

<b>REPORT TITLE</b>	<b>BCF/Winter Pressure Arrangements</b>
<b>REPORT OF</b>	<b>Jacqui Evans, Assistant Director, Unplanned Care and Community Care Market commissioning</b>

**REPORT SUMMARY**

Wirral continues to use the Better Care Fund (BCF) to drive integration and prioritises transformational change and development of services which ultimately improve patient outcomes and supports the move to financial sustainability within an integrated system. Our priorities directly support the planned and unplanned elements of the 5-year plan. The key focus has been on supporting the development of 7-day community intermediate and neighbourhood services which promote step up and step-down support, facilitating people remaining in their own homes as long as possible and mitigating the need for acute care.

Wirral is on a journey and whilst the BCF has supported a fundamental shift in Wirral, seeing a stark reduction in the need for long term care (20% reduction in the past 2 years) and seeing a 17% growth in domiciliary activity in the past 18 months, we remain challenged in some areas, notably Length of Stay (LOS) in acute and community bed-based settings. This is a key priority for us this year and we have a system plan to redesign and optimise our home first and intermediate bed -based provision. Additionally, we are stepping up to improve our community offer to increasingly divert North West Ambulance Service (NWAS) and 111 calls to primary and community services, wherever appropriate. Work is well underway to improve pathways and strengthen our community services to reduce the numbers of people attending the Emergency Department (ED) and being admitted. Fundamentally, the BCF is seen as core to our system priorities, supporting the new 2019/20 requirements with a focus on Same Day Emergency Care (SDEC) and reducing the numbers of long stay patients.

As a system we have completed our capacity and demand modelling for winter and have been developing plans to ensure effective flow, to deliver effective and safe care and support.

**RECOMMENDATION/S**

Overview and scrutiny committee be requested to note the contents of this report and intentions for use of the Better Care Fund in 2019/20 and approach for winter support.

## SUPPORTING INFORMATION

### 1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The report is by way of an update position for OSC to advise on the recent BCF submission for Wirral, which is currently part of the regional and national assurance process, and intentions with regards planning for Winter 2019/20.

### 2.0 OTHER OPTIONS CONSIDERED

N/A

### 3.0 BACKGROUND INFORMATION

#### 3.1 Achievements:

Overall there has been evidenced improvement in achievement of the following BCF priorities during 2018/19:

- 4.8% reduction in type 1 ED attendances compared to 2017/18
- 2.7% reduction of non-elective admissions (NEL) for 65+ compared to 2017/18, although NEL as a whole remains relatively static (current 0.8% reduction).
- Walk in Centres and Minor Injury Units (MIU) achieving 99/100% against the 4-hour standard
- Consistent achievement of a maximum 2.67% Delayed Transfers of Care (DToC) target (currently 1.67%)
- Consistent and effective outcomes for reablement supporting people to remain at home
- Significant improvement in domiciliary capacity evidenced in a reduced waiting list and significantly reduced waiting times, compared to 2017/18
- Consistent delivery of streaming since Q3
- Delivery of High impact change model requirements including evidenced delivery of;
  - Trusted Assessor role and function for care homes and domiciliary services
  - Triage
  - Implementation of new 111 requirements
  - Support to care home

#### 3.2 Key Challenges:

Key challenges for the system to focus attention for 2019/20 are:

- Continuing focus on further reducing ED attendances and NEL
- Achievement of the 4-hour standard

- Improving internal hospital flow from the point of admission to discharge with priority to reducing long stay patients, improving LOS in both acute and community settings whilst reducing bed dependency and particularly improving our integrated commissioning approach and requirements within the community home first and Transfer to Assess (T2A)/Intermediate service model
- Rapidly improving the 7-day home first pathway and community service model to meet system demand requirements, optimising the future model
- Full implementation of the newly commissioned domiciliary care contract
- Maximising 7 day working by reviewing roles and responsibilities to improve efficiency supporting current and future workforce challenges
- Ensuring BCF remains aligned to Healthy Wirral planning priorities including new requirements for 2019/20 i.e. same day emergency care
- Further adapting the Integrated Discharge approach to really achieve a 'shift left'

### 3.3 **Approach in 19/20:**

Overall Direction of the BCF is to ensure optimisation of integrated 7-day services, maximising independence at home and reducing the need for acute care wherever possible. Whilst we have seen significant progress from our starting position over recent years, we remain challenged across the system, with a hospital under pressure and primary and community services not yet fully optimised. Our intentions are to continue at pace our journey, to improve our 7-day community provision, our intermediate services and really increase our step-up response. We know we can improve across the whole system and have identified areas for redesign to further reduce ED attendances and both acute and community LOS.

- 3.4 We know if we can optimise the services commissioned, we will be able to demonstrate good outcomes for patients, with evidenced Return on Investment (ROI). However, to do this we need to improve some of our commissioning approaches and address the workforce challenges we face. Technology solutions are being explored and piloted, with capital submissions underway to support our objectives. Protecting and maintaining an effective workforce remains a key consideration for us.
- 3.5 We know we over provide community beds and our intention is to maximise our model of care in order to support the 5-year plan to support the system to achieve financial sustainability. We must do this in a measured way and part of the challenge is to improve culture and behaviours as well as pathways and processes, maximising technology solutions. We have concluded our bed- based review and we are working with VENN to model our services. Continuing to grow the home first and domiciliary /reablement pathways is both the right thing for patients, but we can also evidence it maximises the Wirral £.
- 3.6 We intend to complete much of transformation priorities by Q3, to optimise services in time for Winter and support realisation of financial improvement from 2020. This includes system wide capacity and demand modelling to support sustainability plans and delivery.

### 3.7 **Priorities for 19/20 BCF funding:**

In order to prioritise schemes and BCF funding for 2019/20, we completed a review, involving key stakeholders. This made recommendations (Appendix 1) to Healthy Wirral Partners Board and Health and Wellbeing Board with regard recommended priorities for Wirral, supporting BCF requirements, Healthy Wirral priorities and the 5-year plan. The report concluded with one of four recommended outcomes; maintain/decommission/invest or redesign to optimise. The priorities for BCF funding this year are attached in Appendix 2, with overall funding breakdown below:

<b>Funding Sources</b>	<b>Funding</b>
DFG	£4,163,057
Minimum CCG Contribution	£27,233,187
iBCF	£16,872,842
Winter Pressures Grant	£1,800,370
Additional LA Contribution	£8,835,600
Additional CCG Contribution	£0
<b>Total</b>	<b>£58,905,056</b>

### 3.8 **Key performance Intentions for 19/20:**

We have agreed the following 4 main performance deliverables required, as a result of BCF scheme priorities for 2019/20:

- 5% reduction in long stay admissions to residential/nursing sector
- 2.2% non-elective admission reduction
- 85% of people still at home 91 days post reablement intervention (this links to investment and growth in reablement and domiciliary services)
- 2.67% maximum DT0C target

### 3.9 **Financial challenge:**

Financially, Wirral is in a challenging place, recognised across the system. The BCF has prioritised funding for key services which deliver against key requirements. Our challenge in 2019/20, is how can the BCF further support financial sustainability across the system. We are increasingly working with providers to consider what BCF schemes can become 'business as usual', releasing funding from core contracts, to enable financial balance. The modelling work underway with VENN is also being utilised to understand the impacts if we were to optimise performance across the system. For example, if we were to achieve an average LOS of 5.2 weeks in our community T2A bed commission, that is the equivalent of releasing 15 beds. A cost of over the year. However, we need to understand and consider the whole system demand and implications. This is being taken forward at Healthy Wirral Partners Board.

### 3.10 **Submission and Timescales for approval for 19/20:**

Systems were required to submit full BCF plans, adhering to all BCF performance and financial requirements, approved by the Health and Wellbeing Board on 27 September 2019. We are now subject to the usual scrutiny and approval process. NHSE regional assurer's have advised that Wirral's submission has been recommended for approval to the national team.

Timescales are below:

Table 5: BCF planning and assurance timetable

BCF planning submission from local Health and Wellbeing Board areas (agreed by CCGs and local government). All submissions will need to be sent to the local BCM	By 27 September 2019
Scrutiny of BCF plans by regional assurers, assurance panel meetings, and regional moderation	By 30 October 2019
Regionally moderated assurance outcomes sent to BCST	By 30 October 2019
Cross regional calibration	By 5 November 2019
Assurance recommendations considered by Departments and NHSE	5-15 November 2019
Approval letters issued giving formal permission to spend (CCG minimum)	Week commencing 18 November 2019
All Section 75 agreements to be signed and in place (for Wirral any update required as in place)	By 15 December 2019

**3.11 Governance:**

Governance for the BCF, includes monthly reports to Pooled Fund Executive Group (PFEG). BCF also reports quarterly to Healthy Wirral Partners Board and A & E Delivery Board and twice yearly to Health and Wellbeing Board. There is a dedicated integrated BCF lead for Wirral, at Assistant Director level which has enabled Wirral to fully embed the BCF across the system and support prioritisation of schemes across Health and Care that support priorities at both a national and local level.

3.12 NHSE continue to require systems to report quarterly on BCF performance and outcomes. Additionally, Wirral continues to be an active member of a monthly Cheshire and Merseyside BCF group with regional NHSE leads.

**3.13. Planning for Winter:**

As a system, Wirral is committed to delivering a safe winter. We have been supported by VENN to complete our system wide capacity and demand model. NHSE co-ordinated a winter warm up workshop for the North west region with Wirral playing an active role. We also concluded a review of learning from winter 18/19 to inform plans this year. NHSE continue to review our plans and intentions and will require us to submit final plans in November. Please see appendix 3, draft winter plan for Wirral, which highlights our current intentions.

3.14 Financially, the system has a significant deficit which has to be addressed. It is therefore our intention to optimise the current pathways and processes to release capacity, by reducing LOS across both acute and Community T2A provision. Following the bed- based review, we will revise the current service specification for winter, addressing the gaps from 2018/19. A key element will be to review and improve the clinical support to these beds, with a new Target Operating Model in place to improve the Multi-Disciplinary Team (MDT) support across the Community bed base and home first pathways. By improving performance and support, we will create the equivalent of 15 additional T2A beds as part of our winter capacity plans.

3.15 The BCF has allocated £370k to support winter capacity plans. Current focus and priorities for this year include:

- Acute
  - Focus on reducing long length of stay (LLOS) in acute to create capacity. ECIST are supporting ward- based care approaches and flow across the hospital.
  - Escalation ward open
  - Increased Streaming (20% of ED attendances to be streamed to primary / Community Care)
  - Improved pathways and processes for Integrated Discharge, Nov 19
  
- Mental Health Support
  - Additional investment in crisis home treatment team
  
- Primary Care
  - Uptake of primary care appointments will be monitored with expectation that GP practices will provide a minimum of 70 minutes prescribing clinician appointments/week per 1000 patients.
  - An additional 360 extended access appointments available compared to 18/19
  
- Community support
  - Respiratory-targeted approach to support people to self- manage and avoid the need for acute admission
  - 3 additional Intermediate (Transfer to assess T2A) residential EMI beds
  - Creating capacity by reducing LLOS in T2A beds (trajectory agreed at average 5.2 week max for T2A)
  - Revised T2A specification and clinical support from November 2019
  - Additional T2A capacity will be commissioned if the need arises
  - Carer's - unplanned/urgent respite support

#### **4.0 FINANCIAL IMPLICATIONS**

4.1 Please see section 3.7 financial position above.

#### **5.0 LEGAL IMPLICATIONS**

5.1 Pooled budget arrangements are covered by a section 75 Agreement under the National Health Service Act 2006.

#### **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

9.1 EIA's are scheme specific and have been completed.

## 10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 The content and/or recommendations contained within this report are expected to have no impact on emissions of CO2.

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## APPENDICES

- Appendix 1 BCF Review Recommendations
- Appendix 2 BCF 2019/20 Scheme Breakdown
- Appendix 3 Draft winter plan for Wirral

## REFERENCE MATERIAL

N/A

## SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Health and Wellbeing Board	17.07.19
Health and Wellbeing Board	18.07.18
Health and Wellbeing Board	14.03.18
Health and Wellbeing Board	15.11.17
Adult Care and Health OSC	13.09.17
Health and Wellbeing Board	19.07.17
Health and Wellbeing Board	15.03.17