NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG

Governing Body
11th July 2017

Agenda item 10

TITLE OF REPORT:	Better Care Fund Programme 2017-2019 Plan
AUTHOR(s) OF REPORT:	Andrea Smith
MANAGEMENT LEAD:	Steven Marshall
PURPOSE OF REPORT:	• To provide Governing Body of a summary of work undertaken and achievements for 2016/17 • To provide assurance of the development of the BCF 2017-19 Draft plan, including Pooled budget which has input from Director of Finance and the Director of Strategy and Transformation. • To seek approval for delegated sign off of the plan including Pooled Budget to Helen Hibbs (Accountable Officer) and Tony Gallagher (Director of Finance).
ACTION REQUIRED:	☒ **Decision** ☒ **Assurance**
PUBLIC OR PRIVATE:	Public
KEY POINTS:	• Short bullet points • Ideally no more than three • That give an overview of the main issues in the report
RECOMMENDATION:	The report recommends that the Governing Body approve the Draft BCF 2017-19 in its current form, acknowledging that there may be required changes following the publication of the national planning guidance. The reports seeks assurance to continue to develop the pooled budget, with already agreed delegated approval, the final version of which will be presented to the Governing Body
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	[Outline how the report is relevant to the Strategic Aims and objectives in the Board Assurance Framework – See Notes for Further information]
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 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

N.B. Please divide the rest of the report into Paragraphs, using numbering for easier referencing.

1. BACKGROUND AND CURRENT SITUATION

1.1. This report is aimed at providing the Governing Body an overview of delivery and achievements for 2016/17 and to provide an update on the development of the BCF plan for 2017-19.

1.2. This report also seeks to confirm delegation for approval of the BCF plan for 2017-19, including the Pooled budget arrangements to Helen Hibbs (Accountable Officer) and Tony Gallagher (Director of Finance).

2. Delivery of BCF Programme 2016/7 - Metrics

2.1. Delayed Transfers Of Care

2.1.1 Performance has improved significantly from the 2015-16 baseline with 2,656 fewer delayed days, which represents a reduction of 18%. However, this falls short of the target of 6,430 fewer days, a reduction of 57%. This has been affected by several long term delayed patients from Mental Health settings & the increased proportion of delays caused by people waiting for a package of care in their own home, nursing home care or a residential placement.

2.1.2 The establishment of the Discharge to Assess project (D2A) to develop and implement an integrated D2A pathway is in place to improve performance in 2017-18.

2.2. Non – Elective Admissions

2.2.1 SUS data shows us that there has been a reduction of 1600 emergency admissions into RWT, of which 585 of the most complex and typically highest cost cases are directly attributed to BCF schemes.

2.2.2 It is however extremely difficult to prove what didn't happen (patients weren't admitted) and therefore we asked the RITs to undertake an audit of their activity. The audit was undertaken for Q4 2016/17 and the audit results are shown in the table below.

Count of Diagnosis Code	Month							
ICD10 description	**Jan 17**	**Admitted**	**Feb 17**	**Admitted**	**Mar 17**	**Admitted**	**Total Seen**	**Total admitted**
Acute Bronchiolitus	5	1	10		14		29	1
Acute Lower Respiratory Infection	56	3	25	1	26	4	107	8
Acute Upper Respiratory Infection	6		4		1		11	0
Asthma	1		3	2			4	2
Bronco Pneumonia	5	2	2	1			7	3
CCF	1		2		4	2	7	2
Cellulitus	25	1	31	1	21	1	77	3
Complication of Catheter	3		3	1	3		9	1
Constipation	2		1	1	3		6	1
COPD	4		4		5		13	0
COPD - Infective Exaberation	5	2	2		7	1	14	3
COPD - Non Infective Exaberation	4				2		6	0
Dyspepsia	1						1	0
Gastritus	5	1	1		2		8	1
Hypogloceamia	1						1	0
Lobar Pneumonia	9	2			5		14	2
Localised Oedema	4	1	4	1	7		15	2
Malaise and Fatigue	20	2	14	1	30		64	3
Nausea and Vomiting	7	1	1		1		9	1
Pneumonia	1						1	0
Septicimia	3	3	4	3	1	1	8	7
Ulcer of Lower Limb	3		2		1		6	0
UTI	43	1	33	1	37	1	113	3
Vascular Dementia	4		5	1	2		11	1
Viral Infection	50		19		34		103	0
other	24	7	21	5	31	8	76	20
Essential Hypertension			4		1		5	0
LVF			3	2	3	1	6	3
Chest Pain			3	1			3	1
Generalised Iodopathic Epilepsy					1	1	1	1
Grand Total	**292**	**27**	**201**	**22**	**242**	**20**	**735**	**69**
								9.39%

2.2.3 This shows that the admission avoidance rate is approximately 90%. If those patients who were seen and avoided (666) had been admitted this equates to a potential saving of £1.3m for the quarter (based on estimated £2k per emergency admission).

2.3 *Permanent Admissions to residential and care homes*

2.3.1 Admissions have increased to 385 in the year against a target of 252. Admissions per month have been significantly higher than previous years. There was an average of 32 admissions each month in 2016-17 compared with 25 per month in 2015-16.

2.3.2 Numbers of admissions rose throughout 2016-17 and remained high in the first six months of 2016-17. The number of admissions each month has started to fall in the second half of the year, however, admissions remain higher than the same period in the previous year. The number of people admitted to permanent nursing care in the year has increased 45% from 93 to 135, whereas the number of people admitted to permanent residential care has increased by just 19% from 210 to 250. In total the proportion of admissions to nursing care has increased from 31% to 35% suggesting that those that are admitted to permanent care have higher care needs.

2.4 *Effectiveness of Reablement*

2.4.1 In 2016-17 the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services was 74.5% against a target of 80.3%. This is a slight reduction on the 2015-16 result of 75.6%. However, there has also been a significant reduction in the cohort that received reablement following discharge from hospital due to the ending of the joint funding agreement of the Community Intermediate Care Team which means that fewer people received reablement following a joint assessment.

2.4.2 Although there has been no increase in the proportion of older people who remain at home 91 days after discharge into reablement, the proportion of adults who have received a short term social care intervention designed to maximise independence who do not go on to need long term support has increased from 80.7% to 84.2% demonstrating that in Wolverhampton, earlier diagnosis, intervention and reablement is working to ensure that people and their carers are less dependent on intensive services.

2.5 *Programme achievements*

Whilst the performance against national targets has not been fully achieved the programme has delivered a number of successful projects throughout the year, some of which are outlined below:-

- Rapid Intervention Team (RITs) – Now operating as a seven day admission avoidance service and is accepting referrals from West Midlands Ambulance Service.

- Risk Stratification – Community Matrons working with General Practitioners (GPs) to identify persons of high risk of admission and proactively manage their care. Work is continuing to continue this proactive approach.

- Integrated Health and Social Care Multi-Disciplinary Team (MDT) working – three Locality based MDTs, meeting on a monthly basis to discuss an identified caseload of people with complex needs.

- Wound Care Pathway – Development of a multiagency Wound Care Pathway.

- End of Life Pathway – Development of a multiagency End of Life Care pathway.

- Mental Health – Development of Street Triage and a prevention focused service called 'Starfish'.

- Discharge to Assess (D2A) – Establishment of a D2A project to develop and implement an Integrated D2A pathway.

- Memory Matters – Establishment and rollout of Advice and Information clinics across the city for people who are concerned about memory issues and possible dementia delivered from non-health buildings.

- Dementia - A business case was agreed by the Accident & Emergency (A&E) Board to 'pump prime' service transformation by increasing the number of dedicated liaison and outreach dementia staff across Royal Wolverhampton Trust (RWT) and by increasing the remit of their role to pro-actively assess and navigate the required next steps for patients with dementia or suspected dementia presenting in RWT.

- Social Prescribing – Partnership working with Wolverhampton Voluntary Sector Council (WVSC) to deliver a 12 month Social Prescribing pilot.

- Wolverhampton Information Network (WIN) – Enhancement of the WIN to create a single information portal for health, social care, voluntary and community services.

- Data Sharing Agreement – City wide data sharing agreement approved to enable Integrated teams to work more effectively.

- Fibonacci – The implementation of an IT system allowing MDT members to view health and social care data.

- Link made with Housing services to enhance the relationship between hospital avoidance and discharge with housing needs.

3. BCF plan 2017 – 19

3.1 The publication of National Planning Guidance is further delayed. It is anticipated guidance will follow the General Election and subsequent Queen's speech. Submission dates have not been published and are expected within the guidance. We have, however, had sight of draft guidance and therefore the plan is being developed in line with this, in anticipation of a short turnaround time for submission following publication.

3.2 The new submission will be a two-year plan covering period 2017-19. The number of National Conditions has been reduced from 8 to 4, these being:-

- A jointly agreed plan
- National Health Service (NHS) contribution to social care is maintained in line with inflation
- Agreement to invest in NHS-commissioned out-of-hospital services
- Implementation of the High Impact Change Model for managing Delayed Transfers of Care (DToC)

Whilst we will not be measured on the remaining conditions from last year we are expected to still evidence how we are addressing them. These are:-

- Delivery of 7 day services
- Better data sharing between health and social care
- Joint approach to assessments
- Agreement on the consequential impact of the changes upon Providers

3.3 The National Performance Metrics remain the same as previous years:-

- DToC
- Reduction of Non-elective admissions
- Admissions to residential and care homes
- Effectiveness of reablement

3.4 The Pooled budget is under development. Regular meetings are being held between SRO's (Steven Marshall, Claire Skidmore, and David Watts (CWC)) and finance colleagues from both CCG and CWC. The latest iteration of the pooled budget stands at £67.1m with a 56% (CCG) and 44% (CWC) split of financial input. This includes the improved Better Care Fund (iBCF) and the additional Adults Social Care monies announced in the Spring budget of which totals £7.6 million. It should be noted that the fund includes £6.5 million representing the NHS transfer to Social Care (S256). In addition to the revenue budget the fund includes a capital grant of £2.7 million (Disabled Facilities Grant).

Once finalised, the Section 75 agreement will be developed and the pooled budget will be presented back to Governing Body.

3.5 Improved Better Care Fund (iBCF)

3.5.1 Additional funding (iBCF) was announced in the Spring budget. This additional funding was given to Councils to allocate to 3 areas.

- Ensuring local social care provider market is supported
- Meeting adult social care needs
- Reducing pressures on NHS /managing transfers of care

3.5.2 Department of Communities & Local Government (DCLG) wrote to Chief Executives on 26 May 2017 to set out the information they will require quarterly and when they expect to receive it.

3.5.3 Currently CWC have allocated approximately 29% of their funding to reducing pressures on the NHS. A list of projects has been developed and agreed at Cabinet however further work is required on the detail on delivery. The guidance states plans will be jointly agreed with Wolverhampton Clinical Commissioning Group (CCG) and that A&E delivery boards will have oversight.

4. CLINICAL VIEW

4.1. The draft plan has been circulated for comment and input CCG clinical reference group, BCF Programme Board, RWT, BCPFT

5. PATIENT AND PUBLIC VIEW

5.1. The draft plan has been circulated for comment and input to Healthwatch and to Wolverhampton Voluntary Sector Council

6. KEY RISKS AND MITIGATIONS

6.1. There is a risk that there will be extremely tight deadlines for submission of the plan, but there is a well-developed draft that will only require review and subtle amendments in order to submit.

6.2 A key risk is the content of the Pooled budget (section 75 agreements) in particular the amount of resource that the each party will put into the pool, and the level of risk that the each party will under write as a result of over / under performance

7. IMPACT ASSESSMENT

Financial and Resource Implications

7.1. The Pooled budget is currently under development and once finalised a new Section 75 agreement will be produced.

Quality and Safety Implications

7.2. Quality and Safety implications are identified on a project by project basis. Quality Impact Assessments are completed for each project.

Equality Implications

7.3. Equality implications are identified on a project by project basis. Quality Impact Assessments are completed for each project.

Legal and Policy Implications

7.4. Legal advice will be sought in the development of the Section 75 agreement and Information Governance leads are involved in the programme to ensure that relevant policies are adhered to.

Other Implications

7.5. N/A

Name: Andrea Smith
Job Title: Head of Integrated Commissioning
Date: 28th June 2017

ATTACHED:

DRAFT BCF Plan V.10

RELEVANT BACKGROUND PAPERS
Integration and Better Care Fund Policy Framework 2017-19
High Impact Change Model, Managing Transfers of Care
The Improved Better Care Fund Grant Determination 2017-18

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	**CRG**	**April 2017**
Public/ Patient View	**Health watch**	**April 2017**
Finance Implications discussed with Finance Team	**Lesley Sawrey/Claire Skidmore**	**Ongoing throughout development of Pooled budget. January 2017 - present**
Quality Implications discussed with Quality and Risk Team	**Steven Forsyth**	

Equality Implications discussed with CSU Equality and Inclusion Service	**Juliet Herbert**	
Information Governance implications discussed with IG Support Officer	**Applicable for individual projects**	
Legal/ Policy implications discussed with Corporate Operations Manager	**Peter McKenzie**	
Other Implications (Medicines management, estates, HR, IM&T etc.)	**Mike Hastings (estates)**	
Any relevant data requirements discussed with CSU Business Intelligence		
Signed off by Report Owner (Must be completed)	**Andrea Smith**	**28th June 2017**

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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	a. Ensure on-going safety and performance in the system 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
2. Reducing health inequalities in Wolverhampton	a. 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 b. Deliver new models of care that support care closer to home and improve management of Long Term Conditions 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
3. System effectiveness delivered within our financial envelope	a. Proactively drive our contribution to the Black Country STP 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. b. Greater integration of health and social care services across Wolverhampton 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.' c. Continue to meet our Statutory Duties and responsibilities 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 d. Deliver improvements in the infrastructure for health and care across Wolverhampton 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.