

Wokingham Integrated Partnership BCF Annual Plan 21/22

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Agenda Item 29.



Overview

The Wokingham Integrated Partnership completed their annual integration programme plan in April '21, this has been presented to the Wellbeing board. This is formalised version of this plan and budget associated with it.

NHSE released their template in September, and we have submitted a final version on Tuesday 16th November (following the agreement of the Chair of the Wellbeing board)

During the development of this annual return, Integration Team have been in touch with colleagues from the CCG, BHFT, RBH and the other West of Berkshire Local Authorities.

Overviews have been shared with all of the WIP partners at delivery group (operational managers) as well as Leadership Board (Senior managers)

A draft version of this return was submitted to NHSE, to gather feedback and further enhance it. This was welcomed. The majority of the submission was noted as being good, with few areas of improvement. These have subsequently been addressed with support from partners, prior to sharing it with the Chair of the Wellbeing board. These changes have been discussed with NHSE also and were broadly acceptable- pending their final.

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Finance

- All of the minimum contributions have been met
- All of the national conditions have been met
- This is essentially the budget which was agreed by the Wellbeing Board earlier this year

NHS Commissioned Out of Hospital spend from the minimum CCG allocation

| | |
|------------------------|------------|
| Minimum required spend | £2,974,146 |
| Planned spend | £3,797,134 |

Adult Social Care services spend from the minimum CCG allocations

| | |
|------------------------|------------|
| Minimum required spend | £4,310,923 |
| Planned spend | £4,310,923 |

Scheme Types

| | | |
|--|--------------------|---------|
| Assistive Technologies and Equipment | £0 | (0.0%) |
| Care Act Implementation Related Duties | £222,100 | (1.9%) |
| Carers Services | £412,196 | (3.5%) |
| Community Based Schemes | £1,648,938 | (14.0%) |
| DFG Related Schemes | £1,075,656 | (9.1%) |
| Enablers for Integration | £1,022,894 | (8.7%) |
| High Impact Change Model for Managing Transfer of Care | £1,220,700 | (10.3%) |
| Home Care or Domiciliary Care | £204,149 | (1.7%) |
| Housing Related Schemes | £0 | (0.0%) |
| Integrated Care Planning and Navigation | £520,986 | (4.4%) |
| Bed based intermediate Care Services | £1,855,215 | (15.7%) |
| Reablement in a persons own home | £1,499,878 | (12.7%) |
| Personalised Budgeting and Commissioning | £20,000 | (0.2%) |
| Personalised Care at Home | £190,000 | (1.6%) |
| Prevention / Early Intervention | £58,500 | (0.5%) |
| Residential Placements | £1,346,505 | (11.4%) |
| Other | £506,083 | (4.3%) |
| Total | £11,803,800 | |

| Funding Sources | Income | Expenditure | Difference |
|-----------------------------|--------------------|--------------------|------------|
| DFG | £1,075,656 | £1,075,656 | £0 |
| Minimum CCG Contribution | £9,157,634 | £9,157,634 | £0 |
| iBCF | £457,979 | £457,979 | £0 |
| Additional LA Contribution | £1,112,531 | £1,112,531 | £0 |
| Additional CCG Contribution | £0 | £0 | £0 |
| Total | £11,803,800 | £11,803,800 | £0 |

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Services

In Wokingham, here is a highlight of the services that we currently fund using BCF:

- The Health Hub (Referrals)
- Speech and Language Therapy
- Oak Wing
- START (social care reablement service) & Intermediate Care Team (health reablement service)
- Rapid Response and Treatment Service
- Care Home Support Team
- Multi Disciplinary Team Meeting Co-Ordinators
- Community Navigators (VCS)
- Step Down Beds
- Contributions to Hospital Liaison Team
- Moving With Confidence
- Home from Hospital Scheme (VCS)
- MIND Wellbeing Service
- Additional Physiotherapy support for reablement
- The Friendship Alliance (Social Isolation)
- PHM Analyst
- Project Joy (Social Prescription Application)

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Targets

8.1 Avoidable admissions

| | 19-20 Actual | 20-21 Actual | 21-22 Plan |
|---|---|-----------------|---------------|
| Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i) | | 384.0 | 495.0 |
| | Available from NHS Digital (link below) at local authority level. | | |
| | Please use as guideline only | | |

8.2 Length of Stay

| | | 21-22 Q3 Plan | 21-22 Q4 Plan |
|--|---|------------------|------------------|
| Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more As a percentage of all inpatients (SUS data - available on the Better Care Exchange) | Proportion of inpatients resident for 14 days or more | 7.8% | 8.6% |
| | Proportion of inpatients resident for 21 days or more | 3.6% | 4.2% |

Targets have been set as a result of discussion and agreement from our partners at WBC, RBH, BHFT and CCG, and following guidance from NHSE.

All of the targets are challenging, but following work with analysts, they are achievable.

NHSE are keen to keep levels of performance high, especially as during the pandemic, unplanned hospitalisations and length of stay were very low. As such, they pressed to ensure that targets are challenging.

As guidance was made available late, we will only need to report for Q3 & Q4, or an overall end of year number.

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Targets Continued

8.3 Discharge to normal place of residence

| | 21-22 Plan |
|--|------------|
| Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange) | 91.0% |

These targets are social care orientated, and whilst they are different, have the same ethos as previous Better Care Fund planning.

8.3- This is a target set across the West of Berkshire. We will be looking to move this up to 93% next year and 95% the year after.

8.4 Residential Admissions

| | | 19-20 Plan | 19-20 Actual | 20-21 Actual | 21-22 Plan |
|--|-------------|------------|--------------|--------------|------------|
| Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population | Annual Rate | 461 | 431 | 278 | 368 |
| | Numerator | 138 | 130 | 85 | 115 |
| | Denominator | 29,935 | 30,147 | 30,571 | 31,230 |

8.4- Please note that last year, due to COVID, the performance was very good against the long-term placements piece. We are still making fewer placements than in a normal year, and have challenged ourselves to drop from 12 placements per month to 9.6 placements (essentially 10 or fewer).

8.5 Reablement

| | | 19-20 Plan | 19-20 Actual | 21-22 Plan |
|---|-------------|------------|--------------|------------|
| Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services | Annual (%) | 87.0% | 84.0% | 90.0% |
| | Numerator | 52 | 105 | 113 |
| | Denominator | 60 | 125 | 125 |

8.5- We will be on target to meet this, and this is an extension of the 87% target that we have been close to in normal years

NB:- Locally agreed targets, KPI's and/or performance monitoring dashboard is in place to offer oversight of services and also other metrics linked to creating a good and efficient discharge and reablement journey for our customers/patients.

Narrative Plan

Each of the LA have to complete a narrative plan, For brevity, I am including only a brief description. There are 7 questions:

- **Who has been involved in creating the plan**

As above. In the upcoming years, we will need to draw our council housing partners in to the planning process more.

- **Executive Summary**

Summary of this years integration programme

- **Governance**

Summary of local and region oversight.

- **Overall approach to integration**

How we work and commission jointly, what is new services we have commissioned and how we work together to keep people independent

- **Supporting Discharge**

How we implement 'Home First', does the BCF support timely discharge from hospital and do we have an agreed commissioning arrangement for discharge services

- **Disabled Facilities Grant and Wider Services**

How we strategically use the DFG to support people. This response was good, and has actions to improve our services for next year

- **Equality and Health Inequalities**

Cover what we are doing to support equality and reduce health inequality. A good response, with the work of our analyst being key to improving our efforts for this next year.



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