Agenda Item No. 14

CITY OF WOLVERHAMPTON COUNCIL

Health and Wellbeing Board

29 July 2014

Report title	Better Care Fund Update	
Cabinet member with lead responsibility	Councillor Sandra Samuels Health and Wellbeing	
Wards affected	All	
Accountable director	Linda Sanders, People Directorate	
Originating service	Adult Health and Social Care	
Accountable employee(s)	Steven Marshall Tel Email	Transformation Director 01902 441 775 steven.marshall3@nhs.net
Report to be/has been considered by	BCF Programme Board Integrated Commissioning Board	15 July 2015* 15 July 2015* (*Both Boards Cancelled)

Recommendation(s) for action or decision:

1. None – information only update

Recommendations for comment:

The Health and Wellbeing Board is asked to:

1. Note the progress update provided in this report in relation to two of the Better Care Fund Workstreams – Intermediate Care and Primary and Community Care
2. Feedback comments to the report author.

1.0 Purpose

1.1 The purpose of the report is:

- To brief the Board on the development and progress of the Better Care Fund, in particular the Intermediate Care and Primary and Community Care workstreams.
- To appraise the Board of next steps
- To secure continuing support from the whole Health and Social Care Economy to facilitate the successful delivery of the Better Care Programme

2.0 Background

2.1 Following a successful submission and considerable design and planning the Better Care Fund Programme is transitioning into implementation phase. The Better Care fund has to achieve six Outcomes:-

- Reduced delayed transfers of Care
- Reduction in avoidable emergency admissions
- Reduce admissions to residential and nursing homes
- Ensure effectiveness of reablement
- Improve patient/Service user experience
- Improve dementia Diagnosis rates

There are four work streams within the Better Care Fund. This report provides an update on two of those workstreams, Intermediate Care and Primary and Community Care as requested.

3.0 Progress, options, discussion, etc.

3.1 Intermediate Care

3.1.1. Financial

Financial value of this workstream is £32,168,889
Financial efficiencies targets are £528,651 (non-elective) and £228,960 in relation to Nursing, Residential, Reablement and DTOC. Totalling £757,611.

3.1.2 Key Milestones and Progress

- The Home In Reach Team (HIT) Pilot has been operational for some time; however the BCF programme redesign will expand HIT from a five day service to a seven day service and will increase the number of homes it supports to 21. This will increase the efficiencies already demonstrated by this service.

- A joint community reablement service pilot is now operational. The Community Intermediate Care Team (CICT) and Home Assisted Reablement Team HARP are jointly triaging referrals and working together to develop joint pathways of care that will enable seamless processes for patients/service users. An evaluation of the pilot will be undertaken in October and a future action plan and workforce plan for

an integrated team will be developed. The pilot is focussing on Integrated pathways and models of delivery as opposed to organisational integration. This will enable more timely impact upon the delivery of care and subsequent efficiencies.

- An overarching service specification is being developed between health and social care colleagues to specify the joint reablement service in order to enable the formalising of the Joint Community reablement service following the pilot stage.

3.2 **Primary and Community Care**

3.2.1 **Financial**

Financial value of this workstream is £22,054,368
Financial efficiencies target are £963,007 (non-elective) and £66,250 in relation to Nursing, Residential, Reablement and Delayed Transfer of Care (DTOC), totalling £1,029,257

3.2.2 **Key Milestones and progress**

- **Community Neighbourhood teams-** This is the development of three Integrated Health and Social care teams. Core team members will be District nurses, Community matrons, Social workers and support workers all working closely with to meet the needs of individual patients and service users and carers and families. The core team will have access to specialist teams; the aim of the teams is to prevent emergency admissions by risk stratification, prevention, promoting self-management of conditions, developing personalised management plans, rapid response to patients with an urgent need. The teams will be co-located in order to enable integrated working, multi-disciplinary team meetings and joint care planning.

- **Point of Access –** This is the co-ordination of referrals and calls into the services via integrated pathways and working models. Health and social care access points will work collaboratively to ensure a seamless route into services for individuals. Health and social care will not be co-located but joint working will be achieved through regular meetings and the sharing of information.

- **End of Life -** The Rapid Discharge project at Royal Wolverhampton Hospital Trust (RWHT) has now gone live. This enables patients identified as end of life to be discharged promptly and appropriately back to their usual place of residence. This facilitates early discharge and enables the patients to die in their own home where this is their preference. The development of a hospice as a hub is underway. The project has secured funding from Macmillan to provide project management support during implementation of this project.

- **Urinary Tract Infection (UTI) Pathway –** the UTI pathway went live on the 6 July. Patients with a UTI that previously may have been admitted to hospital are now referred to the Community Matron and social care teams in order to manage the

patients in their own home. Patients who are discharged from hospital or attend Accident and Emergency (A&E) with a UTI can also be referred to the team with the aim of preventing a re-admission. The pathway is being supported by a similar project being run by West Midlands Ambulance Service enabling the hours of the scheme to be extended until 8 p.m. in the evening.

- **GP Care Homes -** A service specification and business case has been approved in principle by Clinical Commissioning Group (CCG) Commissioning Committee and is in the process of being finalised. The project will see GPs allocated to residential homes in the City with the highest admission rates. Regular ward rounds and medication reviews will be undertaken and personalised management plans put in place for residents in order to reduce the number of emergency admissions from these homes.

4.0 Financial implications

4.1 The BCF revenue pooled fund for 2015/16 is £69.6 million. Of which, £22.9 million are budget held by the Council and the balance held by the CCG. The funds includes the £6.3 million representing the NHS transfer to social care (Section 256 funding).

4.2 A significant financial risk is the delivery of the reduction of 1048 emergency admissions. This is the metric aligned to Payment for Performance (P4P). Early indications show that there was a reduction in April of 111 admissions which puts the programme above plan. However it should be recognised that this is just one months' data and therefore gives a position at a moment in time as opposed to a trend in activity.

4.3 A further risk is the pooled budget identifing efficiencies to fund the demographic growth (£2 million) and care act implementation (£964,000). The Section 75 agreement specifies the basis in which this financial risk will be shared in the event that sufficient efficiencies are not identified by the work streams. The work streams are currently modelling their plans which will identify the extent to which these efficiencies will be realised. [AS/20072015/H]

5.0 Legal implications

5.1 A S.75 agreement is in place for the delivery of the BCF plan, which was approved in December 2014.

5.2 Section 75 of the NHS Act 2006 (the "Act") allows local authorities and NHS bodies to enter into partnership arrangements to provide a more streamlined service and to pool resources, if such arrangements are likely to lead to an improvement in the way their functions are exercised. Section 75 of the Act permits the formation of a pooled budget made up of contributions by both the Council and the CCG out of which payments may be made towards expenditure incurred in the exercise of both prescribed functions of the NHS body and prescribed health-related functions of the local authority. The Act precludes CCGs from delegating any functions relating to family health services, the commissioning of surgery, radiotherapy, termination of pregnancies, endoscopy, the use

of certain laser treatments and other invasive treatments and emergency ambulance services. RB/17072015/W

6.0 Equalities implications

6.1 Each individual project within the workstreams would identify any Equality implications

7.0 Environmental implications

7.1 Each individual project within the workstreams would identify any Environmental implications, such as the need to review Estate for colocation of teams and services..

8.0 Human resources implications

8.1 Each individual project within the workstreams would identify HR implications. HR departments from both Local Authority and Acute Providers are already engaged in discussion regarding potential HR issues such as integrated working and change of base for staff.

9.0 Corporate landlord implications

9.1 Each individual project within the workstreams would identify implications

10.0 Schedule of background papers

10.1 None