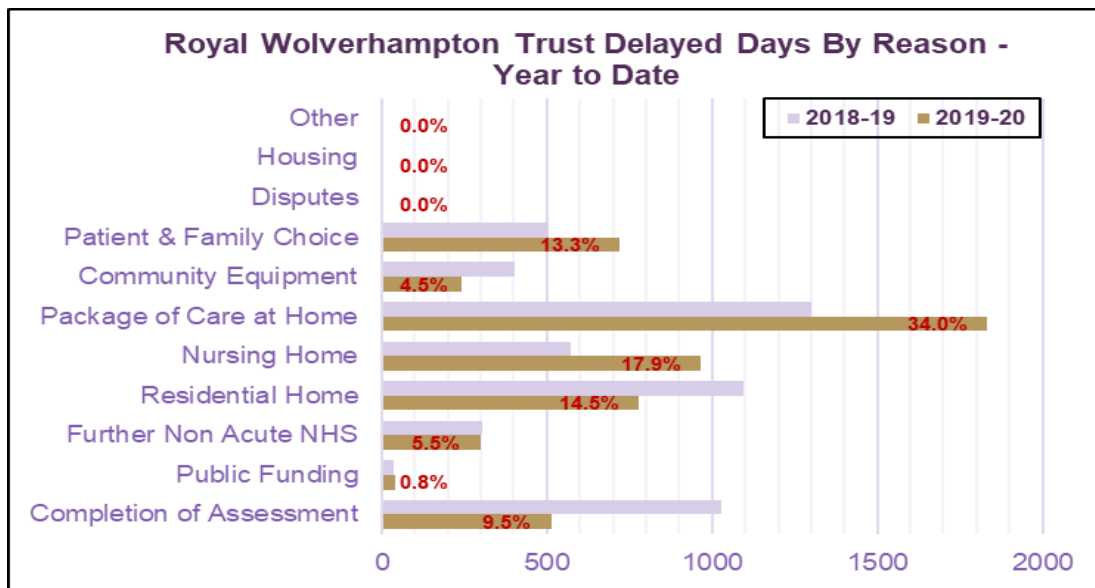
**Daily Delays Rate per 100,000 18+**

	Nov	Dec'18	Jan'19	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct
<b>England</b>	10.5	9.5	10	10.4	10.2	10	10.2	10.2	10.3	10.9	11.3	11.2
<b>Wolverhampton</b>	6.8	6.4	4.1	5.2	4.4	4	5.9	7.2	7.1	5.9	5.6	6.8
<b>West Midlands</b>	12.1	9.9	11.6	12.5	12.1	10.8	10.3	10.6	11.2	11.9	12.6	13
<b>CIPFA Group</b>	9.2	9.4	9.6	10.3	10.3	10.7	10.2	10.1	9.7	9.5	10.8	9.6

**2.1.4** In terms of the total delayed days recorded so far for RWT, the residents of **Staffordshire** now account for **45.7%**, **Walsall 9.5%** and **CWC 38.8%** which, although reflecting a rise on last year's outturn of 34%, is a significant reduction for the city when compared to the figure of 61% seen in December 2016 (Figure 1).

**2.1.5** The relative proportions of the reasons attributed to have caused the delays for both CWC and RWT are shown in **Figures 3 & 4** below. A significant increase in the proportions of delays due to Packages of Care feature prominently in both cases although the numbers of these for residents of the city have reduced slightly over the last two months.





Figures 3 & 4 – Delay Reason Comparison between CWC and RWT Year-to-Date 2019-20 (Source: NHS Statistics)

## 2.2 Reduction of Non-Elective Admissions.

2.2.1 Since 2015 there has been an overall steady reduction in non-elective admissions.

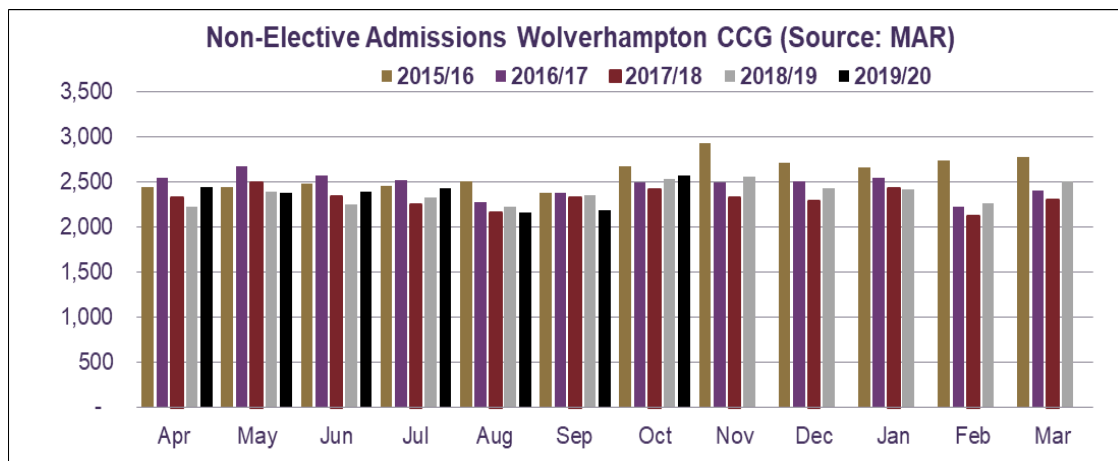


Figure 7 – Monthly Non-Elective Admissions performance over the last 53 months (Source: NHS Statistics)

2.2.2 There is a continued reduction of non-elective admissions that are aligned the schemes within the BCF Programme. For Care Closer to Home there has been a reduction of 1728 emergency admissions against the Gross plan and 1181 against the net plan from April 2019

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to November 2019. This is a demonstration that the admission avoidance schemes, in part, are successful and are targeting an appropriate cohort of people.

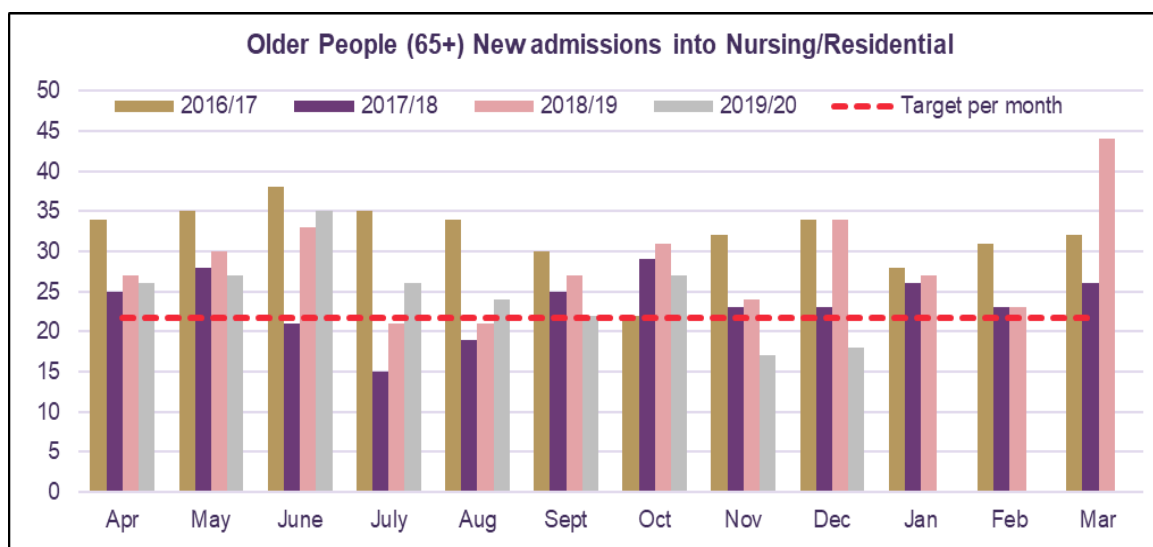
- 2.2.3 We continue to review and expand on admission avoidance schemes such as:- Rapid Intervention Team (RIT), Rapid Access to Social Care (RASC), Red Bag, Trusted Assessors, Social Worker in ED etc.

### 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 December (**Figure 5**) at **18** is 47% lower than in the previous year. However, the graph highlights the overall rise in admissions since the start of the 2018-19 reporting year with the monthly target of just under 22 admissions (260 in the year) only being achieved four times and the current average in 2019-20 running at just under 25.

2.3.2 This 2018-19 target has been carried over into the current financial year and reflects the average rate per 100,000 18+ population for the West Midland region in which Wolverhampton has remained an outlier

2.3.3 The final year-end outturn for 2018-19 was **342** which was **31.5%** above the target figure of 260 and 59 admissions (21%) above 2017-18. The year-end total in 2016-17 was 385.



**Figure 5 – Permanent Admissions of Older People to Care Homes over the last 45 months**  
(Source: CareFirst)



**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 . the results for 2019/20 therefore will be available in October 2020

**3 HIGHLIGHTS**

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

Space has been identified at Bilston Health Centre and floor plans have been drawn up. Costings have been prepared and agreed. The plan will involve a refurbishment of the old Dental suite area at Bilston Health Centre and which enable Social Care staff to be re-located from their current base. The teams will then be re-organised so that there are two health and social care teams working from the building, occupying the existing nursing team area and the newly refurbished area.

Work will be started imminently with a view to completion early Spring.

The NE team, based at the Science Park recently celebrated their 1 year Anniversary, having moved in December 2019. A press release marking the occasion is attached.

**3.2 Adult Community Care (MDT working)**

Work is being undertaken to re-model the Primary Care based MDTs to work on a PCN level, working with the RWT Community Transformation Programme to ensure that community services are wrapped around PCNs and can deliver proactive and reactive responses to patients including those with complex needs.

**3.3.2 D2A**

Some issues with hospital discharge are still being raised and therefore a group are continuing to review hospital discharges, identify where these could be improved and to introduce measures to prevent recurrence. Work is also being undertaken by the CCG quality team alongside RWT to address some clinical quality issues that have recently arisen with patient discharge.

**3.4 Dementia**

The BCF Dementia workstream is responsible for the delivery of the Joint Dementia Strategy.

Following a recent presentation by Dementia UK, funding has been found to pilot an Admiral Nurse working in the City. Admiral Nurses are specialist Dementia nurses. They currently offer a discreet service to ex-service personnel but this additional funding will allow a bespoke service for people with Dementia and their families and carers in Wolverhampton. Discussions are ongoing to determine the model of delivery.

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*“Admiral nurses offer specialist one-to-one support, expert guidance and practical solutions to support the entire family. Admiral Nurses work together with families and other health and social care services, using their experience and expertise to foresee and avoid crises. They also work alongside other professionals in the dementia care pathway, sharing best practice. Their way of working is proven to deliver vital cost savings to health services and better outcomes for people living with dementia.” (DementiaUK; Helping families face dementia)*

### 3.5 Mental Health

The Mental Health workstream is now merged with the ICA Mental Health work stream and is clinically co-chaired by a GP and a MH Clinician. The group have now developed a plan on a page and are working towards a joint commissioning plan by April 2020 and a re-designed integrated community model of care by October 2020.

### 3.6 BCF Planning

We now have confirmation that Wolverhampton BCF Plan for 2019/20 is approved by the national team. The letter of approval is attached.

### 3.7 Section 75

As in previous years there is a requirement for a Section 75 agreement to underpin the BCF Pooled budget. This document is very much a refresh of the previous agreement with updates being made to reflect the progress of the workstreams and to the financial content of the Pooled budget.

The financial content is broken down below:-

Workstream	CCG Contribution (£000)	City Council Contribution (£000)
Adults Community Services	31,096	25,591
Dementia	3,581	280
Mental Health	10,217	3,550
CAMHS	201	125
Care Act	713	
Total Revenue Contribution	45,808	29,546
Capital - Ring Fenced Grant	-	3,147
Total Contribution to Pooled Fund	45,808	32,693

The Section 75 Agreement for 2019/20 is attached and The Governing Body are asked for their approval of this agreement.

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### **3.8 Future Delivery of BCF**

Work to bring together the BCF programme with the Integrated Care Alliance work is now underway. The Mental Health workstreams are now working as one and the Adult Community Care workstream is being reviewed alongside the ICA Frailty and End of Life groups to identify duplication and gaps etc.

This should result in a better use of the limited resources we have to deliver both of these significant programmes of work.

## **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.

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**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: 29.01.20**

**ATTACHED:**

- Press release Co-location of Health and Social Care Team – NE
- BCF Plan approval letter

**RELEVANT BACKGROUND PAPERS**

**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>	
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>	
Other Implications (Medicines management, estates, HR, IM&T etc.)		
Any relevant data requirements discussed with CSU Business Intelligence		

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Signed off by Report Owner (Must be completed)	Andrea Smith	
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## 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 – 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</u></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>

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