

WIRRAL COUNCIL

Health and Wellbeing Board

11th November 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?	Yes

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 was signed off with assurance from NHS England in September 2014.
- 1.3 The BCF represents partnership working between the Clinical Commissioning Group (CCG), Local Authority and key providers.

2.0 BACKGROUND AND KEY ISSUES

2.1 Considerable progress has been made to progress implementation of key schemes to deliver against the national requirements and in particular, achievement of the 3.5% reduction target for unplanned admissions. (see appendix 1 for summary of all schemes) It is important to recognise the commitment of all organisations who have worked proactively to streamline and integrate delivery of services and support the BCF priorities.

2.2 Notably:

2.2.1 The Wirral Independence service has been fully commissioned and from 1st July a 7 day response for falls, assistive technology and equipment is provided. A 4 hour response to support discharge and admission avoidance is a key element of this service.

- 1,070 prescribers to date, who are registered against 43 staff groups working across 104 Health / Social Care Teams

- Some quick calculations for the first operating quarter for deliveries and collections for all community equipment including assistive technology.
 - Number of products delivered 13,009
 - Number of products collected 7,394
 - Number of products cleaned / recycled 5,753
 - Number of products scrapped 902
 - Note the Cleaned / Recycled and Scrapped figures do not add up to the products collected as a % of these products will be in transit, i.e. in process of cleaning / repair and maintenance etc
- Falls Prevention / Post Fall Pathway, Protocols and Risk Assessments implemented this November specifically for care homes and supported by Community Voice

2.2.2 The Intermediate care and transitional care commission has been completed and from Sept 1st additional joint funding has secured an additional 40 beds across 5 providers in Wirral. We now have 110 beds to support this service and provide appropriate interventions outside hospital. A multi-disciplinary team (Rapid community service) supports individuals in both the bed settings and also in their own home. A key element of this service is to support referrals from GP's, to avoid the admission in the first place.

2.2.3 Additional growth was identified in the BCF to expand the community offer, including mobile nights, overnight support for up to 72 hours, reablement and domiciliary care. Again, these services enable an urgent 'wrap around' package to be put in place with the relevant health and social care professionals intervening appropriately to avoid admissions, as well as supporting discharge. Independent sector providers have expanded these services and same day response is a key feature. a 5% increase in activity across support at home services (Reablement, Domiciliary Care, Mobile Nights and Helping People Home). We would expect this to continue to rise by the end of 2015/16 and be closer to a 10-15% increase.

2.2.4 Wirral's older people's community service has now fully mobilised and is delivering 5 pathways of care which support admission prevention and reduced length of stay. The 5 pathways are telephone advice/triage, home visits, Older People Rapid Assessments/Urgent Outpatient Appointment, Front Door and Older People Short Stay Unit. As per current BCF reporting this service is contributing to the overall position of 3.5% reduction in admission

2.2.5 IV antibiotics (Oral Parenteral Antimicrobial Therapy service) has delivered the below and is a good example of best practice where providers are collaborating to achieve better patient journeys. Patient satisfaction for this survey shows that

- 81% of patients surveyed stated the support from the community team following discharge was excellent.
- 100% of patients surveyed strongly agreed that OPAT was preferable to inpatient treatment

- 100% of patients surveyed stated they would accept this form of treatment if the need arose again

The service has so far supported the avoidance of 111 admissions and enabled 148 early discharges, saving 1,900 bed days.

2.2.6 Key developments are underway supporting quality in care homes, including specific support for people with diabetes, to reduce associated admissions. Investment has been focussed on technology solutions to support falls prevention, a key reason for hospital admissions from care homes, A and E attendances and NWS calls. We have also invested in additional nurse support into a dedicated care home support team to assist training, guidance and advice across the care homes in Wirral.

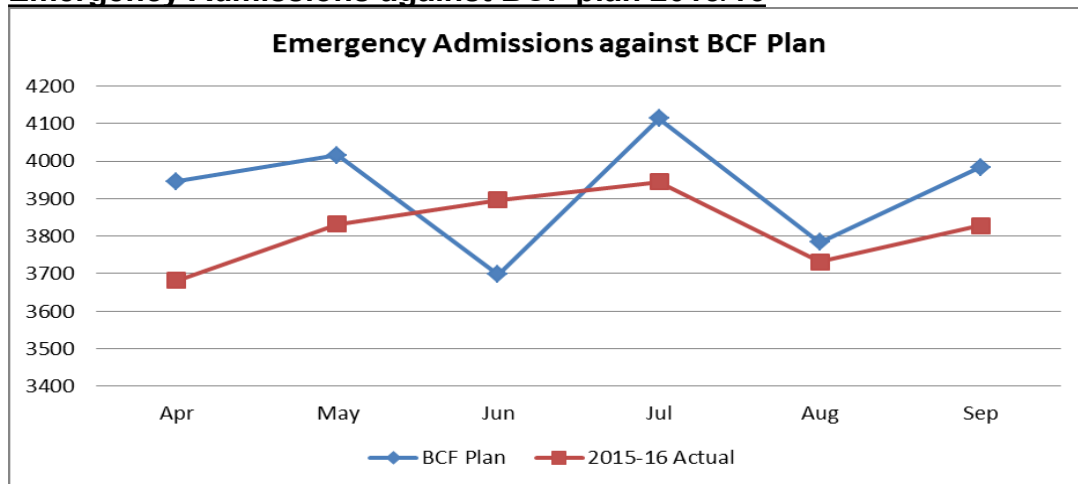
2.3 Performance:

Wirral is bucking the trend locally and achieving a reduction in admissions, with the schemes funded through the BCF playing a key role.

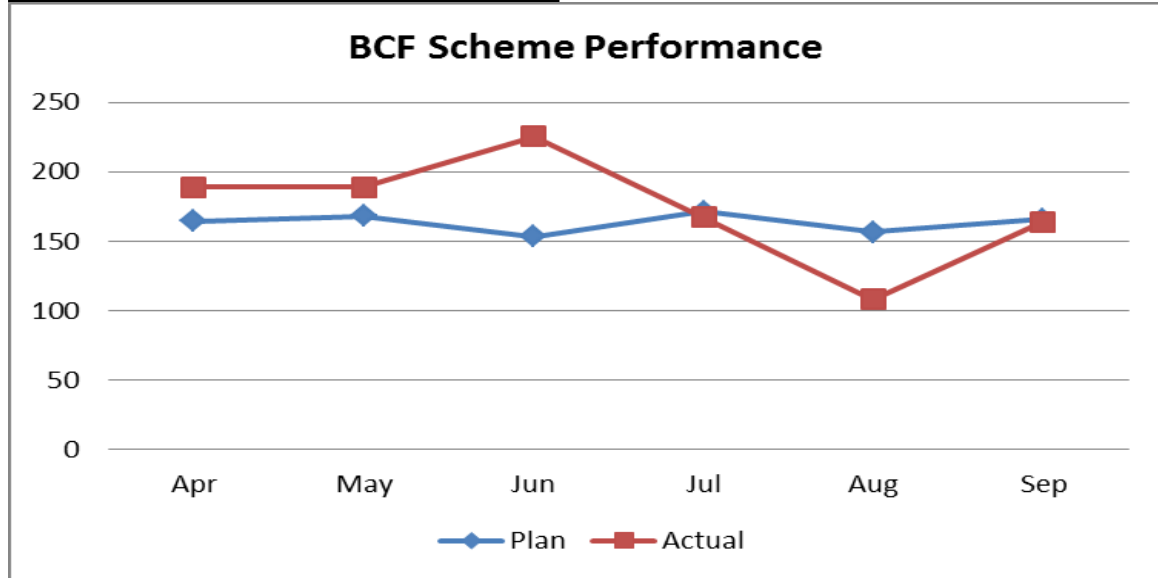
Quarterly Performance

Time Period	BCF plan	Actual	Variance	Variance (%)
Qtr1	11659	11409	-250	-2.1%
Qtr2	11881	11504	-377	-3.2%
YTD	23540	22913	-627	-2.7%

Emergency Admissions against BCF plan 2015/16



BCF Scheme performance by Month



Currently the BCF schemes have prevented 1,045 admissions and are exceeding target by 6.6%.

The national team have made available some support to assist with scheme modelling and evidencing of impacts. We are working with the team currently to assist mid and full year evaluation. A midyear position will be circulated to board members, as soon as complete in approximately a month's time.

Assurance monitoring continues with NHS England on a quarterly basis.

2.4 Finances:

The overall pooled budget for the BCF (see appendix 2) was originally £33,821,066 and has been revised down to a forecast out-turn figure of £33,815,488 as at the end of September 2015. The revised forecast out-turn figure also takes into account a contingency amount of £4,215,277. A section 75 agreement outlines the detail of spend and is monitored monthly at the BCF board, with finance leads from both the CCG and Council.

As at the end of September 2015, the actual and committed spend being reported by the CCG and Council are in line with the forecast out turn figures that have been reported. Whilst £11m of the Council spend is committed within variable contracts, the level of expenditure will be expected to rise during the winter months and when all schemes are fully operational. Any slippage across the schemes will be prioritised and resources used to support the expansion of the Rapid Community service to include crisis dementia support.

2.5 National developments:

We have been approached via NHS England, as one of the areas that the national team would like to meet to review the impact of the BCF, and lessons learnt. The team will be visiting us on 18th November.

A £500,000 transformational integration fund has been made available by NHS England to bid against. Wirral is intending to bid for a small amount to fund a 6

month post to assist with information, communication and driving the understanding of changes across all organisations, to scale the pace of implementation and embedding in practice. We will also be bidding as part of the LAT and discussions are underway to define our local priority for support.

Wirral is also sharing some examples of good practice for the national report of the BCF.

2.6 Future of the BCF

Clarification has been received via NHS England that the BCF will remain in 16/17. Formal confirmation is expected on 25th November as part of the budget announcement. Early messages reinforce the focus and drive for integration and we are expecting to be measured on a wider range of integration measures, including expansion and further commitment of pooled budgets

2.7 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 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 a 82% CCG/18% DASS basis.

3.2 As Wirral is currently delivering against target, there are no risks to highlight at the present time. However, we proceed with cautious optimism, as we approach the core winter pressure period.

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 £35,021,863.

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

13.1 It is recommended that the Health and Wellbeing Board;
Note the progress with regard the BCF priorities, monitored via the section 75 pooled budget.

14.0 REASON/S FOR RECOMMENDATION/S

14.1 Wirral Council and CCG are required to establish a pooled budget to deliver the BCF priorities.

4.2 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
Appendix 2 Finance summary
Appendix 3 Performance Dashboard

BACKGROUND PAPERS/REFERENCE MATERIAL

BRIEFING NOTES HISTORY

Briefing Note	Date

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Health & Wellbeing Board	April 2015