

# Health and Wellbeing Board

## 30 November 2016

<b>Report title</b>	Better Care Fund (BCF):update report and 2017/18 programme	
<b>Cabinet member with lead responsibility</b>	Councillor Roger Lawrence Health and Wellbeing	
<b>Wards affected</b>	All	
<b>Accountable directors</b>	David Watts, Service Director – Adults (City of Wolverhampton Council)	
	Steven Marshall, Transformation and Strategy Director, (Wolverhampton Clinical Commissioning Group)	
<b>Originating service</b>	Adult Services	
<b>Accountable employee(s)</b>	Tony Marvell	People Directorate
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<b>Report to be/has been considered by</b>	People Directorate Management Team	21 November 2016

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### Recommendation(s) for noting:

1. To note the progress towards the delivery of the 2016/17 programme plan.
2. To note the progress towards the planning process for the 2017/18 programme.

## 1.0 Purpose

- 1.1 To advise Health and Wellbeing Board of the progress being made towards delivery of the 2016/17 programme plan, and progress towards establishing the 2017/18 programme.
- 1.2 The last report to the 19 October 2016 meeting of the Health and Wellbeing board provided a detailed update surrounding the pool fund arrangements, the Section 75 agreement, and a detailed summary of progress across the Better Care Fund projects.
- 1.3 This report provides the Health and Wellbeing Board with an update of current performance against financial plans and key indicators that are measured as part of the programme along with information and updates concerning the planning process for 2017/18.

## 2.0 Accident and Emergency admissions

- 2.1 Overall non-elective admissions show a decrease of 367 (based on data to September 2016) within Royal Wolverhampton Trust (RWT).

BCF Monitoring	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Full year
Baseline (15/16 Activity)	1990	1960	1966	1992	1833	2100	2326	2228	2161	2187	2064	2035	24842
16/17 Actual Activity - Total Emergencies	1977	1964	1970	1954	1752	1857							11474
Variance	-13	4	4	-38	-81	-243							-367
Variance (baseline v 16/17)	-1%	0%	0%	-2%	-4%	-12%							-1%
16/17 Actual Activity - All Providers Total EM	2133	2149	2139	2164	1920	2028							

- 2.2 When analysing the HRG codes (Hospital Resource Groups) the impact of the BCF programme and associated work streams has been extremely positive with a reduction of 314 admissions directly attributable to the programme, whilst this is positive, it is 370 fewer than the 684 reductions that were planned in the current year (54% below target)

BCF Monitoring	Apr	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Full year
Baseline (15/16 Activity)	572	489	476	481	495	517	595	517	556	590	469	491	6,248
16/17 Actual Activity - Total Emergencies	488	444	449	476	439	420							2716
Variance	-84	-45	-27	-5	-56	-97							-314
Variance (baseline v 16/17)	-15%	-9%	-6%	-1%	-11%	-19%							-5%

## BCF Contribution to Admission reduction

BCF Monitoring	Apr	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Full year
Baseline - 15/16 Activity	572	489	476	481	495	517	595	517	556	590	469	491	6,248
Plan Reduction	111	115	115	115	115	111	115	111	115	113	104	113	1,356
16/17 Plan following BCF reduction	461	374	361	366	380	406	480	406	441	477	365	378	4,892
Actual Activity	488	444	449	476	439	420	0	0	0	0	0	0	
Actual Savings - 15/16 Baseline minus Actual Activity	84	45	27	5	56	97							314
Variance - Revised plan minus Actual Activity	-27	-70	-88	-110	-59	-14	480	406	441	477	365	378	2,176

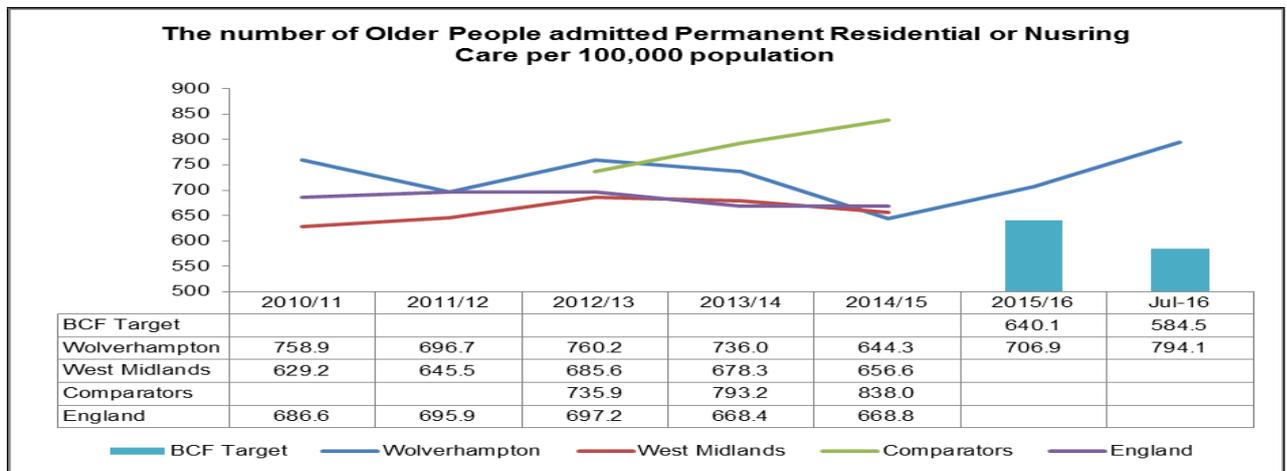
Notes:

1 From 01 April 2016, Emergency Admissions are being monitored via local Secondary Uses data (SUS) data rather than the nationally published hospital data (MAR) data that was used in 2015/16. Performance reporting shows overall admissions and performance against those HRG codes that are specifically affected by the work being undertaken by the Better Care Fund work streams.

2 Data and plans reported below reflects emergency admissions to RWT that are paid for by Wolverhampton CCG only. Admissions to other providers paid for by Wolverhampton CCG and admissions to RWT paid for by other CCG's are excluded. This means that data reported here will not fully reflect what will be reported in the quarterly returns.

### 3.0 Residential Admissions

3.1 In the 12 months up to October 2016 there were 339 admissions to permanent residential or nursing care against a target of 252 for 2016/17. This is a reduction of 15 compared with the 354 admissions in the 12 months up to the end of September. Pressures on residential and nursing admissions are under review, in particular the large amount of short term and respite placements that are made to relieve pressure on acute, which can often turn into long term residential placements.



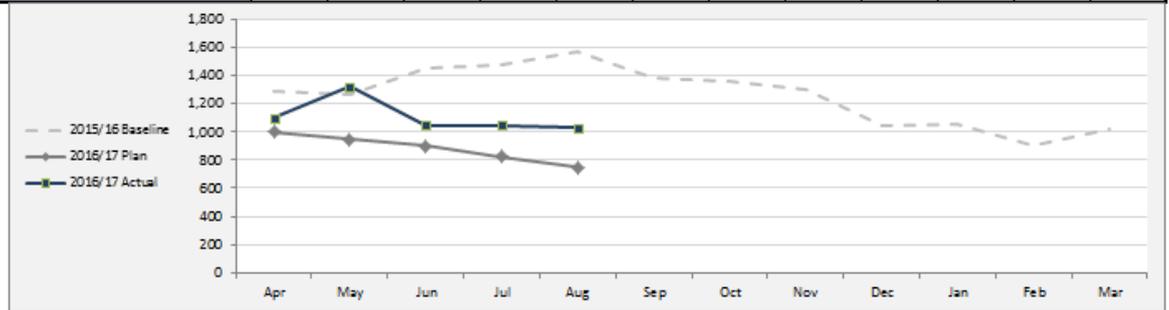
### 4.0 Delayed Transfers of Care (DTOC)

4.1 Delayed transfers of care are now being reported against the new 16/17 plan. In August there were 1031 delayed days against a plan of 750. This is significantly lower than the number of delayed days in the same period last year.

4.2 Performance is currently 25.1% (1,112) above plan for the year but 21.4% (1,511) below last year's performance in the same period.

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SUMMARY	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16 Baseline	1,290	1,261	1,454	1,472	1,571	1,380	1,360	1,301	1,042	1,050	904	1,020
2016/17 Plan	1,000	950	900	825	750							
2016/17 Actual	1,098	1,319	1,045	1,044	1,031							
Difference	+ 98	+ 369	+ 145	+ 219	+ 281							



4.3 The proportion of delays that are the responsibility of social care has fallen slightly since July (to 61% from 62%) but remains higher than when compared with 2015/16

Cause of DTOC (cumulative)	2016/17 Cumulative		2015/16 Baseline
	Number	Proportion	Proportion
NHS	1,661	30%	41%
Social Care	3,381	61%	50%
Both	495	9%	8%

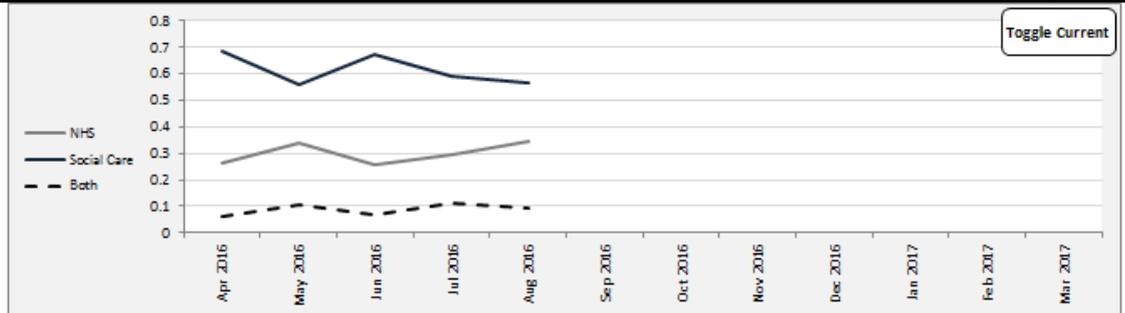
Cause of DTOC	Apr	May	Jun	Jul	Aug
NHS	286	443	271	309	352
Social Care	747	736	700	618	580
Both	65	140	74	117	99

4.4 In August the proportion of delays in the acute sector has fallen to more 'usual' levels from the spike seen in July.

Type of Care for DTOC	2016/17 Cumulative		2015/16 Baseline
	Number	Proportion	Proportion
Acute	3,133	57%	56%
Non-Acute	2,404	43%	44%

Type of Care for DTOC	Apr	May	Jun	Jul	Aug
Acute	581	673	604	750	525
Non-Acute	517	646	441	294	506

Cause of DTOC	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHS	26%	34%	26%	30%	34%							
Social Care	68%	56%	67%	59%	56%							
Both	6%	11%	7%	11%	10%							



- 4.5 The proportion of delays due to people waiting an assessment continues to decrease, whereas the proportion of delays caused by people waiting for a package of care in their own home, nursing home care or a residential placement continues to increase.

Reason for DTOC	2016/17 Cumulative		2015/16
	Number	Proportion	Proportion
Completion of Assessment	1,756	32%	41%
Patient or family choice	624	11%	17%
Awaiting package of care in own	1,113	20%	16%
Waiting Further non-NHS Acute	559	10%	9%
Housing patients not covered by	38	1%	5%
Awaiting community equipment	303	5%	5%
Public Funding	249	4%	3%
Awaiting Nursing Home	516	9%	2%
Awaiting Residential Placement or	379	7%	2%
Disputes	0	0%	2%

## 5.0 Financial implications

- 5.1 The 2016/17 revenue pooled budget is £56.7 million, of which £21.6 is a contribution from Council resources and £35.1 million from the CCG.
- 5.2 The BCF required the work streams to identify efficiencies to fund the demographic growth (£2 million).
- 5.3 The financial monitoring identified a cost pressure of £3 million across the pooled fund. This includes the £2 million demographic growth mentioned in 5.2. Based on the risk sharing arrangements in the Section 75 the forecast cost pressure for each organisation is £1.8 million for the CCG and £1.2 million for the Council. Both the CCG and CWC have the cost pressures reported and incorporated into their financial positions for 2016/17. In the event that efficiencies cannot be found to bring down the cost pressures, consideration will need to be given as to how the financial risk can be covered in future years.

## **6.0 2017/18 Programme update**

6.1 Initial clarification has now been obtained from NHS England in relation to the national forward plans for Better Care Fund. For noting the main points are:

6.1.1 The BCF Planning and Assurance process will cover the next 2 business years i.e. (both 2017/18 and 2018/19 together).

6.1.2 It is anticipated that the current Better Care fund national conditions (Seven day health and care services, data sharing, joint assessments, role of the accountable professional, protecting social care, and impact on the acute care sector) will be reduced to around 3; and that the new national conditions will focus firmly around complete social care and health integration (jointly commissioned plans, multi-disciplinary teams etc.)

6.1.3 The Better Care Fund policy framework was due to be released by NHS England on 18 November 2016, with detailed planning guidance issued approximately two weeks later i.e. on or around 02 December. The guidance has now been delayed and we await confirmation as to when this will now be released.

6.1.4 Local plans will need to be fully approved (including regional moderation) before end of March 2017. The deadline for our first and subsequent submission has not been formally communicated but is likely that we will need to deliver a first Wolverhampton submission in early January 2017.

6.2 The Senior responsible owners for the programme and programme team are in the process of a lessons learned review, and are constructing options for the content of the 2017 pooled fund, and associated governance arrangements.

## **7.0 Legal implications**

7.1 A Section 75 agreement was in place for the delivery of the BCF plan during 2015/16. A Section 75 agreement is currently being prepared for signature to cover the period 2016/17.

7.2 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 CCG's 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.

## **8.0 Equalities implications**

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

## **9.0 Environmental implications**

9.1 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.

## **10.0 Human resources implications**

10.1 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.

## **11.0 Corporate landlord implications**

11.1 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.

## **12.0 Schedule of background papers**

None