

Agenda Item 69.

TITLE	Better Care Fund Quarter 3 Report
FOR CONSIDERATION BY	Wokingham Borough Wellbeing Board on Thursday, 14 February 2019
WARD	None Specific;
DIRECTOR/ KEY OFFICER	Katie Summers, Director of Operations, Wokingham Locality, NHS Berkshire West CCG and Martin Sloan, Assistant Director of Adult Social Services, Wokingham Borough Council

Health and Wellbeing Strategy priority/priorities most progressed through the report	This report meets all three priorities of the HWB Strategy: Priority 1 - Creating physically active communities Priority 2 - Narrowing the health inequalities gap Priority 3 - Reducing isolation
Key outcomes achieved against the Strategy priority/priorities	To provide assurance to the Board on the activities of the Better Care Fund Programme, this focuses on delivery of the Board's strategic priorities.

Reason for consideration by Wokingham Borough Wellbeing Board	To provide an update of Wokingham's Better Care Fund (BCF) Programme performance for Quarter 3 2018/19
What (if any) public engagement has been carried out?	None required
State the financial implications of the decision	Nil

RECOMMENDATION That the Board notes the performance of the Better Care Fund in Q3 2018/19.
SUMMARY OF REPORT The Q3 BCF submission provides a summary of Wokingham's Better Care Fund Programme performance for Q3 of 2018/19, including progress of milestones, challenges, performance metrics and delivery against the 8 High Impact Change Model to reduce delayed transfers of care (DToC).

Background

As part of The Integration and Better Care Fund, Operating Guidance For 2017-19 (Published 18 July 2018) each BCF is required to submit quarterly reports to NHS England and Ministry for Housing, Community and Local Government.

The primary purpose of the BCF quarterly reporting is to provide national partners with a clear and accurate account of compliance with the key requirements and conditions of the fund as set out in the Policy and the Planning Requirements. The secondary purpose is to inform policy making and the national support offer by providing a fuller insight, based on narrative feedback from systems, on local progress, issues and highlights on implementation of the BCF plans.

It is expected that these reports are discussed and signed-off by HWBs (or with appropriate delegation) as part of their responsibility for overseeing BCF plans locally. In Wokingham we have agreed delegation from the HWB that the Chair signs off these submissions, but that the submission will be shared at the next HWB convened.

Section 195 of the Health and Social Care Act 2012 states that HWBs are expected to continue to oversee the strategic direction of the BCF and the delivery of better integrated care, as part of their statutory duty to encourage integrated working between commissioners.

In order for the HWB to review performance of the BCF and consider future work, it would need to have the appropriate information reported to it from a partnership board. HWBs can require CCGs that are represented on the HWB, and the LA that established the HWB, to provide it with relevant information, for example the quarterly reports and annual report.

Quarterly Return Summary

1. Metrics

- a) *Reduction in Non-Elective Admissions (NEAs) - Not on track to meet target*
NEAs for the first seven months of 2018/19 were 8,397 compared to a Plan figure of 7,360 (14% higher) and for the same period in the prior year of 7,921(6% higher).
By Age Band cumulatively for the first 4 months of 2018/19, the percentage change on the prior year (17/18) is:
 - < 18 -12.0%
 - 19-74 +23.2%
 - > 75 - 2.7%

- b) *Rate of Permanent admissions to care homes – On track to meet target*
Permanent Admissions to Care Homes for the 9 months to 31st December 2018 were 62 against a target 99 and 96 for the same period in 17/18.

- c) *Proportion of older people (aged over 65) who are still at home 91 days after discharge from hospital into reablement/rehabilitation services – On track to meet target*
91 day target was 100% in November and December, with an average of 89% for Q3. The average for the 9 months to December 2018 is 87%.

- d) *Delayed Transfers of Care (DToC) – On track to meet target*
DToC days for Q3 were 546 days.

- Q1 Actual 927 Target 960
- Q2 Actual 591 Target 880
- Q3 Actual 546 Target 720

We have bettered target for each of the first three quarters. Year-to-date the total is 2,064 days compared to cumulative target of 2,640 days (a 22% reduction) and 17/18 performance of 2,566 days.

2. 8 High Impact Change Model.

		Q1 18/19	Q2 18/19	Q3 18/19 (Current)	Q4 18/19 (Planned)
Chg. 1	Early discharge planning	Not yet established	Mature	Mature	Mature
Chg. 2	Systems to monitor patient flow	Not yet established	Plans in place	Established	Established
Chg. 3	Multi-disciplinary/multi-agency discharge teams	Plans in place	Plans in place	Established	Established
Chg. 4	Home first/discharge to assess	Plans in place	Plans in place	Plans in place	Established
Chg. 5	Seven-day service	Not yet established	Plans in place	Plans in place	Plans in place
Chg. 6	Trusted assessors	Not yet established	Plans in place	Plans in place	Plans in place
Chg. 7	Focus on choice	Not yet established	Plans in place	Mature	Mature
Chg. 8	Enhancing health in care homes	Established	Established	Established	Established

The 8 HICM is measures our performance in working towards improving Delayed Transfers of Care. We do this at a Berkshire West system level and the Berkshire West 10 Delivery Group is responsible for delivery. NHS England has set an expectation that we achieve a mature rating in all 8 changes by the 31st March 2019. As of Q3 we are predicting only achieving this in 2 of the 8 changes as can be seen in the table above.

When we compare our performance with our peers in the South our position is on a par with their performance.

3. Progress against our local plan

Wokingham's Integrated Care Networks - Q3 saw the start of the Networks Task and Finish group aimed at conveying this umbrella term to staff and partners. To ease the impact and have time to consult and engage with staff, a conservative timeline of 12 months was agreed to roll out the changes.

The Wokingham Integrated Partnership (CCG, WBC, BHFT, RBFT and Wokingham GP Alliance) continues to progress in shadow partnership. There is also representation from the voluntary sector, patient voice and commissioned services. Following a final review by the CCG in December 2018 and being mindful of the developing ICS and the NHS 10 year plan it was proposed that a set of Guiding Principles would be preferable to an MoU; this has been drafted and is expected to be formally signed off in Q4.

Wokingham's Integration Position Statement (IPS) for adult health and social care was shared with colleagues and signed off by the Wokingham Wellbeing Board in November. The IPS was recognised by the Board as important and significant steps in the development of the new collaborative partnership for health and social care in Wokingham.

In November, we participated in the BCST HICM Learning from Peer Review event for Hampshire, Isle of Wight and the Thames Valley organised by Natalie Jones. Wokingham, West Berkshire and Reading work closely together across Berkshire-West, and we were able to present our joint learning from the 2018 DToC Peer Review followed by a Q&A session.

Financially, a year-end forecast underspend of around £55k was reported in Q2. Discussion at Leader Partner Board resulted in an agreement to redistribute these monies into short term schemes, focussing on our areas of need – DToC and NEAs. In October we received 5 proposals to bid for forecasted underspend monies and we agreed to fund 3 short term schemes (4 month duration to 31.03.19) – Paramedic Acute Visiting Service, Therapy Demand for Reablement and Demand Management in ASC to support NEAs and DToC performance through the winter period. All 3 schemes outturn will be reviewed in Q4.

The Wokingham Leader Partnership Board (WLPB) agreed to use circa £400k of the DFG budget this year for Wokingham's share of the Berkshire-West contract with the Berkshire Community Equipment Service in order to support the sustainability of WBC's older peoples' services in helping people to recover or live well in their own home. It was also agreed that in future years a similar amount would be set aside to support this contract.

From 2019/20 onwards, circa £230k of the annual DFG budget will be allocated to fund the cost of the additional investment in the recently approved project – Enhanced Assistive Technology Service. This scheme was agreed in Q2, aiming to provide Assistive Technology for Wokingham as an in-house, bespoke service, rather than buying into a proposed Berkshire West-wide generic AT option through an external provider. Project planning for this scheme rollout has progressed through Q3, aiming to go live in Q4.

We completed our yearly BCF Review of Schemes in November 2018, all Wokingham BCF schemes were reviewed in detail by stakeholders to inform decisions as to how the schemes may progress in the next financial year – continue as is, with changes or for the schemes to cease. Final decisions for the 2019/20 scheme plan and funding allocations will be made in Q4 taking into account benefits realisation and (likely) funds available for the next financial year.

The Chief Officers Group for health and social care partners across Berkshire West have offered the following strategic priorities for integration having met in Q3:

1. Exploring opportunities for joint commissioning across Berkshire West - initial conversations between LAs and Berkshire West CCG have begun, to support this.
2. Exploring opportunities for integration around neighbourhoods and communities
3. Making more efficient use of the integration resources already in place across Berkshire West.
4. Success Story Highlights

At the end of Q3 our individual scheme performance is as follows:

- WISH- The Wokingham Integrated Social care and Health (WISH) team has stepped up to the mark to achieve the Q3 DToC target, despite this being a huge disparity between NHSE's requirements against our original approved BCF Plan figures for 2018/19. NEAs are still rising in the Berkshire-West area, although our support to our largest NEA group of 70yrs and over is still producing excellent results and maintain progress despite the circa 6% demographic growth year on year.
- Time to Decide (Step Down) scheme is not achieving against the targets in the Business Plan and is unlikely to continue into the new financial year in its current format. An options paper is being prepared for presentation in Q4 to Wokingham Management Partnership Board to look at other alternatives to continue to provide a step down service to Wokingham Residents.
- CHASC – This scheme has progressed in the last 3 months, with our remaining East and North networks going live with cluster working around the GP practice, with multi-disciplinary team meetings (MDTs) being discussed in each locality base to promote the cluster working. The Wokingham Borough Newsletter included an interview with a local resident who had benefited greatly from the MDT involvement; the gentleman also partook voluntarily in a video to promote the MDT process and his story was shared at the Health and Care Innovation Expo in Manchester in September. Wokingham contributed to the 'Primary Care Networks and their power to deliver better care' session delivery at the expo, which included discussion around the MDT and wraparound services within the CHASC 'umbrella' and providing support to complex patients by involving a number of relevant multi-disciplinary professionals involved with the person's health and care.
- The Community Navigator Service underwent a restructure in Q1/2 in order to streamline the service and better align with the needs of the borough. This work has been completed in Q3 and Q4 will see the new model service imbedding throughout the area.
- Connected Care – the work continues on our joined up patient records system. Following a hiatus of progress and information shared from the project board, a report was given in Q3 to BW10 and at our local WMPB.
- Step Up – Based at Wokingham Community Hospital achieved its target numbers for admissions to the maximum 7 day service throughout Q3. Some patients using the service are subsequently identified for reablement, which is then provided by the hospital in their targeted Step Down beds.
- Integrated Hub - KPIs are continuing to be delivered on Phase I of the project. The Hub is continuing to provide advice and information to clients, seeking to resolve as many calls as possible at the initial stage.

Partner Implications
N/A

Reasons for considering the report in Part 2
N/A

List of Background Papers
Enc. 1 – Wokingham HWB Better Care Fund Q3 Submission 2018/19

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