

# Wirral BCF Headlines 2015/16

## Health & Well-Being Board May 2016

The BCF has supported the start of the transformation change in Wirral. Whilst there has been significant progress and achievement across the economy, financially Wirral is in a challenging position. Despite achieving a 3.5% reduction in non elective admissions, the economy has not seen a reduction in spend for those that were admitted.

Therefore, whilst we have seen the number of people admitted reduce, those that need to be admitted are costing more.

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:

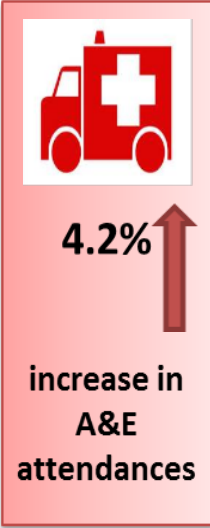
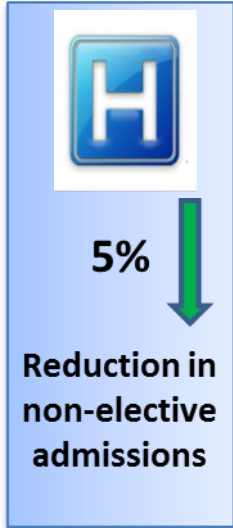
- deliver more efficiently
- reduce or decommission schemes
- redesign and transform services

It is the commissioning intention for 16/17 to agree cost envelopes with the main NHS providers—this will support financial sustainability for Acute and Community care.

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



### All Wirral Partners contribute to Urgent Care Group



1366 admissions avoided by Rapid Community response

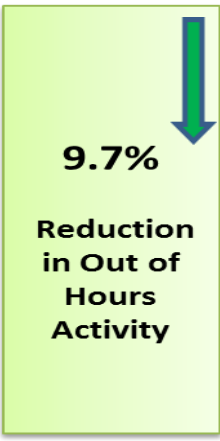
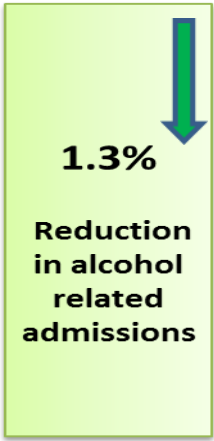
273 admissions avoided by the OPAT (IV antibiotics) service

Estimated 102 admissions prevented by Street Triage Service

December 2015 to March 2016  
420 patients redirected to alternative services by Single Front Door e.g. GP Surgery, Think Pharmacy

205 fewer admissions for patients aged 65 plus

464 admissions avoided by the Community Older People Service



## Going Forward in 16/17

**BCF 16/17 priorities** will support the sustainability of Health & Social Care in Wirral and the wider transformation plan.

### Key Priorities:

- Better Health, Better Care, Better Value
- Support wider 5 year plan (Accountable Care System across Wirral)
- Support wider modelling of activity, quality and outcomes

### **16/17 Minimum Pooled Funding Requirements:**

- Minimum pooled budget £24.943m and Disabled Facilities Grant (DFG) £3.325m
- £8.394m is ring fenced for protection of social care
- £7.082m is ring fenced for out of hospital commissioned services
- **Wirral has committed to funding £28.967m for BCF schemes in 2016/17**

### **The 16/17 BCF plan is to build on successes in 15/16**

The focus is to make the most efficient use of existing financial resource by rationalising and redesigning the current model and pathways.

This will create additional capacity whilst reducing dependency and improving patient outcomes and experience. Key services include:

- Rapid Community Service
- Intermediate care
- Intravenous antibiotics at home

Ensuring immediate access to a wraparound community offer will require ongoing development of the following services:

- Reablement at home
- Domiciliary care
- Mobile night service
- Street Triage
- Carers Support



### **Key developmental areas in 16/17 include:**

- Redesign discharge pathways in line with key principles
- Improve End of Life care response and support choice to enable people to die in their preferred place
- Intermediate Care (IMC) review and redesign
- Care Home support
- Integrated Therapy service
- Workforce culture shift
- Expand Rapid Response Service as a real alternative to acute care
- Proactively support people with long term conditions

## National Requirements

### The existing national requirements remain:

- Agreement across the economy and joint sign-off at Health and Wellbeing Board
- Protection of Social care
- 7 day services for admission avoidance and discharge
- I.T and information sharing including the use of the NHS number
- Joint assessment, care planning and lead professional
- Impact upon providers
- Risk share agreement

### Plus 2 new requirements:

- Ring fenced element for out of hospital commissioned services (£7.082m)
- Agreed Delayed Discharge Action Plan



A Collaborative approach to delivering Health and Social care

## Delayed Discharge Action Plan

### Key Principles

- Single assessment at the earliest opportunity (including therapy assessments)
- Reduce 'deconditioning' - i.e. prevent the general health of people from deteriorating by staying in a hospital bed for too long when ongoing acute care is not required
- 'Home first' - aim for people to be discharged (and receive ongoing support if required) in their usual home whenever appropriate
- Reduce Length Of Stay (no more than a '2 midnight' stay for 60% of frail older patients that don't require ongoing acute care)
- Focus on 'stranded' patients—those patients that have been in hospital for more than 7 days and don't require ongoing acute care

### Key Priorities

- Transformational redesign of the discharge process and pathways (principles above)
- Accelerate Continuing Healthcare (CHC) assessments
- Open 3 CHC assessment beds with dedicated nurse and social worker to undertake assessment
- Develop single framework for referral and assessment
- Implement recommendations from the Intermediate Care & Reablement review



## The Wirral Challenge

- Elderly population
- Long term conditions
- Frailty



### Programme Governance Structure:



### Summary of schemes within the BCF programme.

| BCF Scheme   | Description   | 16/17 Spend        |
|--|---|--------------------|
| *Out of Hospital Service<br>Schemes which prevent admission or facilitate timely discharge | <ul style="list-style-type: none"> <li>• Equipment, assistive technology, falls prevention</li> <li>• Support to care homes</li> <li>• Intermediate Care</li> <li>• Homeless Service</li> <li>• IV antibiotics at home</li> <li>• Street triage</li> <li>• Rapid Community Response service</li> <li>• Community care of older people service</li> <li>• Green car</li> </ul> | £10,591,249        |
| *Protection of Social Care   | <ul style="list-style-type: none"> <li>• Supporting 7 day services</li> <li>• Mobile night service</li> <li>• Domiciliary care</li> <li>• 72 hour service</li> <li>• Brokerage of care packages</li> </ul>  | £8,314,714         |
| *Reablement  | <ul style="list-style-type: none"> <li>• Supporting reablement in the community</li> </ul>  | £2,444,419         |
| *Care Act  | <ul style="list-style-type: none"> <li>• Care act mobilisation</li> </ul>   | £497,180           |
| *Carers  | <ul style="list-style-type: none"> <li>• Carers services</li> </ul>   | £1,088,000         |
| Other  | <ul style="list-style-type: none"> <li>• Third sector</li> <li>• Core mental health services</li> <li>• Mental health community support</li> <li>• Dementia support services</li> <li>• Communication campaign</li> </ul>   | £2,707,302         |
| Total Schemes  |   | £25,642,864        |
| *Disabled Facilities Grant (DFG)   | <ul style="list-style-type: none"> <li>• DFG and social capital</li> </ul>  | £3,325,000         |
| <b>Grand Total</b>   |   | <b>£28,967,864</b> |

\*national requirements

### Quarterly Monitoring of Schemes—16/17

- Maintain non-elective admissions reduction target of 3.5%
- 9% reduction in admissions to residential and nursing care (56 a year)
- Effectiveness of reablement—90% of people are still at home 91 days post reablement
- Delayed transfers of care;
  - 5% reduction in total number of delays
  - 90% occupancy target at acute trust (656 beds)
- **Local** - Domiciliary care response time—95% same day
- **Local** - Service user experience—95% of people state that all of the people treating and caring for us worked well together.