

# Health and Wellbeing Board

## 20 September 2017

<b>Report title</b>	Better Care Fund (BCF) Update Report	
<b>Cabinet member with lead responsibility</b>	Cllr Roger Lawrence Leader of The Council	
<b>Key decision</b>	Yes	
<b>In forward plan</b>	Yes	
<b>Wards affected</b>	All	
<b>Accountable director</b>	David Watts, Director of Adults Services (City of Wolverhampton Council)	
	Steven Marshall, Transformation and Strategy Director (Wolverhampton Clinical Commissioning Group)	
<b>Originating service</b>	People	
<b>Accountable employee(s)</b>	Sarah Smith	Head of Strategic Commissioning - People City of Wolverhampton Council
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<b>Report has been considered by</b>	Leaders Briefing PLT	9 August 2017 14 August 2017

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### Recommendations for noting:

The Health and Wellbeing Board is recommended to:

1. Receive an update on BCF plan submission.
2. Note the revised narrative and trajectory for Delayed Transfers of Care targets for health partners as submitted by Wolverhampton Clinical Commissioning Group.

## **1.0 Purpose**

- 1.1 To advise the Health and Wellbeing Board of Wolverhampton's final BCF plan submission, including an update on Delayed Transfers of Care (DTC) and the latest requirements set by government. The High Impact Change Model for Managing Transfers of Care, completion of the National Planning template and an update on the Improved Better Care Fund (iBCF) requirements is also included.
- 1.2 To provide a progress update on the workstreams and national metrics.

## **2.0 Background**

- 2.1 The principle aims of the BCF are to provide individuals and families in Wolverhampton with the services, methods and knowledge to help them to live longer, healthier and more independent lives no matter where they live in the city. Health and Social Care colleagues will work better together, alongside local community organisations to deliver support closer to where individuals and families live and in line with their needs.
- 2.2 Wolverhampton has agreed a set of co-produced outcomes that the BCF programme is working towards across the life-course of our population:
  - People will live healthier lives for longer and health inequalities will be reduced.
  - People will receive the care and support they require closer to where they live.
  - People will be supported to stay at home for longer, reducing reliance on residential and nursing care.
  - People will have safe and appropriate housing that positively supports long term health conditions.
  - People will be more in control of the care and support they receive through the continued development of personal budgets and individual service funds.
  - People will have one point of contact with a professional who will co-design the care plan with them. The care / support will subsequently be coordinated by a single professional on behalf of the health and social care community neighbourhood teams.
  - People will have self-care and self-management treatment plans which focus on maximising the potential for good quality independence.
  - More people will access community assets to address fundamental wellbeing issues e.g. social isolation and depression.

## **3.0 Better Care Fund Plan Submission**

- 3.1 The submission consists of both a narrative plan and a planning template that determines income and expenditure streams, national conditions and national metric targets. Submission of the Plan was made on 11 September following official published guidance and key lines of enquiries (KLOE's).
- 3.2 The most significant changes in the official guidance surround the focus on DTC and the implementation of the High Impact Change Model for Managing Transfers of Care, along with greater collaboration with housing.

- 3.3 The pooled budget has been agreed by City of Wolverhampton Council (CWC) and Wolverhampton Clinical Commissioning Group (WCCG). Discussions remain ongoing with regard to the section 75 and risk share arrangements which will be concluded by time of submission on 30 November 2017.
- 3.4 The final Better Care Fund Narrative Plan version 14 (Appendix 1) was signed off by Health and Wellbeing Board via the Chair of Health and Wellbeing Board and the Chief Executive Officer (CWC).
- 3.5 The National Planning Template (Appendix 2) has been jointly completed and submitted along with the plan as part of the submission requirements. The planning template includes confirmation of National Conditions, specific funding requirements, scheme level financial information and planning metrics for the period 2017-2019.

#### **4.0 National Conditions**

- 4.1 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 DTOC.

#### **5.0 Delayed Transfers of Care and the High Impact Change Model for Managing Transfers of Care**

- 5.1 As part of a national process a DTOC target has been set by Government for Wolverhampton across health and social care. The expectation from Government is that all areas including Wolverhampton will meet these targets by November 2017.
- 5.2 Significant work has been, and continues to be, undertaken in Wolverhampton by partners to reduce DTOC, including the implementation of a discharge to assess pathway and trusted assessments. At a system level, we have reduced delayed days per 100,000 by 43% in comparison to performance in May 2016 - 47% at a social care level over the same period.
- 5.3 Whilst there was an increase in delays in November and December 2016 we anticipate that Improved Better Care (iBCF) funded schemes, due to come on stream in the autumn, will address this subject to the additional monies being available in their entirety. Wolverhampton are positively addressing the challenge but there is a real concern expressed by the Local Authority over the timeframe of the trajectory versus the time necessary to implement and embed iBCF schemes, including legally compliant procurement approaches and lead-in-times required to commission and embed those schemes.
- 5.4 As DTOC performance data is published nearly two months behind we will need to review deliverability based on more recent data as it is published by NHSE. We have

therefore modelled a trajectory with WCCG that is based on maintaining the current positive improvement trajectory, whilst attempting to mitigate the increase in delays that we have seen during winter periods in the past. There is a risk that if the trajectory is not met and an alleged, up to 10%, financial penalty is imposed on next year's iBCF this will further damage the ability to reduce delays as new schemes to mitigate the delays may need to be scaled back or end due to insufficient funds.

- 5.5 Locally we strive to work in a collaborative way. CWC remains committed to addressing the challenge with a whole system approach, maintaining positive relationships and improving outcomes for citizens and patients within the Health and Wellbeing Board footprint. Based on the modelled trajectory it has been jointly agreed that the ambitious Social Care target set for Wolverhampton will be achieved by March 2018 and not November 2017 as this is agreed to be more realistic and achievable. WCCG have therefore set a revised NHS target to ensure that the system-level target is met by November 2017 (for DTOC trajectory see Appendix 3).
- 5.6 As part of managing DTOC, Wolverhampton in line with all other areas is required as part of national condition four of the BCF planning guidance to implement the High Impact Change Model of Care (Appendix 4). A partnership self-evaluation and action plan to move us towards exemplary has been developed and is also attached (Appendix 5). This action plan was presented to both the BCF Programme Board and the Accident and Emergency Delivery Board for ratification and governance in August. A task and finish group is in place and working on implementing a range of projects with timescales appropriate to our local priorities and relevance to the DTOC trajectory.
- 5.7 The three categories of assurance for BCF plans are:
- Approved.
  - Approved with Conditions.
  - Not Approved.

Currently, the boundary between 'Approved with Conditions' and 'Not Approved' is unclear. The conditions required if a plan is 'Approved with Conditions' are likely to require the DTOC target to be met, but it is unclear if the timescale to achieve this will be extended beyond November.

## **6.0 Improved Better Care Funding**

- 6.1 A list of projects have been jointly agreed with health colleagues and continue to be developed.
- 6.2 Local authorities are required to report on progress via completion of a national template. Recommendation is that the template is signed off by the BCF programme board prior to submission. Q2 reporting template to be returned to the Department for Communities and Local Government (DCLG) by 20 October 2017.

## **7.0 National Metrics Performance Update**

7.1 The BCF Plan sets out our ambitions to reduce DTOC. Metrics have been agreed for the following areas:

- Non-Elective Admissions.
- Admissions to Residential Care.
- Effectiveness of Reablement.

The non-elective admissions (NEL) target reduction for 2017-2018 has been set at 1,677.

The 'Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population' target has been set at 260.

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For the latest performance against the agreed metrics please see attached BCF Performance Dashboard approved by BCF Programme Board in August (Appendix 6).

Agreed plans are in place to achieve the metrics. Individual workstreams have each established a workplan of action and continue to meet regularly to monitor and review progress as well as the High Impact Change Model Action Plan that has been developed and is being overseen by BCF Programme Board and Accident and Emergency Delivery Board.

## **8.0 Workstream Updates**

8.1 Mental Health

There has been progress on developing clarity around some of the work to be delivered by the workstream. Agreement has been reached to set up a task and finish group to look at options for filling the gaps identified on the urgent care pathway - namely Integrated Mental Health Liaison, Integrated SPA and Crisis Resolution Home treatment which will include shaping proposals for co-location of health and some social work functions e.g. the statutory provision of MHA assessment.

Progress has also been made in mapping the current mental health provision in Wolverhampton with a clear specification for this work produced and initial timelines to have this mapped along with a gap analysis by the end of November 2017. This work will also contribute to the refreshing of the Mental Health Directory with links being established to assess feasibility of using WIN as the vehicle for this. Workstream members have agreed to meet fortnightly to gain some traction.

## 8.2 Adult Community Care

There has been progress with Risk Stratification (Community Matrons working with GPs to identify persons of high risk of admission and proactively manage their care). A final draft specification and shared care process has been completed and was presented to the Clinical Reference Group on 14 September 2017 for approval to pilot the new proposed service.

An evaluation report has been received for the two Step up beds at Probert Court nursing home to support admission avoidance. The CCG Board agreed in June to continue the provision for step up beds. Step up beds are commissioned for a maximum of seven days. A meeting with the existing provider has been arranged for September in order to finalise specification requirements.

Emergency Admissions to Royal Wolverhampton Hospital have reduced by 1,600 during 2016-2017. This can be attributed to the development of the Rapid Intervention Team (RITs) and the frailty consultant within A&E.

The increase in community service activity has enabled care closer to home resulting in the closure of two medical wards and one frail elderly rehabilitation ward at New Cross Hospital.

There has been a significant reduction in the requirement for intermediate care beds across the community due to care being provided closer to home and as a result of better integrated working.

## 8.3 Dementia

A Joint Strategic Needs Assessment (JSNA) is underway and is due for completion in January 2018. This is the first topic specific JSNA for dementia and will be crucial in informing the refreshed dementia strategy. An engagement plan has been produced to support this work and a variety of stakeholders have been identified as part of this process.

An evaluation of Dementia cafes has been completed. A revised model is in development. The procurement timeline has been agreed and will be tendered in April 2018.

External contractor has been commissioned and is obtaining feedback from staff in relation to the future requirements and vision for dementia support services and the city-wide hubs.

The Memory matters pilot has been extended to December 2017 using existing resources. An options appraisal is to be completed by Public Health which will inform next steps in order to embed service post December 2017.

## 8.4 Integration

Fibonacci - work continues to develop Fibonacci with detailed Social care data and we are exploring options of combining data from NHS111 and WMAS. Scoping work to assess technical feasibility has also started around feeding in Housing data with further updates following later in the year as Social Care and Mental Health feeds remain priority. Interdependencies with the LDR and development of Graphnet are being managed on an ongoing basis.

Estates – Plans are in place to develop a full specification of the requirements for the co location of the Community Neighbourhood Team(s). To assist this process a meeting of professionals from Health and Social Care took place on 7 September 2017 to scope out the interim accommodation arrangements.

## 8.5 CAMHS

Reports have been presented to the Commissioning Committee and Governance Committee for the CCG around funding a pilot project for the Emotional Mental Health and Wellbeing service to meet the CCG requirement to put in place Children and Young Persons (CYP) Improving Access to Psychological Therapies (IAPT).

## 9.0 Financial implications

9.1 The 2017-2018 draft pooled revenue budget is currently £66.5 million, of which £29.3 million is a contribution from Council resources and £37.2 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).

[AJ/11092017/K]

## 10.0 Legal implications

10.1 A Section 75 Agreement is in place for the delivery of the BCF plan 2016-2017. A revised Section 75 Agreement with the CCG in relation to the BCF is required to be in place for the financial year 2017-2018.

[RB/08092017/K]

## 11.0 Equalities implications

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

## 12.0 Environmental implications

12.1 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.

### **13.0 Human resources (HR) implications**

- 13.1 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.

### **14.0 Corporate landlord implications**

- 14.1 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 are 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.

### **15.0 Schedule of background papers**