



## HEALTH AND WELLBEING BOARD

14 MARCH 2018

<b>REPORT TITLE</b>	<i>Wirral better Care fund update</i>
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### REPORT SUMMARY

The following report provides the Wirral Health and Wellbeing Board with an update on progress and developments with regard the Better care fund.

#### 1. Background

1.1 Wirral's final 2 year submission was made on 11 September 2017. Formal notification received 30 October 2017 from Simon Weldon, Director of NHS operations and delivery, NHSE, confirming Wirral's submission, following regional and national assurance, is 'Approved'.

1.2 Funds have been transferred into a pooled budget under a section 75 agreement. The section 75 agreement was locally agreed and submitted on 30 November 2017 to NHSE, as per mandated requirement.

1.3 Positive feedback has been received from both the regional and national team with regards the whole system approach taken and the way in which BCF is embedded into core plans. The following is extracted from the regional update report to NHSE:

**WIRRAL** – “BCF 2017/19 plan stood out to assurers for its integrated governance and approach, demonstrating that all programmes and plans influencing urgent / out of hospital care aligned and that BCF was not a stand-alone initiative. Performance monitoring of the BCF is fully embedded in the Winter and System Sustainability Plan. The area have several new schemes and approaches including a whole system capacity demand model which has recently been featured at a regional event and will be rolled out with some North HWBs via regional support funds. They have recently redesigned 3 pathways under transfer to assess principles which they feel is impacting positively. Further details and case studies being captured.”

(Justine Howe , Better Care Manager (Lancashire, Greater Manchester, Cheshire and Mersey)

1.4 The national BCF team have asked to join us in Wirral in the spring, to attend a learning event, to allow for the sharing of our experience and transformational changes to date.

## 2. Performance:

2.1. Overview of the Wirral BCF performance dashboard is attached as appendix 1. Comparison regionally from Oct 16 to Sept 17 is attached in appendix 2.

The key 4 performance priorities we are requested to report to NHSE quarterly and detailed below:

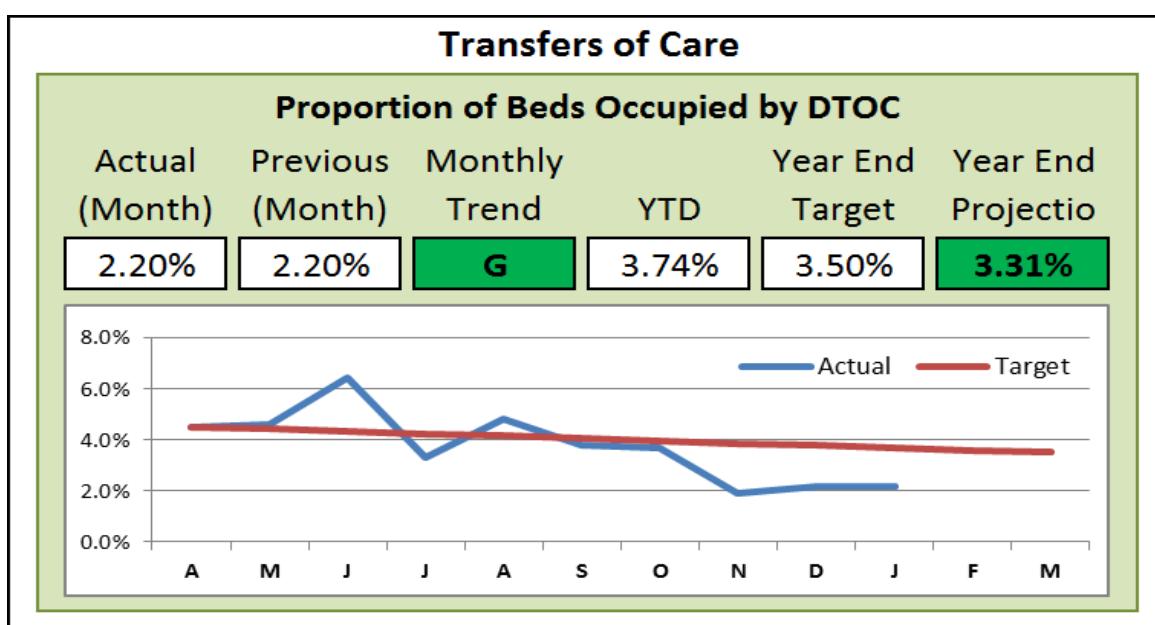
2.2. Whilst the BCF schemes indicate delivery against the admission avoidance target of 3.5%, the overall admission avoidance position is over plan at 4.2%. Discussions with Business Intelligence confirm the need to re-evaluate for 18/19. The BCF plans have mirrored the general NEL plans for NHSE, population and non-elective activity (NEL) has increased Year on Year so achievement of the target remains challenging, with any year on year comparison.

Completion of the review of admission avoidance schemes is due to be completed for March A and E delivery board.

Commissioners to work with business Intelligence to review accuracy of data and realign target for 18/19.

The reduction of non- elective will be part of the system recovery plan for which BCF will be an integral part.

2.3 The Delayed Transfer of Care target of 3.5% has been consistently achieved since November. Current February performance is 2%. Wirral has over performed and is only one of three systems in the region to have consistently maintained and over achieved against target during the past 3 months.



2.4 The current projection for the nursing/residential placements is 13% reduction. This is excellent performance and over achieving target. Current 600 people placed in long stay care compared to annual target of 691, as at mid- February point.

2.5 Reablement performance targets remain on track with 89% of people who have had a reablement intervention are still at home 91 days later, over achieving target of 85%.

### **3. Financial Position**

3.1 The total funds contributed to the BCF pool in 17/18 amounts to £47.87m. The combined expenditure of both partners, as at the end of Q3, is £47.14m. There is an underspend projected of £0.73m, which will be shared on a 50:50 basis as per the risk/gain share agreement stipulated in the Section 75 document.  
(Appendix 3 attached)

### **4. Ongoing developments and key impacts in year**

4.1 The BCF is integral to the whole system priorities and continues to invest in robust 7 day community provision, to reduce the need for admissions and ensure timely discharge. This year we have driven the transfer to assess (T2A) approach and seen a real impact in delayed transfers of care(DToC), supporting the ability to reduce and delay the need for long term care. Additional investment was identified to invest in a wide range of community T2A beds, including for those with dementia, with additional winter funding being planned as part of the BCF to scale up during times of peak demand. Whilst challenging with the workforce flexibility, this has supported delivery of urgent care by maintaining flow, and improved patient experiences and outcomes.

4.2. We invested in clinical streaming at the front door of Arrow Park, as mandated by NHSE. This is starting to show real benefits and as we move into phase 2, as of 26<sup>th</sup> Feb, we should see this approach further reduce overcrowding in ED and enable clinicians to focus on those most in need. 20-40 patients a day are being seen by a primary care GP.

4.3 The enhanced OPAT and Community Nursing Partnership is supporting up to 25 people per day to remain at home or be discharged earlier on IV antibiotic therapy

4.4 The introduction of the 'trusted assessor' role for care homes is starting to positively impact on the effectiveness and timelines of care home discharges

4.5 Integration of community health and adult social care has allowed for a more joined up approach to problem solving and rapid response to system pressures

4.6 Review of key admission avoidance schemes has been completed, with a recommendation to decommission the Green car scheme. This was discussed and agreed as a system and confirmed at A and E delivery board. The scheme was decommissioned in January.

4.7 Domiciliary care has been further invested in in year to drive recruitment and retention support for providers. A dedicated commissioning lead has also been

appointed, to focus on the current challenges and also to lead a different approach to commissioning going forward. Key pilots are underway to evaluate impacts.

4.8 Dedicated funding for business intelligence has enabled significant progress to be made in understanding capacity requirements and reporting as a system, across 5 organisations. These developments have been shared at regional events and there is a presentation planned mid -March for ADASS.

## **5. Next Steps:**

5.1 Complete final review of outstanding schemes for reporting into BCF board and A and E delivery board in March/April. Key schemes to be evaluated:

- Rapid Community service
- Home first
- Transfer to Assess
- Mental health schemes
- Innovation schemes

5.2 Revise year 2 (18/19) financial and scheme arrangements following review outcomes and make recommendations into board for approval. key financial considerations include:

- Uplift in fees, following outcome of consultation and cabinet decision on 26<sup>th</sup> March. Expectation that additional BCF funding will be required to uplift fees for T2A community beds, domiciliary care and reablement.
- Retaining winter and contingency funding

5.3 Complete focussed capacity and demand modelling work to make recommendations for 18/19 winter capacity across the system and to support cost options appraisal of community bed model. Timescales for completion end June 18.

5.5 Continue to progress system priorities plan and maintain and improve performance.

5.6 Continue to report quarterly against progress to NHSE and remain key participant in regional and national BCF events.

## **RECOMMENDATION/S**

Health & Wellbeing Board are asked to:

- Note the progress and next steps
- Include further update on progress at next Health & Wellbeing Board



## SUPPORTING INFORMATION

### 1.0 REASON/S FOR RECOMMENDATION/S

N/A

### 2.0 OTHER OPTIONS CONSIDERED

N/A

### 3.0 BACKGROUND INFORMATION

N/A

### 4.0 FINANCIAL IMPLICATIONS

N/A

### 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

N/A

### 9.0 EQUALITY IMPLICATIONS

N/A

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#### APPENDICES

Appendix 1.Overview of the Wirral BCF performance dashboard

Appendix 2 Comparison regionally from Oct 16 to Sept 17

Appendix 3: Financial summary

## 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
Health & Wellbeing Board	19.07.17
Health & Wellbeing Board	15.11.17