

WIRRAL COUNCIL

Health and Wellbeing Board

8 July 2015

SUBJECT:	Better Care Fund - update
WARD/S AFFECTED:	All Wards
REPORT OF:	Graham Hodgkinson, Director of Adult Social Services
RESPONSIBLE PORTFOLIO HOLDER:	Councillor Christine Jones, Adult Social Care and Public Health
KEY DECISION?	No

1.0 EXECUTIVE SUMMARY

- 1.1 The purpose of this report is to provide an overview of the latest position of the Better Care Fund (BCF).
- 1.2 The BCF represents partnership working between the Clinical Commissioning Group (CCG), Local Authority and key providers.

2.0 BACKGROUND AND KEY ISSUES

- 2.1 Significant service redesign & transformational change is underway via the schemes detailed in Appendix 1, notably, the 6 key priority areas which will impact admission avoidance.
 - Scheme 2 Community Care of Elderly – community older peoples service
 - Scheme 5 Care home schemes
 - Scheme 11 Homeless Scheme
 - Scheme 15 OPAT Outpatient Antimicrobial Therapy (Moving to a 7 day service.)
 - Scheme 18 NWAS street triage
 - Scheme 26. Rapid Community response Service
Intermediate Care / Transitional Care Bed Commission
Expansion of Mobile Nights
Up to 72hr over night support.
ICCT's - Gearing up to a full 7 day offer by 1st September 2015.

- 2.2 System wide investment, improvement and change is underway, supporting the 7 day community offer, reducing length of stays (LoS) in hospital and enabling avoidance of admissions.

Notably, Rapid community response is preventing 3 admissions per day; OPAT has saved 601 bed days since commencement. ICCTs are fully functioning across the 4 hubs. Community older people's service has geriatricians in the Emergency Department supporting admission avoidance at the front door.

Wirral Independence Service is due to go live on 1st July 2015., which will improve response times and support in relation to Community Equipment, Assistive Technology, Falls Prevention & Pick Up.

- Care Home Schemes:
 - Improved EoL Support
 - Improved Diabetes Support
 - Streamline Information sharing Processes.
 - Reducing Number of Falls

- 2.3 Social Capital has prioritised funding for:

- Adapted flats, to enable individuals awaiting major adaptations in their own homes to be supported in the community and retain their independence.
- Bariatric Beds
- IMC Environments
- Mandatory Care Act IT Requirements.

- 2.4 Section 75, pooled budget agreement is now in place, hosted by WBC, jointly monitored with the CCG Finance Director at the monthly BCF Board.

- 2.5 The Joint Finance Post has been recruited to with a start date of August expected. This will provide the necessary capacity to support monitoring of the schemes outcomes.

- 2.6 The agreed performance target of reducing non-elective admissions by 3.5% was 0.78% short of target at Q4 in 2014-15, achieving 2.72% reduction.

Indicate performance for period 1 (April) and Period 2 (May) show 7% and 5% reduction respectively. Therefore, cumulatively over Q4 & part Q1, Wirral is showing a 4% non-elective admission reduction.

- 2.7 Comprehensive reporting mechanisms are in development to demonstrate achievement of BCF targets, 7.5 preventable admissions per day over 5 days or 4.5 admissions per day over 7 days.

- 2.8. Periodic reporting to the Local Area Team (LAT) and NHS England continues.

- 2.9 Regular teleconferences with the LAT continue. A recent workshop with NHS England and LAT explored and identified support from the Commissioning Support Unit (CSU) to assist with performance benchmarking and assistance with modelling scheme impacts.
- 2.10 The BCF will remain closely aligned with the systems resilience group and help drive the urgent care agenda.

3.0 RELEVANT RISKS

- 3.1 The BCF pooled budget is agreed at £35,002,293.
- 3.2 The BCF brings both opportunities and risks. The performance related element of the fund equates to a maximum potential risk of £7,206m being withheld by NHS England to offset the element of activity not reduced in the Acute sector.

This equates to a maximum risk of £5.909m for the CCG and £1.297m for the Council. The risk sharing arrangement has previously been agreed at Health and Wellbeing Board on an 82% CCG & 18% DASS basis.

4.0 OTHER OPTIONS CONSIDERED

- 4.1 N/A

5.0 CONSULTATION

- 5.1 Public and stakeholder consultation took place during 2014.
- 5.2 Engagement continues with providers via Systems Resilience Group/Urgent Care recovery Plan Group and monthly Steering Group.

6.0 OUTSTANDING PREVIOUSLY APPROVED ACTIONS

- 6.1 N/A

7.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

- 7.1 Voluntary Community and Faith organisations are key stakeholders in the development of Vision 2018.

8.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS

8.1 For 2015/16, the total joint resource available is £35,002,923.

9.0 LEGAL IMPLICATIONS

9.1 The section 75 (pooled budget) is a formal legal agreement, setting out specific risk share agreements.

10.0 EQUALITIES IMPLICATIONS

10.1 Has the potential impact of your proposal(s) been reviewed with regard to equality?

No, because there is no relevance to equality. Consideration of Equality Impact Assessment will be given to specific scheme proposals.

11.0 CARBON REDUCTION AND ENVIRONMENTAL IMPLICATIONS

11.1 N/A

12.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

12.1 N/A

13.0 RECOMMENDATIONS

It is recommended that the Health and Wellbeing Board;

13.1 Note the progress and monitoring arrangements with regard to developments and section 75 pooled budget agreement.

14.0 REASON/S FOR RECOMMENDATION/S

14.1 Wirral Council and CCG are required to report progress against the BCF priorities.

14.2 NHS England requires Wirral Council and CCG to deliver against national requirements identified in the BCF.

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APPENDICES

Appendix 1: Scheme Summary	To be tabled.
Appendix 2: Performance Dashboard	To be tabled.

BACKGROUND PAPERS/REFERENCE MATERIAL

BRIEFING NOTES HISTORY

Briefing Note	Date

SUBJECT HISTORY (last 3 years)

Council Meeting	Date