Health and Wellbeing Together
16 October 2019

Report title	Better Care Fund 2018-2019 Annual Report
Cabinet member with lead responsibility	Councillor Jasbir Jaspal Public Health and Wellbeing
Wards affected	All wards
Accountable director	John Denley, Director of Public Health
Originating service	People Commissioning Team
Accountable employee	Jessica Timmins Commissioning Officer Tel. 01902 558267 E-mail Jessica.Timmins@wolverhampton.gov.uk
Report has been considered by	Adult Services Leadership Team meeting 17 September 2019 Public Health Leadership Team 24 September 2019

Recommendation for action:

Health and Wellbeing Together is recommended to:

1. Receive an update on the progress made towards delivery of the Better Care Fund programme during 2018-2019.

1.0 Purpose

1.1. This report provides the Health and Wellbeing Together Board with an update on the progress made towards delivery of the Better Care Fund programme during 2018-2019.

2.0 Background

2.1 The Better Care Fund programme is a Government initiative that encompasses the NHS and local government and seeks to integrate health and care services, so that people can manage their own health and wellbeing and live independently in their communities for as long as possible.

2.2 The Better Care Fund programme encourages integration by requiring Clinical Commissioning Groups and local authorities to enter into pooled budgets arrangements and agree an integrated spending plan. The improved Better Care Fund is a local government grant that is included in the pooled budget.

2.3 During 2018-2019, Wolverhampton partners continued to work closely together to successfully deliver the Better Care Fund Plan and vision for integration in the City.

2.4 Robust partnership governance arrangements continue and keep delivery of the plan on track. These include four work streams covering mental health, Child and Adolescent Mental Health Services (CAHMS), adults and community and dementia.

3.0 Better Care Fund performance metrics

3.1 The Better Care Fund programme performance metrics are as follows:

- Delayed Transfers of Care (DToC)
- Non-elective admissions
- Admissions to care homes
- Effectiveness of re-ablement.

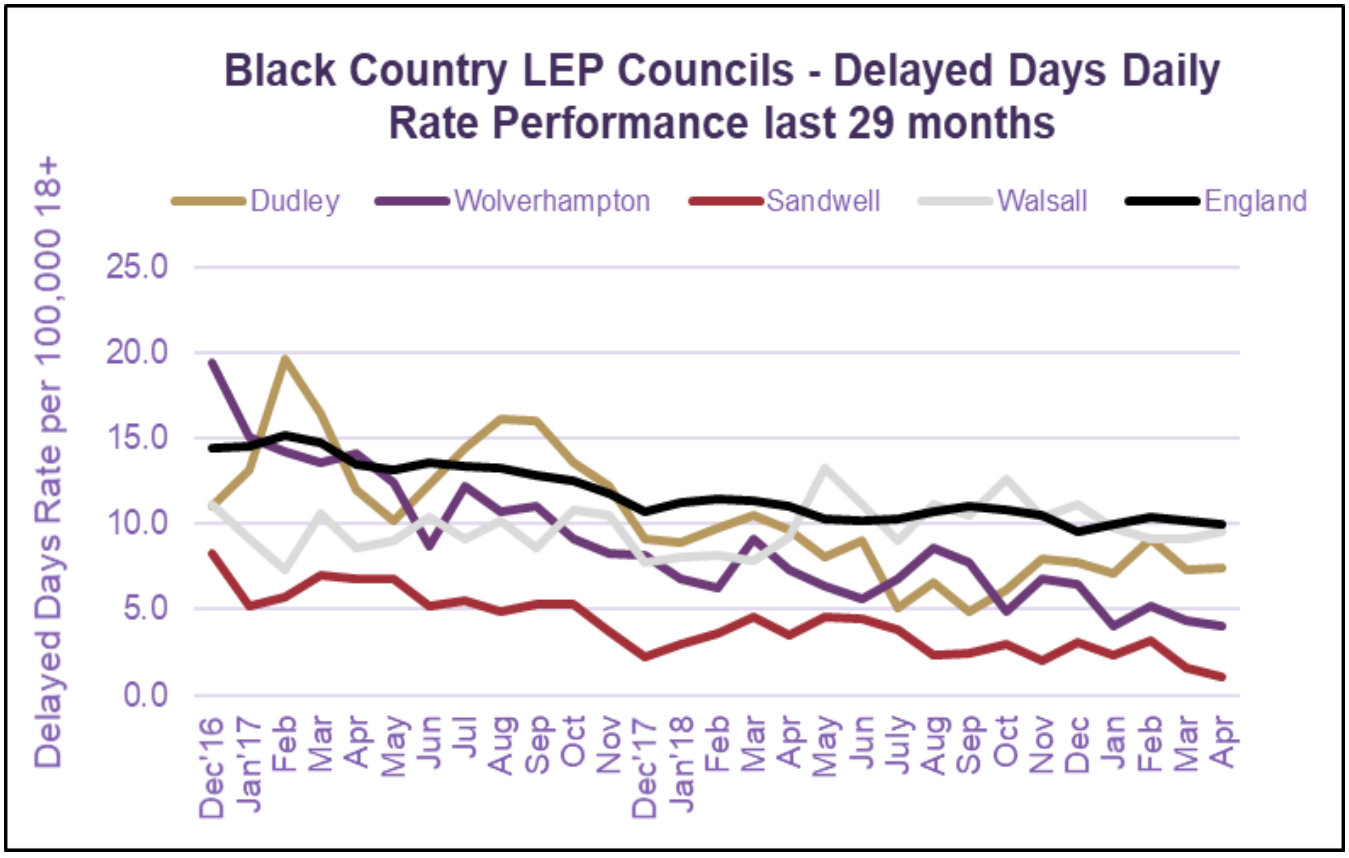
3.2 Each quarter, the Wolverhampton Clinical Commissioning Group (CCG) and the Council produce a joint performance report for NHS England. The report includes progress towards achieving the target set for each of the performance metrics.

DToC

3.3 At the end of 2018-2019, Wolverhampton's DToC performance ranked joint 18th out of 151 single tier and county councils in England. This is the highest position ever reached by the City. The table in appendix 1 shows the national ranking of daily DToC rates per 100,000 population aged 18 and over in March 2019.

3.4 The outturn of 6.21 delays per day (per 100,000 18+ population) was below the NHS England expectation of 7.4. The table below shows Wolverhampton's delays per day rate

performance over the last 29 months (December 2016 to April 2019) compared to neighbouring local authorities and England as a whole.



3.5 The table below shows the daily delays rate by month (from April 2018 to March 2019) at local, regional, national and at the Chartered Institute of Public Finance and Accountancy (CIPFA) comparator group level during 2018-2019.

Daily delays rate by month per 100,000 population aged 18 and over during 2018-2019

	2018									2019		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Wolverhampton	7.5	6.4	5.7	6.9	8.7	7.8	4.9	6.8	6.4	4.1	5.2	4.4
CIPFA group	9.2	9.5	8.7	8.5	9.8	10.2	10.3	9.2	9.4	9.6	10.3	10.3
West Midlands	13.6	12.3	12	11.9	12.3	12.1	11.7	12.1	9.9	11.6	12.5	12.1
England	11.1	10.3	10.3	10.4	10.8	11.1	10.9	10.5	9.5	10	10.4	10.2

3.6 The reasons for delayed transfers of care from the Royal Wolverhampton NHS Trust were as follows:

- Arrangement of a package of care at home (26.6%)
- Move to a residential home (19.7%)
- Completion of an assessment (19.5%)

- Move to a nursing home (10.8%)
- Patient and family choice (9.0%)
- Move to further, non-acute NHS service (7.5%)
- Provision of community equipment (6.5%)
- Accessing public funding (0.4%).

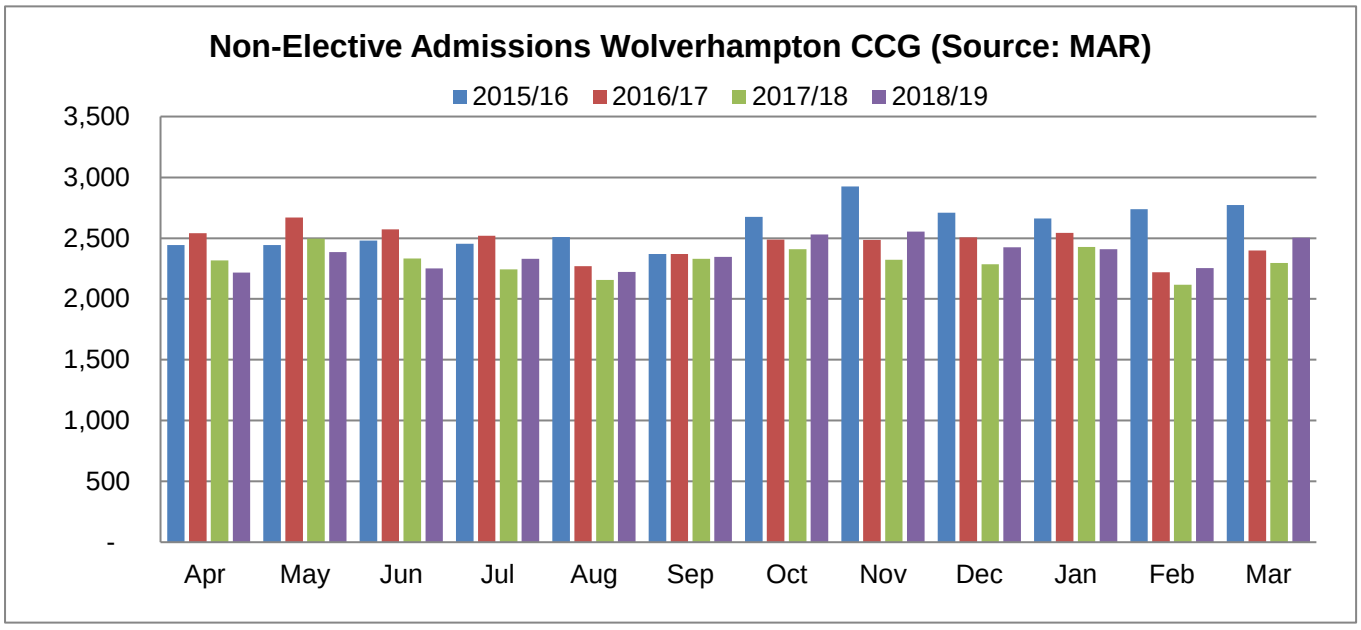
Non-elective admissions

3.7 The delivery of the Better Care Fund programme including the development of admission avoidance, re-design of community services, additional re-ablement services and step-up beds have contributed positively to the reduction of non-elective admissions.

3.8 The 2018-2019 performance target was 29,613 non-elective admissions. To meet or exceed this target, the number of non-elective admissions needed to be equal to or less than 29,613.

3.9 The number of non-elective admissions during 2018-2019 was 28,424 which exceeded the target by 1,189 (4%). This positive result means that the number of unplanned admissions to hospital was lower than the target.

3.10 The graph below shows the number of non-elective admissions in Wolverhampton by month (April 2015 to March 2019).



Admissions to care homes

3.11 The 2018-2019 performance target was 260 permanent admissions to care homes (older people aged 65 and over). To meet or exceed this target, the number of permanent admissions to care homes needed to be equal to or less than 260.

3.12 In 2018-2019, there were 341 permanent admissions to care homes which was 81 (31%) greater than the target. The table below shows the number of permanent admissions to care homes from April 2016 to March 2019.

	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year total
2016-2017	34	35	38	35	34	30	22	32	34	28	31	32	385
2017-2018	25	28	21	15	19	25	29	23	23	26	23	26	283
2018-2019	27	30	33	21	21	27	31	24	34	27	23	43	341
Target per month	21.7	21.7	21.7	21.7	21.7	21.7	21.7	21.7	21.7	21.7	21.7	21.7	260

Effectiveness of re-ablement

3.13 The effectiveness of re-ablement is measured using the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into re-ablement/rehabilitation services. It is calculated once a year and is made available each October as part of the Short- and Long-Term Support (SALT) return to the Department of Health.

3.14 The 2017-2018 performance target was 85.7%. To meet or exceed this target, the percentage of older people still at home needed to be equal to or greater than 85.7%.

3.15 In 2017-2018, 78.5% of older people (65 and over) were still at home 91 days after discharge from hospital into re-ablement/rehabilitation services. Therefore, the performance target was not met. However, this was an improvement on the 2016-2017 outturn of 74.5%. The improvement was partly due to changes in counting methodology from 2017-2018 that enabled NHS re-ablement activity to now be included.

4.0 The improved Better Care Fund

4.1 The improved Better Care Fund plan focuses on the following five areas:

- Home first discharge to assess plus
- Home first re-ablement
- Demand management
- Minimum adult social care funding level/stabilisation of the social care market
- Increasing choice and control for people.

4.2 To achieve the plan, the following additional services have been funded and successfully implemented:

- Extra care housing based step-down flats for re-ablement
- Rapid Response service
- Admission avoidance/step-down service
- Community re-ablement service (additional capacity)

- Step-down for assessment beds

Extra care housing based step-down flats for re-ablement

4.3 Six apartments at extra care housing scheme Showell Court are used for the delivery of occupational therapy led re-ablement to six people at any one time. The service is available to adults aged 55 and over who:

- are residents of the City of Wolverhampton.
- have been assessed by a health or social care professional as having the potential for re-ablement.
- can mobilise a distance of at least five meters (with or without aids).
- have re-ablement needs that cannot be met at home by community based re-ablement services.
- have the potential to reach their identified and agreed outcomes and goals within a target of one to two weeks but up to six weeks.
- can follow verbal and/or physical prompts in order to be supported to follow an agreed re-ablement plan.
- can live safely in between support sessions, either independently or with family/informal support, specialist equipment or assistive technology services in place as appropriate.
- have diagnosed dementia and can demonstrate the ability to carry over their re-ablement outcomes to enable a successful move on from the service.

4.4 In 2018-2019, 27 people accessed the re-ablement service. A detailed audit is now being undertaken to understand why fewer people than expected received the service and why the length of stay of people who did access the service was longer than expected.

Rapid Response service

4.5 The Rapid Response domiciliary care service is a chargeable seven-day domiciliary care service that supports Wolverhampton residents to avoid hospital admission or move out of hospital whilst waiting for further assessment. Unless there is a medical need for someone to be admitted to or remain in hospital, the Rapid Response Service supports people to return home by providing immediate access to domiciliary care and ensures that decisions about long term care are not made when a person is in crisis.

4.6 The outcomes of the service are to:

- rapidly respond to admission avoidance referrals
- reduce the number of short-stay admissions
- improve patient flow along the emergency care pathway
- accelerate therapy-led discharges so that patients receive care closer to home
- bring financial benefits to the local health and care economy at large.

4.7 The Rapid Response service is delivered under contract with City of Wolverhampton Council by two private domiciliary care service providers.

4.8 During 2018-2019, 336 people accessed the Rapid Response service with the outcome being that the support they received reduced the length of time spent in hospital and/or prevented admission to short stay residential care.

Admission avoidance/step down service

4.9 The admission avoidance/step-down service offers a safe and responsive service to older or vulnerable people who attend the Accident and Emergency department at Royal Wolverhampton Hospitals Trust (RWHT) to avoid hospital admission when the person does not have a medical need to be admitted (admission avoidance).

4.10 The objectives of the service are to:

- remove the need for avoidable admissions to hospital
- respond to a referral and provide a service in four hours
- enable statutory services to undertake assessments within seven days
- support people in a re-abling way.

4.11 During 2018-2019, 28 adults were admitted to admission avoidance beds.

Community re-ablement service (additional capacity)

4.12 The aim of community re-ablement is to deliver short-term, time limited reablement to people aged 18 and over who have been assessed and demonstrate the potential to benefit from home care re-ablement**.**

4.13 The service approach must be one of enabling clients, to:

- Prevent avoidable hospital admission
- Reduce/delay admission to residential care
- Facilitate safe discharge from hospital or other bed-based facility
- Maintain or improve levels of independence.

4.14 Community re-ablement is delivered by the Council's Home Assisted Re-ablement Programme (HARP) team with additional capacity commissioned under contract from two private providers.

4.15 In 2018-2019 a total of 907 episodes of home based re-ablement were delivered; 776 by the HARP team and 131 (additional capacity) by the private providers. Ninety-one days after the service ended, of those people who received the service from the HARP team, 65% received no further services, 22% received community care, 8% were readmitted to hospital and 5% deceased. Of those people who received the service from the two private providers, 76% received no further services, 14% received community care and 10% deceased.

Step-down for assessment beds

4.16 The Council commissions 11 beds to provide seven-day step-down provision in a residential care home setting to support timely discharge of people from hospital to allow

further assessments to be carried out away from a hospital setting. This supports the ethos of no decisions being made whilst people are in crisis.

4.17 Eight step-down beds are commissioned under block contract from two private residential care providers. In December 2018 three additional beds were provided at the Council's Bradley Resource Centre bringing the total capacity to 11.

4.18 In 2018-2019 there were 150 referrals for seven-day step-down beds. 105 of these resulted in placements being made with 45 referrals stopped due to clients not being medically fit or rejecting the placement and going home.

4.19 iBCF funded services continue to enable improved health and social care outcomes for Wolverhampton's population. A review of the additional services commissioned for 2018-2019 has been carried out. The findings of that review will be formally reported to the BCF Board on 3 October 2019 and once approved, will inform future commissioning activity. Funding for future commission activity needs to be established otherwise additional services will end.

5.0 Financial implications

5.1 The 2018-2019 pooled revenue budget was £65.0 million, £28.4 million of which was a contribution from City of Wolverhampton resources and £36.5 million from Wolverhampton CCG. The Council's contribution includes the improved Better Care Fund and the additional Adults Social Care monies announced in the Spring 2018 Budget which totalled £10.4 million. It should also be noted that the fund included £6.6 million representing the NHS transfer of Social Care (Section 256). In addition to the revenue budget the fund included a capital grant of £2.9 million (the Disabled Facilities Grant).

5.2 The S.75 agreement also details the risk sharing arrangements for any overspend or underspend of the pooled fund. This includes a cap on the exposure of each partner to the others overspend in the revenue pooled fund. The improved Better Care Fund monies, Care Act monies and capital expenditure (Disabled Facilities Grant) are excluded from the cap and are held 100% by the City Council.

5.3 The reported overspend on the revenue pooled budget for 2018-2019 was £1.1 million. This overspend was shared in line with the risk sharing arrangements with £800,000 for the CCG and £300,000 for the City Council. The overspends were above each organisation's cap, meaning no transfer of funding was required. [AS/11092019/Z]

6.0 Legal implications

6.1 A Section 75 agreement is in place for the delivery of the BCF plan 2017-2019. [TS/12082019/Q]

7.0 Equalities implications

7.1 Equality analyses have been carried out at work stream level. Individual projects within each work stream have been subject to equality analysis which has identified any equality implications.

8.0 Climate Change and Environmental implications

8.1 The climate change and environmental implications of individual projects within each work stream are identified on an on-going basis.

9.0 Human resources implications

9.1 The human resources implications of individual projects within each work stream are identified on an on-going basis.

10.0 Corporate Landlord implications

10.1 The Better Care Fund programme has an Estates Task and Finish Group that considers Corporate Landlord implications on an on-going basis.

10.2 In accordance with the Better Care Fund programme, the first co-location of health and social care teams has been implemented in the south west area of the City. The teams are co-located in accommodation at the University of Wolverhampton Science Park. This is being used as a pilot with an intention of co-locating teams in the south east and north areas of the City in the future.

11.0 Health and wellbeing implications

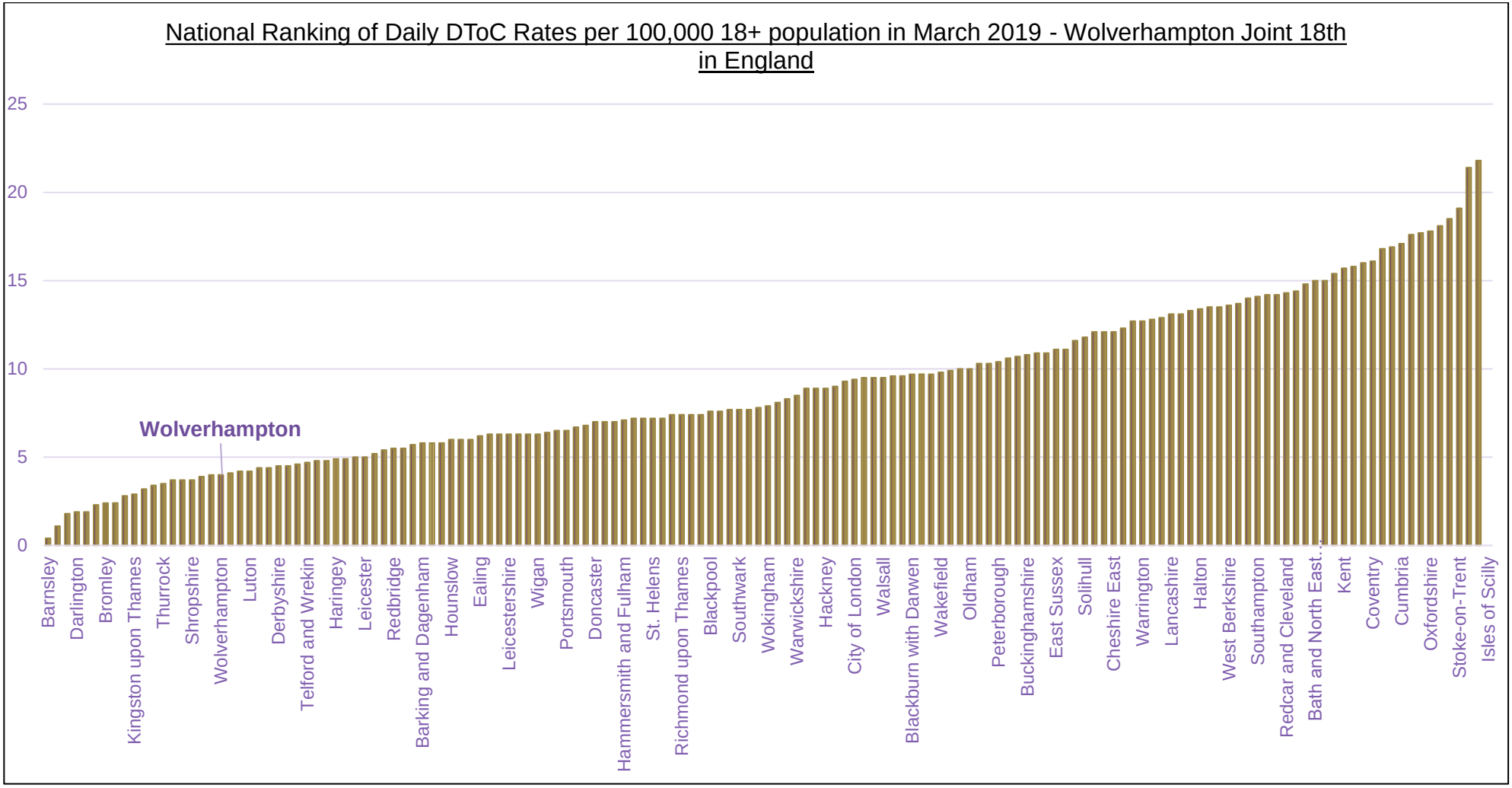
11.1 The Better Care Fund programme seeks to integrate health and care services, so that people can manage their own health and wellbeing and live independently in their communities for as long as possible, and therefore promotes health and wellbeing.

12.0 Appendices

12.1 Appendix 1 - Table showing the national ranking of daily DToC rates per 100,000 population aged 18 and over in March 2019 in England.

Appendix 1

Table showing the national ranking of daily DToC rates per 100,000 population aged 18 and over in March 2019



This report is PUBLIC
[NOT PROTECTIVELY MARKED]