



Health and Wellbeing Board

28 June 2017

Report title	Better Care Plan 2017/18	
Cabinet member with lead responsibility	Cllr Roger Lawrence Leader of The Council	
Accountable director	David Watts, Service Director - Adults (City of Wolverhampton Council)	
	Steven Marshall, Transformation and Strategy Director (Wolverhampton Clinical Commissioning Group)	
Originating service	People	
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Report has been considered by	Leaders Briefing People Leadership Team (PLT)	26 June 2017 12 June 2017

Recommendation(s) for decision:

Health and Well-Being Board is recommended to:

1. To note progress made during 2016-17 of the BCF programme.
2. To approve the BCF draft narrative plan 2017-19.

1.0 Purpose

- 1.1 To advise Health & Wellbeing Board of the progress made during 2016-17.
- 1.2 Approve the BCF draft narrative plan 2017-19 noting this may be subject to change following national guidance.

2.0 Background

- 2.1 The publication of National Planning Guidance is further delayed. It is anticipated guidance will follow the General Election. Submission dates have not been published and are expected within the guidance.
- 2.2 The new submission will be a two-year plan covering period 2017-19. There are four National Conditions attached. Those 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)
- 2.3 National Performance Metrics reported in the following areas; -
 - DToC
 - Non-elective admissions
 - Admissions to residential and care homes
 - Effectiveness of reablement

3.0 Performance & Progress to date on financial year 2016-17

3.1 DToC

Performance has improved significantly from the 2015-16 baseline with 2,656 fewer delayed days, which represents a reduction of 18%. However, this again 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.

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.

3.2 Non-elective admissions

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.

3.3 Admissions to residential and care homes

3.3.1 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.

3.3.2 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.

3.4 Effectiveness of Reablement

3.4.1 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.

3.4.2 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.

3.5 It should be noted that continuous progress has been made in many other areas in the past 12 months, including; -

- 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. The next

phase will be to work with medium risk patients to stem the flow and dependency on acute care.

- 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 persons.
 - 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 approve 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.
- 3.6 The draft BCF narrative plan (2017-19) has been produced with new & updated work stream programmes developed as agreed by respective Senior Responsible Officers (SRO).
- 3.7 Expression of Interest for BCF Graduation has been submitted to NHS England. The panel has met and have shortlisted. A decision is currently awaited.

4.0 Better Care Fund Draft Narrative Plan 2017-19

- 4.1 The draft narrative plan (refer to appendix 1) has been developed in conjunction with 2017-19 Integration & BCF policy framework received & identified key lines of enquiry.
- The draft plan does not contain the breakdown & detail of all the National Metrics.
 - Financial information is currently in draft awaiting final agreement.
 - Following confirmation of final submission guidance and dates a final plan will be presented for final approval.

4.0 Improved Better Care Fund Quarterly Reporting Requirements

- 4.1 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.
- 4.2 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.
- 4.3 DCLG expect responses in accordance with the following timetable:
- Q1 – template to be returned by 21 July 2017
 - Q2 – template to be returned by 20 October 2017
 - Q3 – template to be returned by 20 January 2018
 - Q4 – template to be returned by 21 April 2018
- 4.4 Local authorities are required to report on progress on the iBCF via a national template. Recommendation is that the template is signed off by BCF programme board prior to submission.

5.0 Financial implications

- 5.1 The 2016-17 revenue pooled budget was set at is £56.8 million, of which £21.6 million is a contribution from Council resources and £35.2 million from the CCG. The Section 75 (S75) agreement details the risk sharing arrangements for both organisations for any over / under spends with in the pooled budget. In addition to the revenue services pooled budget also includes a capital grant (Disabled Facility Grant) amounting to £2.4 million which are managed by the council.
- 5.2 The 2016-17 provisional revenue outturn is £59.5 million, representing an overspend of £2.7 million. This overspend was shared in line with the risk sharing arrangements detailed in the S75 agreement.

- 5.3 Negotiations are still taking place and national guidance is yet to be published therefore the draft pooled budget is subject to change. The current 2017-18 draft pooled revenue budget is £67.1 million, of which £29.2 million is a contribution from Council resources and £37.9 million from the CCG. The Council's contribution includes the improved Better Care Fund 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).
[AS/14062017/U]

6.0 Legal implications

- 6.1 A Section 75 agreement is in place for the delivery of the BCF plan 2016-17. A revised Section 75 agreement with the CCG in relation to the BCF is required for 2017-18/19.
[RB/19062017/D]

7.0 Equalities implications

- 7.1 Each individual project within the work streams has identified equality implications, and a full equality impact analysis has been carried at work stream level.

8.0 Environmental implications

- 8.1 Each individual project within the work streams will identify environmental implications, such as the need to review estates for the co-location of teams and services.

9.0 Human resources (HR) implications

- 9.1 Each individual project within the work streams will identify HR implications. HR departments from both Local Authority and Acute Providers are already engaged in discussions regarding potential HR issues such as integrated working and change of base for staff.

10.0 Corporate landlord implications

- 10.1 Corporate Landlord (Estates Valuation and Disposals) meets regularly with the Task and Finish Team and is working with the Team to assist and evaluate if any of the assets within the existing NHS and Council Estate is suitable for reuse to support the BCF proposals. The BCF programme has an Estates task and finish group in place to consider accommodation options on a city-wide basis.

11.0 Schedule of background papers

Appendix 1, Wolverhampton Health & Care Economy BCF Draft Narrative Plan 2017-19 (v10).

Appendix 2, Q4 BCF Quarterly Data Collection Template.