

WOLVERHAMPTON CCG

Governing Body
10th October 2017

Agenda item 8

TITLE OF REPORT:	Better Care Fund Programme 2017-2019 Plan
AUTHOR(S) OF REPORT:	Andrea Smith
MANAGEMENT LEAD:	Steven Marshall
PURPOSE OF REPORT:	<ul style="list-style-type: none"> To update Governing Body on the submission of the Wolverhampton BCF 2017-19 plan and feedback received to date. To inform Governing Body of progress in the development of a Risk Share and subsequent Section 75 agreement for the BCF Pooled budget.
ACTION REQUIRED:	<input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	Public
KEY POINTS:	<ul style="list-style-type: none"> BCF plan was submitted on deadline of 11th September. Due to requests from NHSE to revise the DTOC trajectory, subsequent discussions were held with City of Wolverhampton Council and Royal Wolverhampton Trust, and in agreement with NHSE a further version of the plan was submitted on 13th September 2017. Early feedback is that the following Stage 1 assurance the recommendation is that the plan is "Approved". We now have to wait for national assurance and feedback. Discussions are ongoing with City of Wolverhampton Council with regard to the Risk Share agreement to support the Pooled budget.
RECOMMENDATION:	<ul style="list-style-type: none"> That Governing Body receive the final version of the BCF Plan 2017-19, noting the change to the DTOC trajectory. That discussion takes place regarding the direction of travel of the Risk Share agreement.
LINK TO BOARD	[Outline how the report is relevant to the Strategic Aims and objectives in the Board Assurance Framework – See Notes for



ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	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 with the Final Version of the Wolverhampton BCF Plan 2017-19 (attached). The plan was submitted on the deadline of 11th September however due to requests from NHSE to revise the DTOC trajectory a further version was submitted on 13th September 2017 (with agreement from NHSE).
- 1.2. Early feedback from the regional team is that the Plan was considered “Strong” during Stage 1 Assurance and the recommendation to the national team is that it is “Approved”. Whilst there were a couple of potential areas that we may be asked for clarification on it was not thought they were of concern enough to warrant conditions being attached to the approval.
- 1.3. The report also seeks to provide information regarding Risk Share and Section 75 agreement 2017-19 to support the BCF Pooled budget.



2. Revised DTOC Target

2.1. In July NHSE published DTOC targets with a recommendation that each area had to submit a trajectory to meet the target by November 2017. Many Local Authority areas expressed some anxiety around the short timeframe expected to deliver the target and raised their concerns with both NHSE and the Local Government Association (LGA). Following discussions between WCCG, CWC and RWT, in Wolverhampton we submitted a trajectory that met the NHSE target by March 2018, articulating a pragmatic approach that all parties felt was achievable. This trajectory is shown below:-

Selected Health and Well Being Board:												
Wolverhampton												
Data Submission Period:												
2017-18												
DTOC Metric Plans												
<< Link to the Guidance tab												
Delayed Transfers of Care												
	17-18 plans											
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
NHS attributed delayed days	0.0	0.0	0.0	286.7	258.0	258.0	250.8	254.1	262.6	262.6	237.2	262.6
NHS Walsall CCG				10.0	9.0	9.0	9.0	8.9	9.2	9.2	8.3	9.2
NHS Wolverhampton CCG				268.1	241.3	241.3	234.1	237.6	245.5	245.5	221.7	245.5
Select any additional CCGs (if required)												
NHS Dudley CCG				4.0	3.6	3.6	3.6	3.6	3.7	3.7	3.3	3.7
NHS South East Staffs and Seisdon Peninsular CCG				4.6	4.1	4.1	4.1	4.1	4.2	4.2	3.8	4.2
Social Care attributed delayed days				330.9	304.5	279.2	256.0	234.8	215.3	197.4	181.0	166.0
Jointly attributed delayed days				63.0	63.0	63.0	63.0	67.5	69.8	69.8	63.0	65.2
Total Delayed Days	0.0	0.0	0.0	680.6	625.5	600.2	569.8	556.4	547.7	529.8	481.2	493.8
Population Projection (SNPP 2014)	198,684	198,684	198,684	198,684	198,684	198,684	198,684	198,684	198,684	199,465	199,465	199,465
Delayed Transfers of Care (delayed days) from hospital	0.0	0.0	0.0	342.6	314.8	302.1	286.8	280.0	275.6	265.6	241.2	247.6



2.2. Ahead of the BCF Plan submission on the 11th September the CCG was contacted by NHSE and advised to revise the trajectory in order to meet the November deadline. Following discussions with NHSE, RWT and CWC colleagues the trajectory was amended.

2.3. The revised trajectory is shown below:-

Delayed Transfers of Care												
17-18 plans												
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
NHS attributed delayed days	0.0	0.0	0.0	286.7	258.3	235.1	214.9	191.6	208.8	226.7	249.8	262.7
NHS Walsall CCG				10.0	9.0	9.0	9.0	8.9	9.2	9.2	8.3	9.2
NHS Wolverhampton CCG				268.1	241.6	218.4	198.2	175.0	191.7	209.6	234.4	245.6
Select any additional CCGs (if required)												
NHS Dudley CCG				4.0	3.6	3.6	3.6	3.6	3.7	3.7	3.3	3.7
NHS South East Staffs and Seisdon				4.6	4.1	4.1	4.1	4.1	4.2	4.2	3.8	4.2
Social Care attributed delayed days				330.9	304.5	279.2	256.0	234.8	215.3	197.4	181.0	166.0
Jointly attributed delayed days				63.0	63.0	63.0	63.0	67.5	69.8	69.8	63.0	65.2
Total Delayed Days	0.0	0.0	0.0	680.6	625.8	577.3	533.9	493.9	493.9	493.9	493.9	493.9
Population Projection (SNPP 2014)	198,684	198,684	198,684	198,684	198,684	198,684	198,684	198,684	198,684	199,465	199,465	199,465
Delayed Transfers of Care (delayed days)	0.0	0.0	0.0	342.6	315.0	290.6	268.7	248.6	248.6	247.6	247.6	247.6

2.4 As Managing Transfers of Care is a condition (National Condition 4) within the Better Care Fund Programme, a multi organisation Task and Finish Group has been set up to manage the implementation of the 8 High Impact Changes aligned to the Condition. The 8 High Impact changes are:-

- Early Discharge Planning
- Systems to monitor patient flow



- Multi-disciplinary, multi-agency discharge teams (inc. voluntary and community sector)
- Home First Discharge to Assess
- Seven Day Services
- Trusted Assessors
- Focus on choice
- Enhancing health in care homes

Delivery of these high Impact Changes is seen to be the key mechanism through which the DTOC targets will be achieved. Progress will be reported to BCF Programme Board and A&E Delivery Board.

3. Risk Share Agreement

- 3.1 The content of the Pooled budget has been agreed for 2017/18 at £69.208m, this is broken down as demonstrated in the table below:-

Work streams	CCG Funded services £k	Council Funded services £k	Total Services £k
Adult Community Services (Note: includes iBCF Funding within Council Funded services)	28,586	25,828	54,414
Dementia	2,627	282	2,909
Mental Health	5,313	2,810	8,123
CAMHS	739	345	1,084
Ring Fenced Capital Grants – DFG	0	2,678	2,678
Total	37,265	31,943	69,208
Care Act Funding	713		713

- 3.2 Discussions are ongoing with regard to the Risk Share agreement that supports the BCF Pooled Budget.
- 3.3 Regular meetings are being scheduled between Steven Marshall, Director of Strategy and Transformation and Tony Gallagher, Director of Finance WCCGG with colleagues at CWC to reach an agreement ahead of the submission date of 30th November 2017.

4. CLINICAL VIEW



- 4.1. The plan was circulated for comment and input to CCG clinical reference group, BCF Programme Board, RWT and BCPFT

5. PATIENT AND PUBLIC VIEW

- 5.1. The plan was circulated for comment and input to Healthwatch and to Wolverhampton Voluntary Sector Council

6. KEY RISKS AND MITIGATIONS

- 6.1 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: 25th September 2017

ATTACHED:

Final BCF Plan
DTCO Trajectory
BCF Planning Template

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	Throughout the development of the plan
Public/ Patient View	Health watch	Throughout the development of the plan
Finance Implications discussed with Finance Team	Lesley Sawrey/Tony Gallagher	
Quality Implications discussed with Quality and Risk Team	Steven Forsyth	June 2017
Equality Implications discussed with CSU Equality and Inclusion Service	Juliet Herbert	June 2017
Information Governance implications discussed with IG Support Officer	Applicable for individual projects	
Legal/ Policy implications discussed with Corporate Operations Manager	Peter McKenzie	June 2017
Other Implications (Medicines management, estates, HR, IM&T etc.)	Mike Hastings (estates)	June 2017
Any relevant data requirements discussed with CSU		



Business Intelligence		
Signed off by Report Owner (Must be completed)	Andrea Smith	

