



Health and Wellbeing Board

Date: Wednesday, 19 July 2017
Time: 4.00 pm

Venue: Committee Room 1 - Wallasey Town Hall

Contact Officer: Pat Phillips
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SUPPLEMENTARY AGENDA

6. BCF - UPDATE (Pages 1 - 14)

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BETTER CARE FUND (BCF)

11/7/17

REPORT TITLE	<i>17/19 Better Care Fund (BCF) Submission</i>
REPORT OF	<i>Jacqui Evans, WBC Andrew Cooper, CCG</i>

REPORT SUMMARY

To advise Health & Wellbeing Board members with regards to progress & current position of the BCF & the requirements for 17/19 submission.

RECOMMENDATION/S

- Board members to note contents of the report
- Board members approve 'virtual sign off' of the BCF submission, given timescales outlined

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

Health & Wellbeing Boards mandated to agree local BCF plan.

2.0 OTHER OPTIONS CONSIDERED

N/A

3.0 BACKGROUND INFORMATION

Refer to supporting report.

4.0 FINANCIAL IMPLICATIONS

S75 for pooled budget for final submission.

5.0 LEGAL IMPLICATIONS

N/A

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

N/A

7.0 RELEVANT RISKS

N/A

8.0 ENGAGEMENT/CONSULTATION

Stakeholder engagement to develop BCF plans.

9.0 EQUALITY IMPLICATIONS

N/A

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APPENDICES

REFERENCE MATERIAL

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Health & Wellbeing Board	13.02.14
Health & Wellbeing Board	25.03.14
Health & Wellbeing Board	12.11.14
Health & Wellbeing Board	15.04.15
Health & Wellbeing Board	08.07.15
Health & Wellbeing Board	11.11.15

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Better Care Fund – 17/19 Submission

Update Position

1. Executive summary:

1.1

The Better Care Fund (BCF) continues to support transformational change in Wirral. All existing schemes have been reviewed in order to identify priorities for development and potential areas for recommissioning.

Additional resource for BCF has been identified nationally, locally this equates to £8.3m for 2017/18. This additional funding will be managed in the following way:

- £5m allocated to the protection of social care
- £1.3m allocated to 'Managing Transfers of Care'
- £2m allocated to a BCF Innovation Fund

1.2

Final guidance was received 7th July 2017 (originally expected Dec 2016).

Key changes:

- DTOC metrics with local targets
- Government to review performance & progress in November
- Single stage assurance (11th September submission)

1.3

Further advice on performance metrics anticipated later in July, including detailed local requirements for quarterly Delayed Transfer of Care & objectives.

2. Current position & key messages:

2.1 Please refer to appendix 1.

2.2

BCF plans must continue with a strong and developing focus on:

- Housing
- Disabled Facilities Grant
- Carers
- Integrated Personal Commissioning (IPC's) (Expected to be in use for 50% of footprints by 2019, for approx. 5% population)
- Enhanced Health in Care homes
- Delayed Transfers of Care

3. Funding Requirements

3.1

Following the budget announcement relating to increased funding for social care, the national guidance also includes specific reference to the ‘Improved Better Care Fund’. This stipulates how the additional resource, channelled via existing BCF arrangements, needs to be utilised as follows:

Grant paid to a local authority under this determination may be used only for the purposes of meeting adult social care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and ensuring that the local social care provider market is supported.

3.2

The Government has made clear that part of this funding is intended to enable local authorities to quickly provide stability and extra capacity in local care systems. Local authorities are therefore able to spend the grant, including to commission care, subject to the conditions set out in the grant determination, as soon as plans have been locally agreed. The funding will remain within local government to be used for Adult Social Care.

3.3

In addition, NHSE have also stipulated the following:

- The BCF must be transferred into one or more pooled funds established under section 75 of the NHS Act 2006; and
- A requirement that Health and Wellbeing Boards jointly agree plans for how the money will be spent, with plans signed-off by the relevant local authority and Clinical Commissioning Group.

3.4

Additional funding for Wirral equates to £15m over 5 years but is weighted to year 1 meaning a total of £8.3m is available for 2017/18

3.5

This additional funding, through discussion and agreement with the BCF Board, will be managed in the following way locally in year 1:

- £5m allocated to the protection of social care – this will provide additional capacity in the care market
- £1.3m allocated to ‘Managing Transfers of Care’ – this will predominantly support smooth discharge from hospital providing additional capacity for ‘Discharge to Assess’ provision and ‘Home First’, allowing patients to be more appropriately assessed outside of the acute environment and improving patient flow through the system
- £2m allocated to a BCF Innovation Fund

3.6

A bidding process has been developed for providers and commissioners within the system to apply for funding for innovative, sustainable schemes that will support delivery of the BCF requirements. Bids will be reviewed against specific criteria with final approval at BCF Board (the financial schedule in Appendix 2 shows indicative expenditure only against the innovation fund based on bids received).

4. Timeline:

- 17th July – planning requirements for BCF allocated
- W/C 10th July – planning return to be circulated
- 21st July – local areas to confirm draft DTOC metrics
- 11th September – BCF submission for Health & Wellbeing Board
- 11-25th September – scrutiny of BCF plans by regional assurers
- W/C 25th September – regional moderation
- W/C 6th October – Approval letter, formal permission to spend
- W/C 10th October – escalation panels for plans ‘not approved’
- 31st October – deadline for plans, rated as approved with conditions to submit updated plans.
- 30th November – section 75 agreements to be signed & in place
- November – government will consider a review of 18/19 allocations of IBCF for areas poorly performing.

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Wirral BCF Headlines 2016/17

Health & Well-Being Board

The BCF continues to support transformational change in Wirral. Whilst there has been significant progress and achievement across the economy, financially Wirral remains in a challenging position. This winter has seen unprecedented pressure on A & E departments & acute hospitals. Whilst the acute pressures have been felt nationally, Wirral has also experienced challenges since the summer in its domiciliary market, with key providers leaving the market. Whilst this is now stabilising, this has not helped the situation. Key learning has been taken from the challenging winter and there is a real commitment to develop different models & approaches at pace, to deliver a sustainable system and to be able to flex to meet winter demand, as a whole economy.

In addition the number of people admitted have higher acuity, so those that need to be admitted are costing more & needing more ongoing support.

This has inevitably placed a real challenge on the system to ensure sustainability moving forwards and has required us to have challenging conversations with providers as to where we might be able to:

- deliver more efficiently
- reduce or decommission schemes.
- redesign and transform services.

It is the commissioning intention for 17/19 to revert to PbR with the main NHS acute provider which will support efficiency where care can be delivered out of hospital. (Payment by Results (PbR) is the payment mechanism used by the NHS to pay for care; most hospital care is paid for in this way). There is agreement to adopt the HRG4 + tariff, which weights cost more towards non-elective care.

All Wirral Partners contribute to Urgent Care Group

1.5% BCF Achieved (March 16/17)

Increase in Non-Elective Admissions



2.0%



Increase in A&E Attendances



0.8%



1417 admissions avoided by Rapid Community Response

342 admissions avoided by OPAT (IV Antibiotics) service

Estimated **112** admissions avoided by Street triage Service

13.14% more admissions for patients aged 65 plus

Reduction in Walk in Centre Activity



-5.43%



Reduction in alcohol related admissions



-0.96%



Reduction in Out of Hours Activity



-11.79



Going Forward in 17/19

BCF 17/19 priorities will support the sustainability of Health & Social Care in Wirral driving integration, moving towards an accountable care system. Key priorities:

- Drive integration & develop a robust, responsive and flexible 7 day community offer
- Better Health, Better Care, Better Value
- Support 5 year forward view (Accountable care system) in line with sustainable transformation plan (STP)
- Support wider system redesign

The BCF plan 17/19 will build on recent successes. The focus is to scale up the most successful schemes and develop new:

- Rapid Community scheme to include dementia crisis response
- Green car—expansion of hours (16 hours a day x7 days)
- Ensuring GP's and neighbourhood teams have immediate access to the wrap around community support (Rapid Community service)
- Investment in Re-Ablement, domiciliary support & mobile nights

17/19 National Conditions:

- Plan jointly agreed at Health & Wellbeing Board, engaging & involving all stakeholders
- Ring fenced, minimum contribution for maintenance for Social Care same as 16/17 & 1.8% inflation)
- Ring fenced minimum amount for out of hospital commissioned services
- Managing and reducing transfers of care—implement high impact change model
- IBCF funding to be jointly agreed
- Engage & involve all stakeholder organisations



Performance Metrics

Spending needs to evidence improvement in performance on the following 4 metrics:

- Delayed Transfers of Care (DTOC)
- Non-elective admissions
- Admissions to residential/nursing homes
- Effectiveness of Re-Ablement

Considerations for BCF Planning:

- Delayed transfers of care metric (DTOC).
Plans must include reduction for NHS & Social Care DToC
- IBCF should be included within a local areas BCF plan & form part of S75 agreement
- IBCF must be spent on Social Care & plans must outline how
- Further details on assurance & key lines of enquiry (KLOE's) to be published shortly
- Submission deadline 11th September



Key priorities for transformational change include:

- Home first
- Transfer to assess } Transfer to assess out of acute setting
- Tele triage, including support to care homes
- Telehealth
- Dementia crisis nurses
- 3rd sector
- Winter planning & contingency
- Please note review of 16/17 investments and draft narrative available as required for Board members

Wirral partners have established a menu of services which individually or collaboratively offer an alternative to out of hospital care and support people to stay at home



Next steps:

- Local DTOC target trajectories to be agreed & confirmed
- Consider further guidance (awaited)
- Discuss implications at BCF Steering Group & Board
- Finalise submission with partners for Health & Wellbeing Board sign off
- Regional moderation w/c 25/9/17
- 30th November S75 agreements to be signed off & in place



The Wirral Challenge

- Elderly population
- Long term conditions
- Frailty

Programme Governance Structure:



Proposed investment:

Out of Hospital Service	<ul style="list-style-type: none"> • Equipment, assistive technology, falls prevention • Care Homes Schemes • Teletriage • Teletriage - single gateway • Adapted Flats • Discharge to Assess • D2 A Nurse • Homeless Service • IV Antibiotics at home • Street triage • Drugs & Alcohol • Home First <ul style="list-style-type: none"> • Rapid Community Response Service • Community care of older people service • Green car 	£19,713,704
Schemes which prevent admission or facilitate timely discharge		
Protection of Social Care	<ul style="list-style-type: none"> • Supporting 7 day services • Mobile night service • Domiciliary care • WCT - Existing Intermediate Care Schemes <ul style="list-style-type: none"> • Stabilising the Market • 72 hour service • Brokerage of care packages 	£15,837,008
Reablement	<ul style="list-style-type: none"> • Supporting Re-Ablement in the community 	£2,444,419
Care Act	<ul style="list-style-type: none"> • Care act mobilisation 	£497,180
Carers	<ul style="list-style-type: none"> • Carers Services 	£708,912
Other	<ul style="list-style-type: none"> • Third Sector - Early Intervention & Prevention • Core mental health services • Mental health community support • Dementia support services • Joint Post • Communication campaign 	£2,830,690
Winter Planning and Contingency		£250,000
Innovation		£2,000,000
Total Schemes		£44,281,913
DFG	<ul style="list-style-type: none"> • DFG and social capital 	£3,591,765
Grand Total	Page 12	£47,873,678

Better Care Fund Schemes 2017-18					
Commission	Better Care Fund Schemes	2017-18	2017-18	2017-18	2017-18
		Core BCF	iBCF £2m	iBCF T2A £1.3m	Minimum Commitment
ASC	Wirral Independence Service	3,900,000	320,000	75,000	4,295,000
CCG	Care Homes Scheme - Nurse	40,000	-	-	40,000
ASC	Tele-triage recurrent costs	79,895	30,925	-	110,820
CCG	Tele-triage - Single Gateway/7 Day Response	100,000	-	-	100,000
ASC	Adapted Flats	40,000	-	-	40,000
ASC	Trusted Assessor - Dom Care	110,000	-	-	110,000
ASC	Trusted Assessor - Care Homes	90,000	-	-	90,000
ASC	Home First Capacity - dom care, reablement, mobile nights	-	-	66,955	66,955
Joint	Home First - MDT	-	-	399,657	399,657
Joint	Home First - Clinical Support	-	-	249,808	249,808
Joint	Home First - Discharge Capacity	291,000	-	-	291,000
ASC	Residential T2A Beds				
ASC	Intermediate/Transitional beds	3,403,960	-	393,657	3,797,617
ASC	IMC/D2A - 5 beds - Cover for Pressure periods	208,000	-	-	208,000
CCG	Additional MDT support for extra beds (10)	-	-	106,343	106,343
CCG	D2A Nurse	22,012	-	-	22,012
ASC	Community Offer	3,932,992	-	-	3,932,992
CCG	Community Offer	854,011	-	-	854,011
ASC	Reablement - Commissioned Care	1,362,249	-	-	1,362,249
ASC	Joint Posts - Mental Health	474,587	-	-	474,587
CCG	Homeless Service	93,279	-	-	93,279
CCG	Therapies for IMC Beds	967,428	-	-	967,428
CCG	IMC - WCT existing schemes	1,445,762	-	-	1,445,762
CCG	Green Car - SRG	357,786	-	-	357,786
CCG	Comms - Home First	12,000	-	-	12,000
Total Integrated Services		17,784,961	350,925	1,291,420	19,427,306
ASC	Early Intervention & Prevention	1,090,169	-	-	1,090,169
ASC	Age UK				
ASC	Carers Service	708,912	-	-	708,912
ASC	Mobile Night Service	536,600	-	-	536,600
ASC	Care & Support Bill Implementation	497,180	-	-	497,180
PH	Drugs & Alcohol	7,312,913	-	-	7,312,913
ASC	Maintaining Eligibility Criteria	9,676,824	20,000	-	9,696,824
ASC	Brokerage	27,000	-	-	27,000
Total ASC Services		19,849,598	20,000	-	19,869,598
CCG	CCG Third Sector	485,378	-	-	485,378
CCG	IV Antibiotics	400,000	162,300	-	562,300
CCG	Street triage	152,000	-	-	152,000
CCG	Dementia LES	71,400	-	-	71,400
CCG	Early onset Dementia	146,000	-	-	146,000
CCG	Complex Needs Service	250,000	-	-	250,000
CCG	Crisis Response	150,576	-	-	150,576
CCG	Dementia Nurse	75,290	-	75,290	150,580
Total CCG Services		1,730,644	162,300	75,290	1,968,234
DFG	DFG	3,591,765	-	-	3,591,765
ASC	Retention of Business Rates	1,300,000	-	-	1,300,000
Total Other		4,891,765	-	-	4,891,765
CCG	Communication and Engagement Lead Role		30,000		30,000
ASC	Winter Pressure Beds		284,396		284,396
CCG	Transformation Programme Manager Role		60,000		60,000
CCG	Whole System Modelling Senior Performance Analyst		40,000		40,000
ASC	Whole System Acute/Community Capacity and Demand Model (W1 Posts)		91,000		91,000
CCG	Whole System VSA for frail and elderly support at home		15,000		15,000
CCG	Mental Health detention transport		52,500		52,500
CCG	Street Triage - enhanced hours of operation		84,501		84,501
CCG	Ward Discharge Coordinators		116,250		116,250
CCG	Street Triage for NWAS		131,064		131,064
CCG	Integrated Assessments Training & Implementation		8,250		8,250
TBC	Primary Care Bid - further detail to follow		200,000		200,000
TBC	Innovation bid scheme 9 - Medequip/Falls		69,000		69,000
			1,181,961	-	1,181,961
ASC	Winter Planning & Contingency	250,000	284,814		534,814
Total BCF		44,506,968	2,000,000	1,366,710	47,873,678

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