Worcestershire Better Care Fund Narrative Document

Summary

Local Authority	Worcestershire County Council
Clinical Commissioning Groups	South Worcestershire
	Wyre Forest
	Redditch and Bromsgrove
Boundary Differences	The CCG's together are coterminous with the Worcestershire County Council, subject to the usual differences between resident and registered population.
Date agreed at Health and Well-Being Board:	CCG and Local Authority representatives on HWB delegated to sign off for submission by 11th September 2017. (Agreed at July 2017 HWB). The submitted plan will be taken to full HWB on 10th October 2017.
Date submitted:	11th September 2017
2017/18 BCF from CCG Minimum Revenue Contributions	£34,512,837
2017/18 BCF from Local Authority Contributions (DFG)	£4,634,934
2017/18 iBCF Contribution	£10,144,557
Total agreed value of BCF and iBCF 2017/18 Plan	£49,292,329

worcestershire countycouncil

NHS Redditch and Bromsgrove Clinical Commissioning Group

NHS South Worcestershire Clinical Commissioning Group

NHS Wyre Forest Clinical Commissioning Group

Sign off

Signed on behalf of the Clinical Commissioning Group	South Worcestershire CCG, Wyre Forest CCG and Redditch and Bromsgrove CCG
By	Simon Trickett
Position	Chief Accountable Officer
Date	11th September 2017

Signed on behalf of the Local Authority	Worcestershire County Council
By	Sander Kristel
Position	Director of Adult Services
Date	11th September 2017

	KLOE	Supporting Documents
Context for Worcestershire Worcestershire has focussed on delivering a “home first” principle for several years, commissioning services that support people to recover at home and avoid unnecessary hospital admissions. In addition, as part of our Pioneer status, we have been working with key providers across the county to integrate the delivery of key community based recovery services traditionally provided separately by health and social care, thereby reducing duplication, improving efficiency and increasing the capacity available to support people at home. Retaining the locality focus, three Alliance Boards are already in place across the county, all with a vision of an integrated model that wraps care around the person, integrating out of hospital services. Each Alliance Board has strong GP support and leadership with good collaborative relationships with other key partners. All three are working towards a more proactive, less hospital based system. Plans are in development for the creation of a single countywide Interim Accountable Care Board, with a parallel Financial Control Board to oversee and provide leadership for the effective development of Accountable Care across Worcestershire. The countywide Worcestershire Alliance Programme Board will continue support Alliance Boards to deliver the operational requirements, with a focus upon integration and improvement of health and adult social care in Worcestershire. Each of the Alliance Boards is focussed on the growing needs of our ageing population and the impact this has on services, including emergency admissions. As a result, developing services that support people living with frailty continues to be a high priority and the focus of many of the changes planned for 2017-2019. For the local authority, the 2017-2022 Corporate Plan 'Shaping Worcestershire's Future' lays out the organisational vision for Adult Social Care, identifying that "Our focus for Adult Social Care is to keep people with care and support needs and those that support them as independent as possible, and to enable them to have as much choice as possible about how they live their lives.". In addition to this, the Corporate Plan makes clear the ambition to work in a more integrated way with local		2.0 Hereford & Worcestershire STP 3.0 CCG Operational Plans 4.0 WCC Corporate Plan – 'Shaping Worcestershire's Future' -

NHS organisations. "We will work with health service leaders at both a strategic and operational level to support the NHS reform in developing new care models which will enable more people to receive treatment and support closer to home, recognising that some of the challenges being faced are just too vast to be tackled by single organisations in isolation, and instead would be better and more effectively solved in partnership. We recognise that people are better supported where NHS and social care staff work closely together and we will continue to develop health and care services on this basis, focusing on service delivery and partnerships to avoid historical constraints around organisational boundaries." The Better Care Fund in Worcestershire is used to fund schemes that contribute towards the achievement of these strategic objectives. The following document details how the use of the Better Care Fund in Worcestershire meets the BCF KLOEs. It is intended as a supplement to the BCF Planning Template Spreadsheet, and where appropriate, will refer to this planning template as well as other important documents.		
All parties are signed up to the Better Care Fund plan, as evidenced by the signatures of the Local Authority Chief Executive and the Clinical Commissioning Group Chief Accountable Officer on page 2 of this document. Emailed agreement dated 11th September 2017 has been attached as Appendices 18.0 and 18.1 in lieu of signatures being obtained and scanned.	1	18.0 CCG Sign-off email 18.1 LA Sign-off email
The STP Partnership Board membership includes Local Health Providers, VCS representation, Social Care, and CCGs. This ensures that providers are involved with the plan at the very highest level. The membership of the board and Terms of Reference are attached as Appendices 5.0 and 6.0. Local providers have been involved in the plan for the delivery of the STP objectives where appropriate. Worcestershire Alliance is led by a multi-agency Programme Board, including the GP Chairs of each Alliance Board, representation from the Local Medical Council, Worcestershire Acute Hospitals NHS Trust, Worcester Health and Care Trust, Worcestershire County Council and chaired by the CCG. Example notes of an Alliance Programme Board Meeting, showing membership of Acute (WAHT) and Community (WHACT) providers is attached as Appendix 7.0. There is a key focus upon supporting the local Alliances and jointly tackling key enablers – by utilising and bringing together existing infrastructure within Worcestershire such as IT, workforce development and governance.	2	5.0 STP Partnership Board Membership 6.0 STP Partnership Board Terms of Reference 7.0 Alliance Programme Board Minutes

<table>
<tr><td>Some of the plan schemes funded from the iBCF are around uplifts to providers, with the intent to stabilise and bolster the care market, reducing DTOCs. In such schemes, providers would be directly consulted on proposals. An example would be the 2-year uplift to Domiciliary Care fees for providers, which is part of Scheme 40 on the BCF Planning Template. The letter to providers detailing the outcome of the consultation process is attached as Appendix 8.0</td><td></td><td>8.0 Domiciliary Fee Review Letter</td></tr>
<tr><td>Disabled Facilities Grant.

The 2017/18 DFG has been passported to the districts in the full amounts, as shown in the table below.

<table>
<tr><th>District</th><th>2016/17 Allocation (£)</th><th>2017/18 Allocation (£)</th><th>Growth (£)</th></tr>
<tr><td>Bromsgrove</td><td>709,261.25</td><td>777,821</td><td>68,560</td></tr>
<tr><td>Malvern Hills</td><td>478,123.45</td><td>517,932</td><td>39,809</td></tr>
<tr><td>Redditch</td><td>649,144.55</td><td>713,501</td><td>64,356</td></tr>
<tr><td>Worcester</td><td>537,726.43</td><td>587,487</td><td>49,761</td></tr>
<tr><td>Wychavon</td><td>858,864.03</td><td>940,693</td><td>81,829</td></tr>
<tr><td>Wyre Forest</td><td>1,002,622.47</td><td>1,097,500</td><td>94,878</td></tr>
<tr><td>Total</td><td>4,235,741.18</td><td>4,634,934</td><td>399,193</td></tr>
</table>
</td><td>3</td><td></td></tr>
<tr><td>The Better Care Fund Plan 2017-2019 spreadsheet shows that the amount designated for Social Care from CCG minimum contributions has risen in line with CCG inflation.

The 2016/17 figure of £11,561,321 has risen to £11,768,269 in 2017/18. Although some of the scheme detail for 2018/19 is yet to be fully finalised, the amount designated as Social Care from CCG contributions</td><td>4, 5</td><td>1.0 BCF Planning Template</td></tr>
</table>

has been agreed at £11,991,866. This can be seen in the 'HWB Expenditure Plan' tab of the BCF Planning Template. The amount designated for Social Care does not exceed the minimum required. The increase is in line with the inflation to CCG minimum contributions. Therefore affordability is not considered an issue.		
The amount designated for Social Care from CCG minimum contributions has only risen in line with inflation to CCG minimum contributions. There are no 'big shifts' to Social Care for 2017/18 or 2018/19 and therefore it is not considered that this could destabilise the local health and social care system. Proposed schemes for the BCF are discussed first at Integrated Commissioning Executive Officer's Group (see KLOEs 18-20, and example Appendix 9.0 – Howbury Reinvestment Plan ICEOG paper) and this is an opportunity for the schemes and their impact to be discussed in a wider context.	6	9.0 Howbury Reinvestment Plan ICEOG paper
Column G of the 'HWB Expenditure Plan' portion of the BCF Planning Template denotes which schemes are considered to be Social Care. Columns D-F show that the Social Care schemes fall into a variety of scheme types, such as Reablement/Rehabilitation Services, Intensive short-term support to enable discharge home from hospital, Emergency Social Worker Interventions to reduce likelihood of Acute Admission, High Impact Change Model for Managing Transfer of Care, and Integrated care planning. This illustrates the health benefit of the Social Care schemes and how they support the overall aims of the STP.	7	1.0 BCF Planning Template
The BCF planning template shows that the amount of Better Care Fund committed to NHS-Commissioned Out of Hospital services is £19,095,900 for 2017/18. The minimum allocation required to complete the template is £9,807,570. .	8	1.0 BCF Planning Template
An additional target for non-elective admissions has not been set as part of the Worcestershire BCF plan.	9 & 10	
Self-assessment against the High Impact Change model undertaken in April 2017 sets out the key challenges and immediate priorities for the A&E Delivery Board to address. This self-assessment is attached as Appendix 10.0. The assessment was completed jointly by the Local Authority, The CCGs, the Acute provider, and the Community Provider for Worcestershire. For each change, the assessment includes a category, from a choice of 'Not Yet Established', 'Plans in Place', 'Established', 'Mature', and 'Exemplary'. Anything marked as 'Established' or higher **indicates that something has already been commissioned to support that change**. However, the assessment still	11,12, 13	10.0 Self-Assessment against HICM. 11.0 A&E Delivery Board plan

includes information on what is currently working well, and what else needs to happen as part of the work on that change. For instance Change 6 – Trusted Assessor – is marked as established:

High Impact Change Toolkit		2017/18								
Please refer to the illustrations from the High Impact Change model at the end of this document to help make your assessment. ***Once completed please return to jacky.edwards@abintramcl.co.uk by 24th April 2017.***		Please indicate Y against the applicable category as assessed by you against the change model illustrations.					Brief description only please			
Change	Change Descriptor	Not yet established	Plans in place	Established	Mature	Exemplary	What are the key challenges?	What's working well?	What else needs to happen?	Is this an immediate priority Y/N?
6	**Trusted Assessor.** Using trusted assessors to carry out a holistic assessment of need avoids duplication and speeds up response times so that people can be discharged in a safe and timely way			x			Changing cultures Quality of assessments developing trust	Acceptance to test trusted assessor working with a number of care homes	Learning from the test of trusted assessor to facilitate roll out of the model across the system. Explore widening the groups of staff acting as trusted assessor	Yes Linked to improving patient flow A&E LDB plan

The assessment shows 'what needs to happen' in order to implement each of the 8 changes in Worcestershire, and states that the delivery will be through the work of the A&E Delivery Board Plan.

The Worcestershire A&E Delivery Board Urgent Care Programme plan (Appendix 11.0) sets out the system approach to implementing the high impact change model for managing transfers of care. The scope of the Delivery Board plan however, is wider than the HICM. **Thus the plan for delivering the HICM is within the A&E Delivery Board Urgent Care Programme Plan.**

Progress on HICM is monitored through the A&E Delivery Board, with specific monitoring on individual changes. A priority assurance example (Appendix 10.1) on the Trusted Assessor shows that progress is RAG rated and ongoing actions agreed.

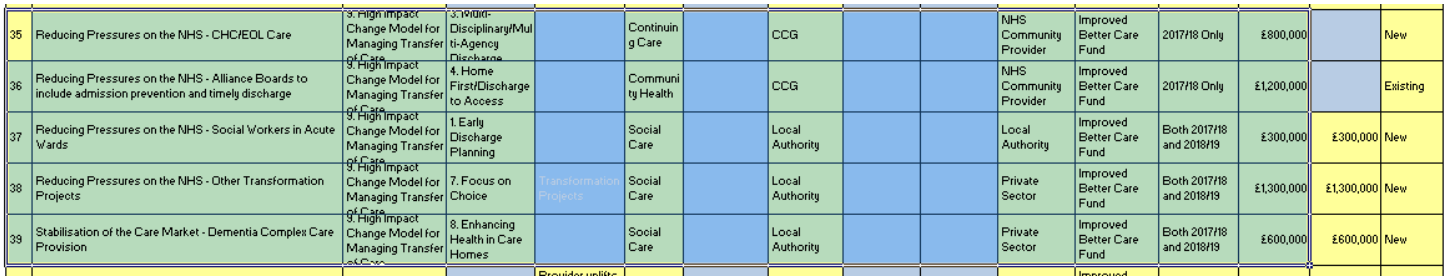
1.0 BCF Planning Template

10.1 AEDB Priority Assurance

Trusted Assessor to be carried out by PFC nurses	G
Update	Action Lead/Date
PFC nurses are currently providing in-reach services to Avon 4, Silver and Evergreen. A paper on progress will be presented to the A&E operational group ion July 4th. The pilot provides in-reach assessments for patients on pathway 3 with the aim reducing the current delay of 16 days for this pathway. The in-reach pilot is proving successful at improving the quality of the trusted assessments and reducing the level of failed discharges, however the timeliness of the pathway on the pilot wards still remains at around 8 to 9 days. The challenge presented is that due to an increasing complexity in patients homes are still requesting to come in an assess patients this is in addition to several patients in which the complexity has been such that several searches have had to be made. Consideration now needs to be given to the block purchasing of Nursing homes and an enhanced level of wrap around community health care. It is envisaged that such a model will help improve the flow out of hospital of complex pathway 3 patients.	
Actions:	
Ward sister identified and regular meetings held between PFC and Acute trust to discuss.	G
P3 Flowchart to be updated and shared at July AEOG	G
Social care to commence search for homes willing to accept block purchase arrangements	A
System meeting to be established to look at developing enhanced out of hospital support for complex p3 patients	A
Criteria Led Discharges	
Update	Action Lead/Date
Weekend planning and discharges – Criteria Led/Nurse led discharges to support weekend planning. – Full forensic review of patients suitable for discharge on Thurs/Fri	
Actions:	
WAHT have developed a SOP and will be implemented from June 2017 starting within Surgical division.	G

The BCF Planning Template shows (in the 'Scheme Type' column in the 'HWB Expenditure Plan' tab) that there are a number of schemes within the BCF plan that contribute specifically to the 8 changes. These are

across health and social care, and are funded by the iBCF. The budget allocated to the schemes specifically linked to the HICM is £4.2m in 2017/18:



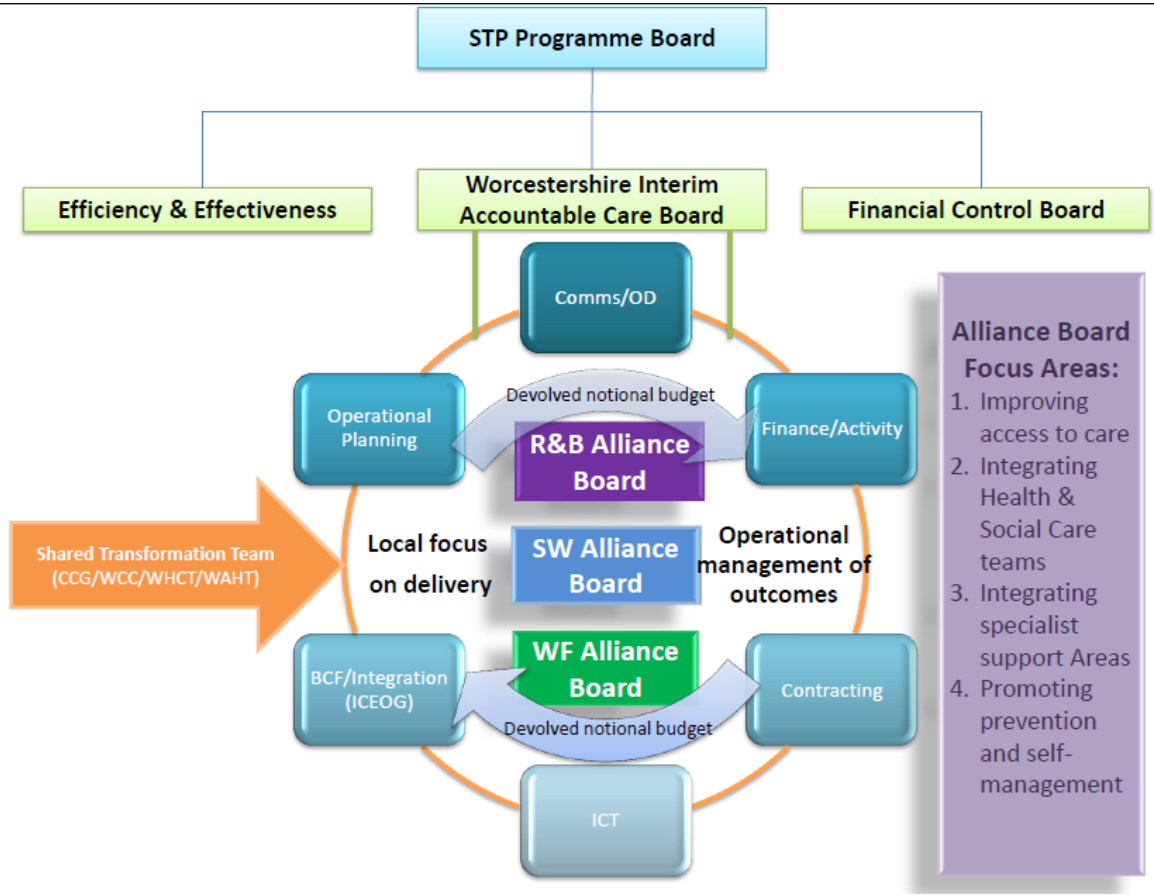
35	Reducing Pressures on the NHS - CHC/EOL Care	3. High Impact Change Model for Managing Transfer of Care	3. Multi-Disciplinary/Multi-Agency Discharge		Continuing Care		CCG			NHS Community Provider	Improved Better Care Fund	2017/18 Only	£800,000		New
36	Reducing Pressures on the NHS - Alliance Boards to include admission prevention and timely discharge	3. High Impact Change Model for Managing Transfer of Care	4. Home First/Discharge to Access		Community Health		CCG			NHS Community Provider	Improved Better Care Fund	2017/18 Only	£1,200,000		Existing
37	Reducing Pressures on the NHS - Social Workers in Acute Wards	3. High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning		Social Care		Local Authority			Local Authority	Improved Better Care Fund	Both 2017/18 and 2018/19	£300,000	£300,000	New
38	Reducing Pressures on the NHS - Other Transformation Projects	3. High Impact Change Model for Managing Transfer of Care	7. Focus on Choice	Transformation Projects	Social Care		Local Authority			Private Sector	Improved Better Care Fund	Both 2017/18 and 2018/19	£1,300,000	£1,300,000	New
39	Stabilisation of the Care Market - Dementia Complex Care Provision	3. High Impact Change Model for Managing Transfer of Care	8. Enhancing Health in Care Homes		Social Care		Local Authority			Private Sector	Improved Better Care Fund	Both 2017/18 and 2018/19	£600,000	£600,000	New

In addition to this, the 'What's working well?' column of the Self-assessment document illustrates how BCF-funded schemes are already contributing to areas of the HICM, such as Discharge Planning and Systems to Monitor Patient Flow. This is to be expected when the strategic aims of the BCF in Worcestershire – such as Home First and Enabling Choice (see 'Context for Worcestershire' section above) – align so closely with the 8 High Impact Changes. Specific Better Care Fund schemes that contribute towards the maintaining flow / hospital discharge element of the high impact actions are considered to be:

Scheme	**2017/18 BCF budget (£)**
Urgent and Unplanned beds at Timberdine	218,000
Urgent and Unplanned beds spot purchased	208,000
Plaster of Paris placements	442,000
Patient Flow Centre	580,000
Discharge Pathway 1 and UPI	3,516,400
Discharge Placement Social Worker	38,000
Discharge Pathway 3	1,167,500
Band 6 Nurse in UPI	45,000
Total	**6,214,900**

Therefore support from the BCF towards the implementation of the HICM can be considered to be £6.215m

The local vision for integrating Health and Social Care Services by 2020/21 is clearly outlined in the STP document. This includes improving the patient and service user experience and reducing duplication across professional domains. The STP also clearly states that the BCF will be used to drive this strategic aim: **"Our vision by 2020/21**, ***"Local people will live well in a supportive community with joined up care underpinned by specialist expertise and delivered in the best place by the most appropriate people",*** is set out in the Herefordshire and Worcestershire Sustainability and Transformation Plan. **Our Strategic Aim** (STP Priority 3) for developing out of hospital care is to transform the way care is provided, proactively supporting people to live independently at home and providing responsive, compassionate and personalised care, delivered by an integrated health & social care workforce.	14 & 15	2.0 Hereford & Worcestershire STP 3.1 Updated Worcestershire Alliance Programme Diagram



In order to transform our services it is essential that we find more effective ways of organising services to respond to the increasingly complex and chronic health and social care needs of our population. This is to reduce duplication as well as to deliver improved outcomes for people and their carers. The evidence indicates that integration results in improved clinical outcomes and a better patient experience (Ref: Stepping up to the Place, NHS Confed and ADASS, 2016). This is supported by our engagement with local people who live with long term conditions and/or multiple needs, which highlights that people want more joined up care. In particular they tell us that the divide between health and social care often impacts on the effectiveness and the efficacy of the support they receive.

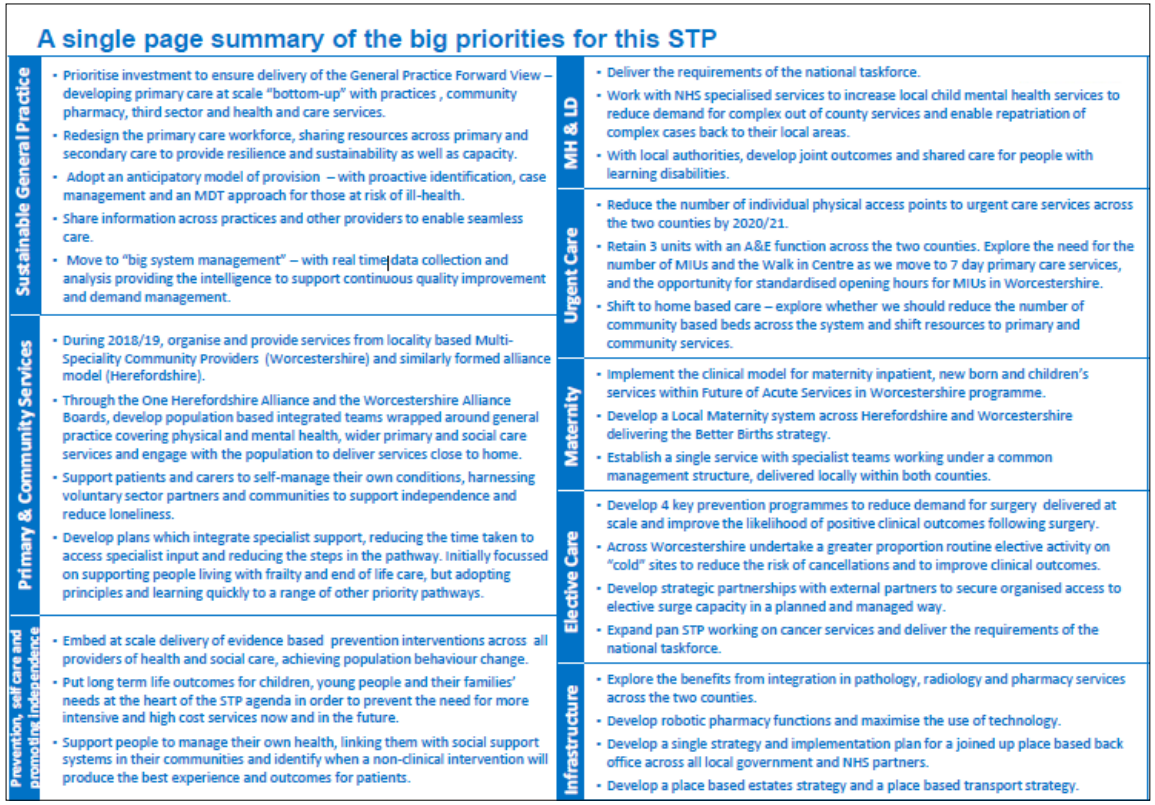
We are committed to continue developing services that work in a more integrated way; wrapping the necessary skills and competencies around people and their carers to enable them to live as independently at home for as long as possible. We

believe that redesigning services around the needs of individuals in a locality / place presents the best opportunity to improve health and well-being and reduce health inequalities whilst also helping to bring about financial sustainability. We will use our integrated care plans (Better Care Fund) to drive this integrated front line service delivery, developing and sharing skills and competencies across organisations at locality level, and at larger levels where it makes sense to do so. This includes working with organisations outside the NHS, including public sector partners and the VCS, to meet the totality of people's needs. To deliver this we will: • Improve early and consistent provision of advice and information to individuals, their carers and families, to enable proactive decision making that supports and enables independence and self care • Offer more choice and control for individuals and their carers, including the wider adoption of Direct Payments/Integrated Personalised Budgets as appropriate • Embed personalised care planning, in partnership with individuals and their carers, as the central tenet to our ways of working. We will ask' "what matters to you", as well as "what's the matter with you." • Ensure joined up working across disciplines through the MDT approach, supported by shared information • Develop a multi skilled workforce that can work across organisational and professional boundaries, whilst identifying tasks which can be shared across professional domains to reduce duplication and improve efficiency • Work with local communities and the voluntary/community sector, to understand where and how partnership working can support individuals and carers to manage their own health and care needs • Successful delivery will require us to nurture leadership across our workforces, to drive change in both culture and ways of working across personal and professional boundaries."		
<u>NC 3. Seven day services</u> The CCG Operational Plan (Page 10) describes the ambition - and steps towards – realising 7-day services in Acute, Community, and Primary Care:	16	3.0 CCG Operational Plan 2.0 Hereford & Worcestershire STP 12.0 EPACCS Evaluation report

The Better Care Fund contributes towards this through a number of the schemes listed in the BCF Planning Template, including continued funding for the Patient Flow Centre, Additional Social Work Capacity in the Urgent Care Team, and Pathway 1, which picks up discharges to the community 7 days a week.

NC 4. Better data sharing

The sharing of information across organisations is one of the Sustainable General Practice priorities as shown on Page 12 of the STP:



A single page summary of the big priorities for this STP

Sustainable General Practice

- Prioritise investment to ensure delivery of the General Practice Forward View – developing primary care at scale "bottom-up" with practices , community pharmacy, third sector and health and care services.
- Redesign the primary care workforce, sharing resources across primary and secondary care to provide resilience and sustainability as well as capacity.
- Adopt an anticipatory model of provision – with proactive identification, case management and an MDT approach for those at risk of ill-health.
- Share information across practices and other providers to enable seamless care.
- Move to "big system management" – with real time data collection and analysis providing the intelligence to support continuous quality improvement and demand management.

Primary & Community Services

- During 2018/19, organise and provide services from locality based Multi-Speciality Community Providers (Worcestershire) and similarly formed alliance model (Herefordshire).
- Through the One Herefordshire Alliance and the Worcestershire Alliance Boards, develop population based integrated teams wrapped around general practice covering physical and mental health, wider primary and social care services and engage with the population to deliver services close to home.
- Support patients and carers to self-manage their own conditions, harnessing voluntary sector partners and communities to support independence and reduce loneliness.
- Develop plans which integrate specialist support, reducing the time taken to access specialist input and reducing the steps in the pathway. Initially focussed on supporting people living with frailty and end of life care, but adopting principles and learning quickly to a range of other priority pathways.

Prevention, self care and promoting independence

- Embed at scale delivery of evidence based prevention interventions across all providers of health and social care, achieving population behaviour change.
- Put long term life outcomes for children, young people and their families' needs at the heart of the STP agenda in order to prevent the need for more intensive and high cost services now and in the future.
- Support people to manage their own health, linking them with social support systems in their communities and identify when a non-clinical intervention will produce the best experience and outcomes for patients.

MH & LD

- Deliver the requirements of the national taskforce.
- Work with NHS specialised services to increase local child mental health services to reduce demand for complex out of county services and enable repatriation of complex cases back to their local areas.
- With local authorities, develop joint outcomes and shared care for people with learning disabilities.

Urgent Care

- Reduce the number of individual physical access points to urgent care services across the two counties by 2020/21.
- Retain 3 units with an A&E function across the two counties. Explore the need for the number of MIUs and the Walk in Centre as we move to 7 day primary care services, and the opportunity for standardised opening hours for MIUs in Worcestershire.
- Shift to home based care – explore whether we should reduce the number of community based beds across the system and shift resources to primary and community services.

Maternity

- Implement the clinical model for maternity inpatient, new born and children's services within Future of Acute Services in Worcestershire programme.
- Develop a Local Maternity system across Herefordshire and Worcestershire delivering the Better Births strategy.
- Establish a single service with specialist teams working under a common management structure, delivered locally within both counties.

Elective Care

- Develop 4 key prevention programmes to reduce demand for surgery delivered at scale and improve the likelihood of positive clinical outcomes following surgery.
- Across Worcestershire undertake a greater proportion routine elective activity on "cold" sites to reduce the risk of cancellations and to improve clinical outcomes.
- Develop strategic partnerships with external partners to secure organised access to elective surge capacity in a planned and managed way.
- Expand pan STP working on cancer services and deliver the requirements of the national taskforce.

Infrastructure

- Explore the benefits from integration in pathology, radiology and pharmacy services across the two counties.
- Develop robotic pharmacy functions and maximise the use of technology.
- Develop a single strategy and implementation plan for a joined up place based back office across all local government and NHS partners.
- Develop a place based estates strategy and a place based transport strategy.

There are various projects currently ongoing to address this priority. One example with which Worcestershire has had some early success is the **EPACCS (Electronic Palliative Care Co-ordination system)** initiative, a report on which is attached as Appendix 12.0. The evaluation explains the background for this specific system:

Background to the Project

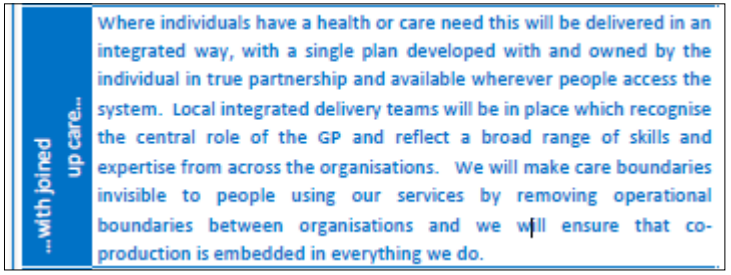
Worcestershire's bespoke EPaCCs was developed by Black Pear and Advanced and enables GPs to record patients' preferences as they near their end of life. The solution automatically generates an emailed form to WMAS and provides relevant information automatically and directly into Adastra for 111 and Out of Hours to view from within their own system.

Other health care professionals involved in the care of the patient outside of the practice, will be able to access and amend the patient's EPaCCs record once work with NHS digital is complete. The GP Practice will be notified of any changes made to a record.

There are not specific BCF-funded schemes in the Planning template that focus on information sharing. However, BCF support for areas that have previously been funded by base budget has freed up budget for investment in this area.

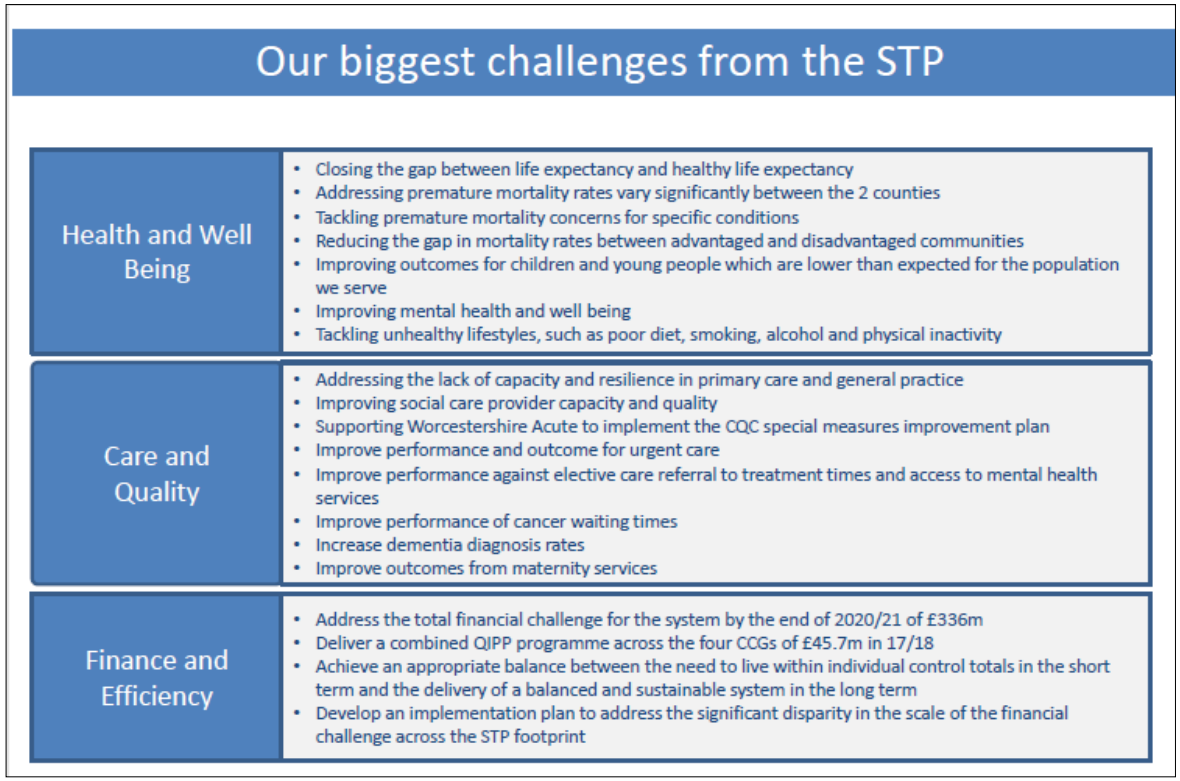
NC 5. Joint approach to assessments and care planning

Page 10 of the STP describes the vision for joined up care by 2020/21:



This is also a key part of the Local Authority Corporate Plan (see 'Context for Worcestershire' section above). The BCF and iBCF fund various schemes that support this vision, and these can be seen in the BCF Planning Template. These include:

a. Funding for Alliance Boards from iBCF
b. BCF funding for the Integrated Community Equipment Service, which provides for both NHS and Social Care services
c. BCF funding for Carers' Services, which includes Carer Support Advisors attached to each GP

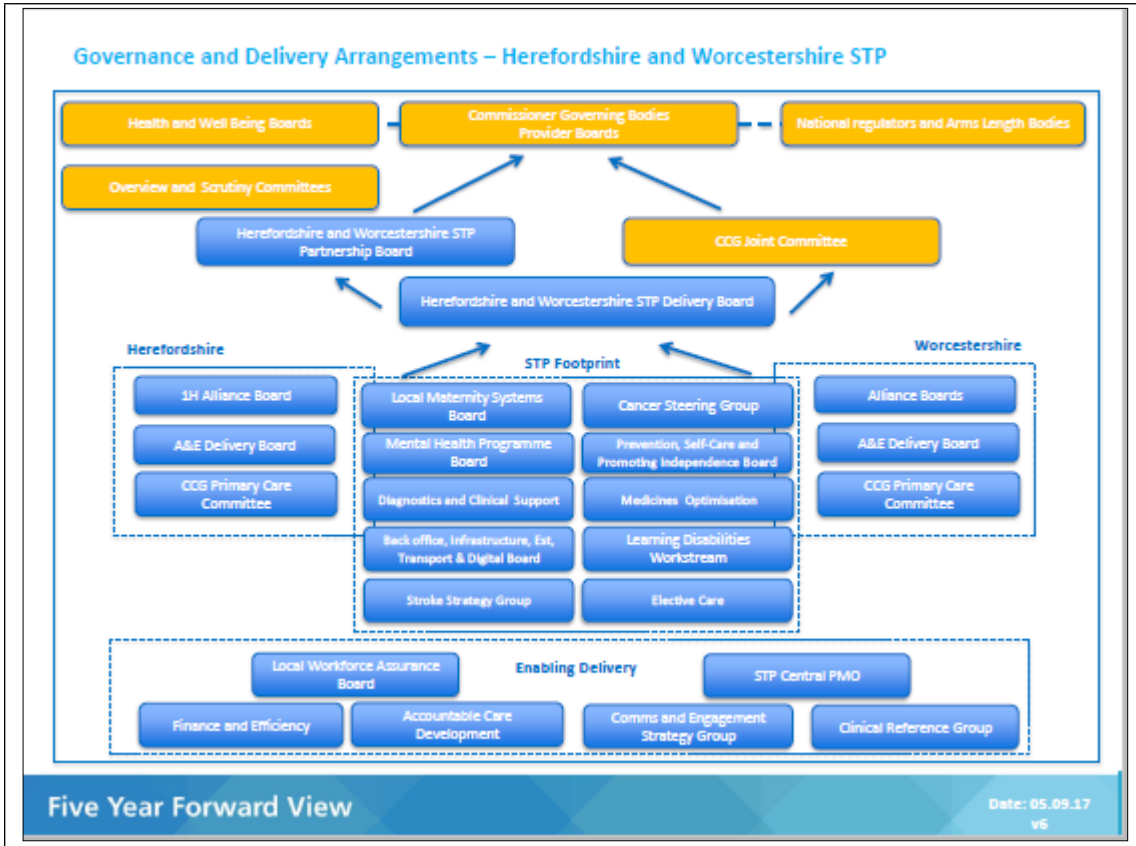
practice.		
The challenge of moving towards integration in Health and Social Care is addressed in the STP, as well as the biggest challenges (Pages 13-18). Page 25 of the STP document breaks the strategic priorities down into Delivery Programmes, and pages 34-76 of the STP document put more detail behind the plans to achieve the priorities, including details on what will be different by 2020/21. The CCG Operational Plans also include an assessment of the challenges in delivering the strategic aims of the STP – the issues that our strategic plans aim to resolve:  	17	2.0 Hereford & Worcestershire STP 3.0 CCG Operational Plan

The CCG Operational Plans state the desired impact ('Outcome') of each deliverable measure within the plan. Below is page 32 of the plan, which highlights the deliverables of Integrated Primary and Community services, which is just one of the areas being supported by the Better Care Fund (through schemes such as Night Sitters, Enhanced Care Teams, and Pathway 1 discharge)

Delivery Plan – Priority 3B: Integrated Primary and community services - Worcestershire

Deliverables	Milestones	16/17		17/18				18/19				Outcome	9 Must Do's
		3	4	1	2	3	4	1	2	3	4		
3B1 From 2018/19 onwards, organise and provide services from locality based Multi-Speciality Community Providers.	MCP development Governance structure established and fully constituted	✓										By April 2019 we anticipate having integrated primary and community services commissioned through an overarching Multi-specialty Community Provider (MCP) or similar alliance framework that supports the efficient functioning of locality based integrated teams. Care will be delivered by an integrated workforce, spanning primary, community, secondary and social care, organised around natural neighbourhoods.	1.1 2.2 2.3 3.1 3.2 3.3 3.4 3.5
	Alliance boards fully constituted, with agreed work programmes and associated shadow population based budget												
	Local community, general practice and other providers engaged in development of new clinical model. Alliance Boards												
	Population based budgets calculated at locality level, ready for shadow implementation 17/18 Q1												
	Multi agency shared Transformation team established to provide dedicated support to drive and manage the transformation												
	Shared local vision based on a new clinical model agreed and documented												
	Workforce plan completed												
	Agree commissioning process, contractual approach and timeline												
	Award contract												
3B2 Through the Worcs Alliance Boards, develop population based integrated teams wrapped around general practice covering physical and mental health, wider primary and social care services and engage with the population to deliver services close to home.	Agree relationship between delivering improved access to primary care and other community based urgent care services at neighbourhood level.											An integrated frailty pathway will be in place . Patients and their carers will be fully involved in the assessment of their needs. Patients will have one first point of contact in a crisis.	1.1 2.2 2.3 3.1 3.2 3.3 3.4 3.5
	Agree Commissioning /contractual implications of contract												
	Estates requirements determined and reflected in Estates plan completed												
	Testing pilot phase begins												

There are overarching governance arrangements for the STP, and there are specific governance arrangements for the Better Care Fund. The governance arrangements for the STP included as Appendix 2.1, and show how the different delivery groups and alliance boards feed into the STP Delivery Board, with governance over this from the Commissioner Governing Bodies and Health and Wellbeing Boards for Herefordshire and Worcestershire.	18 & 20	2.1 Updated Hereford & Worcestershire STP Governance Arrangements 13.0 Example



For the Better Care Fund in Worcestershire, overall governance is a more direct route to the Health and Wellbeing Board. ICEOG (Integrated Commissioning Executive Officers Group) comprises membership from CCGs and the Local Authority, including the Director of Adult Social Care, and the Chief Accountable Officer of the CCGs. ICEOG meets on a monthly basis and receives monthly reports on BCF finances, as well as regular reports on the effectiveness of BCF schemes, outcomes and benefits realisation, capturing learning, and addressing underperforming schemes. ICEOG is overseen by the Health and Wellbeing board, and quarterly reports on the BCF, as well as any interim reports that need HWB attention (such as plans for BCF investment) are taken to HWB after sign-off from ICEOG.

ICEOG BCF monitoring paper.

Example minutes of an ICEOG BCF monitoring report is attached as Appendix 13.0.		
The STP (Page 14) acknowledges health inequalities in Worcestershire, including the mortality variation between different social groups: **Our biggest challenges – health and well-being** There is a gap in mortality rates between advantaged and disadvantaged communities, particularly in Worcestershire – Our health and well-being strategies identify approaches to tackle this gap, and these are reflected throughout the STP. The range of years of life expectancy across the social gradient at birth is 7.8 years in Worcs and 4.9 in Herefordshire. In our rural areas, health inequalities can be masked by sparsity of population but we know differences exist which need to be tackled, including issues of access. Some outcomes for children and young people which are lower than expected: • School readiness - In Herefordshire only 40% of Children receiving free school meals reach a good level of development at the end of the reception school year. In Worcestershire the figure is 46%. Both are worse than the England average of 51% • Neonatal mortality and stillbirth rates – These are amongst the worst in the comparative groups for both counties. In Herefordshire it is 9.7 per 1,000 live births and Worcestershire 7.5 per 1,000 • Obesity – In Herefordshire 22% and in Worcestershire 23% of reception class children are obese or overweight • Alcohol admissions under 18s – In Herefordshire the figure of 56 per 100,000 population and in Worcestershire 46.5 per 100,000 are both significantly higher than the England average of 40. This equates to an additional 30 admissions in Herefordshire and 37 in Worcestershire per annum • Breast-feeding initiation rates are both below the national average (68% in Herefordshire and 70% in Worcestershire with a national figure of 74%). • Occurrence of low birth weight in both counties is amongst the worst of their comparator groups • Teenage conceptions - 24 per 1,000 in Herefordshire and 25 per 1,000 in Worcestershire are the highest rates amongst their comparator groups **Mortality variation between different social groups** Difference between less deprived and more deprived areas Herefordshire 4.9 yrs Worcestershire 7.8 yrs **Areas of concern regarding poor outcomes for children and young people across both counties** Younger ——— Older • Neonatal mortality and still births • Low birth weight • Breastfeeding rates • School readiness • School age obesity • Under 18 alcohol admissions • Teenage conception rate This is also picked up in the CCG Operational Plans (page 6), and the reduction of health inequalities is embedded in all areas of the CCG Delivery Plan, for example deliverable 4D11 addresses factors that prevent uptake of cancer screenings in some areas or social groups (Page 41):	19	2.0 Hereford & Worcestershire STP 3.0 CCG Operational Plan 17.0 Worcestershire Integrated Carers Hub Social Value Report

<table><tr><td>4D11 Far greater uptake of screening programmes across the population</td><td>H&W - Work with Breast and Bowel Screening service to review potential for integrated working with respective symptomatic services. Work across health and social care to increase uptake to screening by addressing the factors that prevent uptake</td><td>Earlier recognition and faster diagnosis of cancers, resulting in improved survival rates. Increased update of screening programmes.</td></tr></table> The Better Care Fund contributes to addressing inequalities in a number of schemes. A good example is the Integrated Carers Hub, which is one of the schemes funded from the £1.2m Carers budget in the BCF. Appendix 17.0 shows some example case studies in which the services at the hub have addressed the theme of 'Providing support for individuals or groups facing greater social or economic barriers'.		
Key risks to the delivery of the strategic plans in Worcestershire are included in the STP document (pages 30-31). With the level of transformational changes being implemented as part of the STP, it is key that risks are monitored closely and for the STP, as well as mitigating actions being agreed. This takes place at STP partnership board – an example of the Risk Register is attached as Appendix 14.0. Risks relating specifically to BCF scheme delivery are reported first to ICEOG, in accordance with the BCF governance arrangements detailed earlier in this document. Risks are discussed on a monthly basis and are rated for likelihood and potential impact, as well as mitigating actions being agreed. An example of the ICEOG risk register from July 2017 is included as Appendix 15.0. Note that the scope is wider than just BCF schemes, as the BCF is just one part of ICEOG remit. An example of BCF risk monitoring through ICEOG would be the Integrated Community Equipment Service risks below:	21	2.0 Hereford & Worcestershire STP 14.0 STP risk register 15.0 ICEOG Risk Register July 2017

Risk no/ catego	Description (Causal factor)	Controls already in place / Activity undertaken in the last 3 months to reduce/mitigate the risk	Additional action planned	Date raised/ Risk level changed	Likelihood	Impact	Current Rat	Accountable Officer	Governance	ICEO G	CMB	CQR
Integrated Community Equipment Service (ICES)										Y	Y	Y
(F)	Potential for overspend on equipment within ICES with financial implications for both CCGs and WCC	Action plan in place with WHCT to reduce predicted overspend has been effective in bringing adults equipment budget in around budgeted level for 16/17. Ongoing discussions between adults and children's commissioners around integration and pooling of budgets	Adults and Children's continue to monitor budgets closely and more proactive forecasting is planned. Commissioning action plan for the future includes policy refresh, updated specification and comprehensive Needs Assessment. Revised specification and refresh of policies being progressed by Commissioning Manager - report presented to ICEOG July 2017 and subsequent plan being developed.	13/08/2014 (13 R) Risk level reduced: 26/1/15	High	Substantial	12	Fran Kelsey / Philippa Coleman	CCG Governing Bodies/ Cabinet	Y	Y	N
(H)	ICES service unable to respond effectively to increasing demand resulting in unsafe practice or failure to meet needs appropriately.	BCF funding agreed to support increased demand for equipment as a result of demographic pressures. New workstreams which will have a need for equipment must be identified by Lead Commissioners ASAP. Report to ICEOG Feb 2017 setting out new commissioning workplan.	To continue to monitor growth of service to pre-empt issues recurring. Potential implications of the Care Act and possible increase in assessments. Forecasting work taking place for proactive budget planning and monitoring 2017/18.	01/04/2013 (15 A) Risk level reduced: 11/2/14	Low	Critical	14	Fran Kelsey / Elsine Carolan	CCG Governing Bodies / Cabinet	Y	Y	Y
(SF)	Change in law has led to a reclassification of licence for ICES delivery vehicles. This has led to drivers needing an enhanced licence to drive vehicles and vans needing to be regularly weighed. Issues retaining and recruiting trained staff. Vans off road one day a month for weighing.	Further recruitment by WHCT ongoing. Opportunity to purchase or lease smaller vans with lower classification to replace currently hired vehicles. Service is managing situation and covering with agency staff where essential. Agreement to short-term (12 month) hire of three vehicles April 2017 to address immediate issues re driver recruitment and vehicle reliability etc.	Long-term leasing options being explored. Overall arrangements for vehicles will be discussed and agreed through the spec and contract exercise. Three new vans have been hired through Northgate via WCC fleet services and converted to meet ICES needs. Suitable drivers have now been recruited. David Griffiths (Procurement Manager) leading on discussions with transport re new transport plan. Proposals to come to ICEOG for discussion/sign-off	23/03/2015 (12A) Risk level reduced: 31/7/17	Medium	Substantial	11	Fran Kelsey / Elsine Carolan	CCG Governing Bodies / Cabinet	Y	Y	N

Historically, the BCF is considered to be 'ring-fenced' in Worcestershire. This means that ICEOG will aim to manage BCF variances within the fund as much as possible before requiring additional resource.

22 & 23

The regular budget monitoring reports to ICEOG will highlight any variances on individual schemes, and to the BCF as whole. The Local Authority and CCGs may consider the following options.

1. To take corrective action to reduce or eliminate the variance i.e. reduce the planned activity in a scheme.

2. For one organisation to support individual scheme variances, if this is considered preferable to corrective action. There are a number of BCF schemes which are considered to be high-risk as the spend is driven by demand –Pathway 1, Pathway 3 placements, Plaster of Paris placements, Enhanced Interim Packages of Care, and Urgent & Unplanned Placements, with budgets totalling £5.35m. For these and any other schemes, stakeholder organisations may wish to support

overspends, rather than limit or cease activity, due to the potential impact on the system. There is no theoretical limit to the amount of variance in individual schemes. This extra support to the BCF would be approved through the mechanisms of the responsible organisation in the first instance.

3. For the CCGs and Local Authority to jointly support the variance for the overall BCF, net of any individual variance support as per point 2. The ratio of support would be agreed by ICEOG on a case-by-case basis, but could typically be a 50% liability for the overall fund overspend for the Local Authority, and 50% for the CCGs. There is no theoretical limit to the overall variance in BCF spend.

The overall variance and associated liability for the organisations forms part of the regular budget monitoring reports to the Health and Wellbeing board for final agreement.

The support for both individual and overall BCF variances by both the CCGs and LA does not result in an amended BCF plan, as it is not considered to be a planned variance. .

The BCF Planning Template shows that the minimum contributions have all been included ('HWB Funding Sources' tab):

	2017/18	2018/19
Total BCF pooled budget	**£49,292,329**	**£53,586,286**

The BCF Planning Template ('HWB Expenditure Plan' tab) shows that the contributions have all been included in the list of scheme budgets. This is illustrated by the Running Balances table showing zero (£0) entries

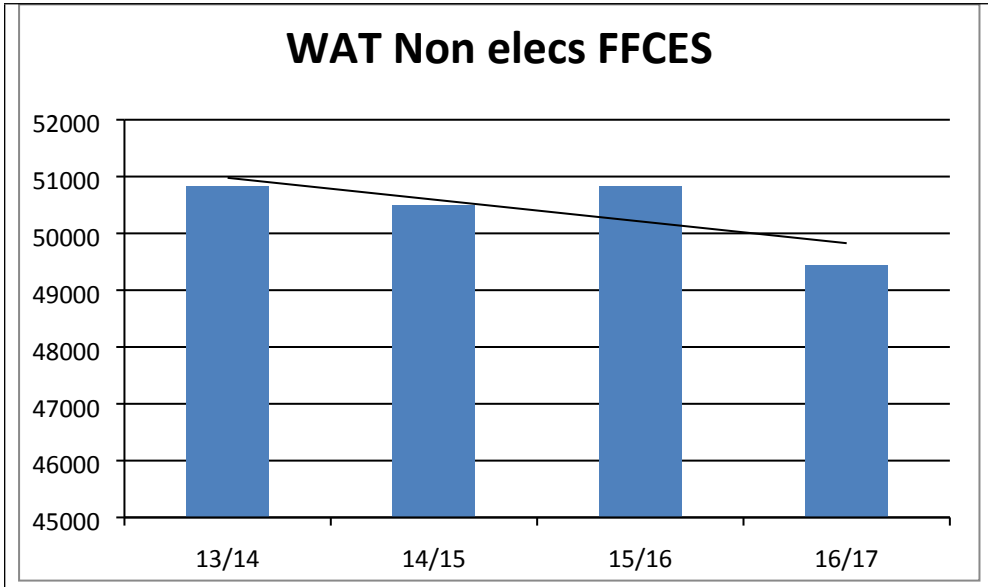
Link to Summary sheet

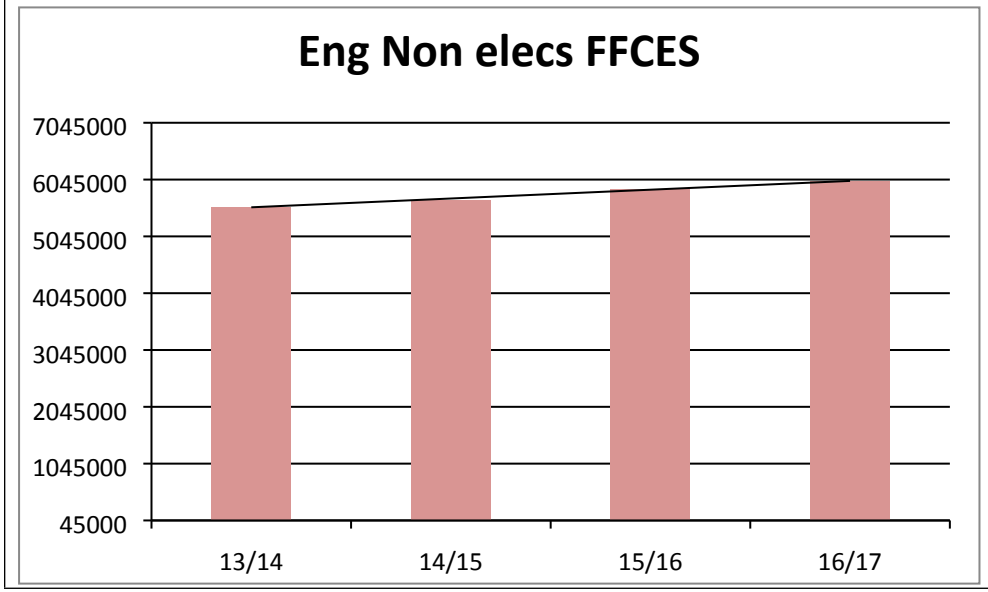
Running Balances	**2017/18**	**2018/19**
BCF Pooled Total balance	£0	£0
Local Authority Contribution balance exc iBCF	£0	£0
CCG Minimum Contribution balance	£0	£0
Additional CCG Contribution balance	£0	£0
iBCF	£0	£0

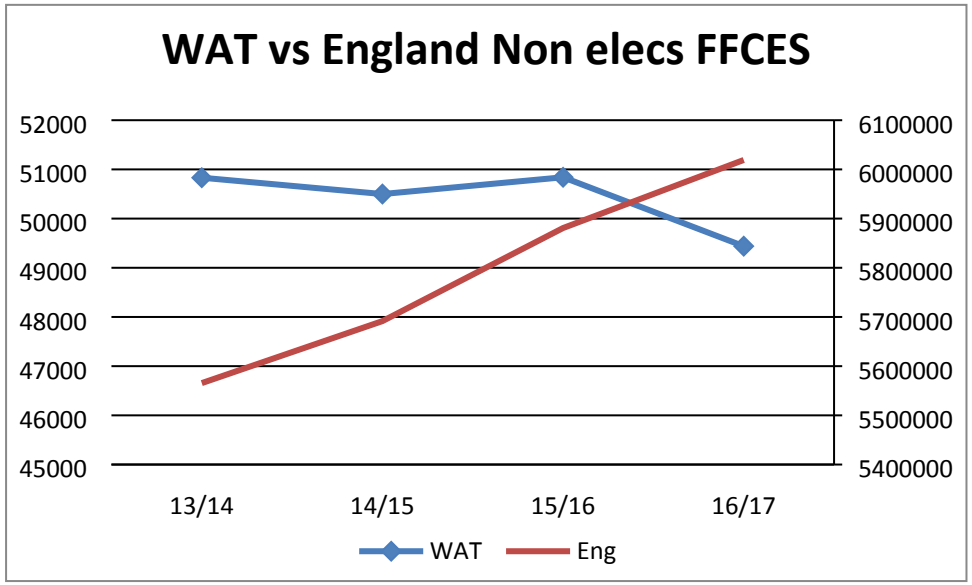
24,25, 26, & 27

1.0 BCF Planning Template

The amounts for Care Act Implementation, Carers' Services, Reablement and the Disabled Facilities Grant can be seen in the titles and categorisation of the BCF and iBCF schemes in the 'HWB Expenditure Plan tab. The breakdown of the iBCF schemes in the BCF Planning Template (Schemes 33-40) clearly shows the distribution across the three purposes of the grant – Meeting Adult Social Care Needs, Reducing Pressures on the NHS, and Stabilisation of the Care Market.		
<u>Emergency Admissions</u> The CCG operational plans compare the performance in Worcestershire to national performance for Emergency Admissions. The target figures entered into the BCF Planning Template ('HWB Metrics' tab) reflect the operational plans. Worcestershire CCG Emergency Admissions to Worcestershire Acute Hospitals NHS Trust have remained relatively flat in recent years, and bucked the trend nationally in 16/17. End of year figures are shown below and demonstrate that admissions in 2016/17 are the lowest in the last four years. Compared to national figures these demonstrate a good degree of demand mitigation that has occurred in the local health economy. *Source: MAR data*	28	1.0 BCF Planning Template. 3.0 CCG Operational Plan


WAT Non elecs FFCES
52000
51000
50000
49000
48000
47000
46000
45000
13/14
14/15
15/16
16/17


Eng Non elecs FFCES
7045000
6045000
5045000
4045000
3045000
2045000
1045000
45000
13/14
14/15
15/16
16/17



Our strategy for achieving the non-elective reductions

We have an established transformation programme that continues to target the reduction in avoidable emergency admissions. The information above suggests that this has been successful to date in mitigating demand on our main provider. The programme is built around two main facets relevant to BCF plans:

1) An out of hospital strategy built around Alliance Boards overseeing the development of integrated community teams and virtual wards closely aligned to GP practices. There are three operational Alliance Boards in the County and they are forming the foundations of our strategy to develop a single multispecialty health community provider model supporting locality delivery teams, aligned to Social Care locality teams. A core objective of this part of the programme is to provide proactive care to help avoid the need for people to use unplanned care services. In the main this area focuses on three key areas - frailty admissions, stroke, and falls.

Integrated Health & Social Care teams - these have been implemented in a phased approach across the county, which commenced in January 2017 providing services to a registered population based in natural neighbourhoods and delivering integrated community MDTs. Co-located with general practice, supported by information that is shared across providers and practices and implementation of a risk stratification approach which supports the identification of people living with frailty, the integrated care service will deliver proactive care, ensuring that personalised care plans are in place to support those people identified as most at risk of deterioration and admission to hospital. Proactive admission avoidance is a core component of the model, but the service will also provide a reactive rapid response service to avoid a hospital admission or to support the discharge of a patient from hospital as soon as their needs can be met in their usual place of residence. The teams will also focus specifically on a limited number of patients who attend ED frequently and provide maintenance to house-bound patients with long term conditions who have on-going clinical care requirements.

Support for people living in Care Homes – Building on services already commissioned and support provided to Care Home staff, a county wide programme of work has been established aimed at preventing unnecessary admissions from care homes to secondary care and supporting the early discharge of residents from hospital to their care home, thereby reducing their length of stay in an acute or community hospital setting. Linked to the development of neighbourhood based integrated health and care team, current practice is being benchmarked to national evidence and to the learning emerging from the Vanguards focussed on delivering enhanced care home services.

2) Development of Ambulatory Emergency Care Pathways that support the rapid diagnosis, treatment and turnaround for patients with specific ambulatory conditions that, whilst they require hospital treatment, they do not require admission. There are specific pathways being developed including UTI, COPD, Pneumonia, Abdominal Pain, Headache etc.

A number of BCF schemes directly support this measure, including Night Sitters, and Urgent and Unplanned beds. These are established schemes and so their impact was included in the calculation of existing targets.

A targeted further reduction in emergency admissions (i.e. a reduction larger than that in the operational plans) was not considered appropriate for the Better Care Fund plan.	29 & 30	
The BCF Planning Template 'HWB Metrics' tab shows that a metric has been set for Admissions to Residential Care. It should be noted that this target refers to Social Care-funded admissions for people aged 65 and over only. The figure is 635 which is a reduction of 1.2% on the figure observed in 2016/17 (643). This target for small improvement reflects the ambition for decreasing residential admissions in the local authority corporate plan, whilst recognising that there are significant demographic pressures in Worcestershire for this cohort of the population. The Local Authority Corporate Plan states the ambition to see people supported in their own communities, as an alternative to being placed in a residential care home: *"We are keen to see people supported in their own communities, and will seek to increase the number of people in supported living arrangements or extra care arrangements, which provide all the benefits of independent living in an owned or rented home but with flexible home care support available on site, if and when required. We will invest in supported living accommodation units and the provision of extra care housing for older people recognising the improved outcomes they deliver to those people with care and support needs, enabling them to maintain their independence and avoid the use of institutional care provision, as much as possible. We recognise that carers play a vital role in society and we will continue to support them by working closely with the Worcestershire Carers' Association. We will ensure that good quality, accessible information and advice is readily available through our website "Your Life Your Choice", which was visited by more than 25,000 visitors in 2015/16."* Page 11 of the plan also states that minimising the number of permanent residential and nursing admissions is one of the measures on which the success of the strategy will be judged.	31	1.0 BCF Planning Template. 4.0 WCC Corporate Plan – 'Shaping Worcestershire's Future'
The BCF Planning Template 'HWB Metrics' tab shows that a metric has been set for the number of people still at home 91 days after discharge from hospital to rehabilitation or reablement. The target figure in the planning template is 86.1%. The target was set with the aim to improve performance – out-turn for 2016-17 was 78.3% against the target for 2016-17 (which was also 86.1%).	32	1.0 BCF Planning Template

The decision was made to maintain the target for 2017-18 at the same level, reflecting the aim in the WCC Corporate Plan to ensure people remain independent for as long as possible. Performance for the Q1 2017-18 is improving – showing 83.9% for June 2017 A number of BCF schemes directly support this measure, including Pathway 1, UPI and Stroke Rehabilitation. These are established schemes and so their impact was included in the calculation of existing targets.		
The BCF Planning Template 'HWB Metrics' tab shows the system-wide DTOC targets for Worcestershire for each quarter in 2017/18 and 2018/19. The detailed DTOC template, which shows the attribution split between NHS, Social Care, and Joint DTOCS is attached as Appendix 16.0. All partners have agreed to the target in this template The starting point for the targets in the BCF Planning Template are the target figures issued by NHS England. The target given by NHS England is 1,782.5 Delays per month across the whole system, which has been assumed as a 30-day month at the 2017 population. The target per month has been derived by taking this figure and adjusting for the days per month and the increase to the population projection from Q4 17/18. Appendix 16.1 shows how the figures in the BCF Plan have been worked up from the NHS targets shown below, distributed by NHS England in August 2017:	33	1.0 BCF Planning Template 16.0 September Worcestershire DTOC Return 16.1 DTOC Reconciliation Document

	New Targets (rates per 100,000). Lowest figure from the Dboard or BCF returns				New Targets (total delays in month)			
LA Name	**REVISED Total** Delayed Days per day per 100,000 18+ population	**REVISED NHS** Delayed Days per day per 100,000 18+ population	**REVISED Social Care** Delayed Days per day per 100,000 18+ population	**REVISED Both** Delayed Days per day per 100,000 18+ population	**REVISED** Total Delays in month	**REVISED NHS** Total Delays in month	**REVISED Social Care** Total Delays in month	**REVISED Both** Total Delays in month
Worcestershire	12.7	5.5	2.6	4.6	1,785.2	770.6	364.3	650.4

NHS DTOC targets are in line with the expected reductions issued by NHSE. Following advice from NHSE, 50 delayed days per month have been moved from the Jointly attributable target to the Social Care target. The total has therefore stayed in line with the figures issued by NHSE. as per the updated DTOC return, which is attached as Appendix 16.0, and a reconciliation between this return and the figures in the BCF Planning Template is included as Appendix 16.1. The figures are in line with the targets passed down by NHS England, on the basis that the figures for Social Care-attributable DTOCs are for Acute and Consultant-led beds only.	34	16.0 September Worcestershire DTOC Return 16.1 DTOC Reconciliation Document
Following advice from NHSE, 50 delayed days per month have been moved from the Jointly attributable target to the Social Care target. The total has therefore stayed in line with the figures issued by NHSE. as per the updated DTOC return, which is attached as Appendix 16.0, and a reconciliation between this return and the figures in the BCF Planning Template is included as Appendix 16.1. The figures are in line with the targets passed down by NHS England, on the basis that the figures for Social Care-attributable DTOCs are for Acute and Consultant-led beds only.	35	16.0 September Worcestershire DTOC Return 16.1 DTOC Reconciliation Document
The target takes into account the impact of BCF and iBCF schemes, on the basis that the figures for Social Care-attributable DTOCs are for Acute and Consultant-led beds only. Specific schemes have been introduced this year to ensure that the targets in the template can be met, including Social Workers on Acute Wards, and continuing funding for The Grange over the winter period.	36	16.0 September Worcestershire DTOC Return 16.1 DTOC

		Reconciliation Document
NHS and Social Care providers have been involved with the narrative, through discussions at the A&E delivery board.	37	
The Narrative Plan, BCF Planning Template and DTOC template have been locally checked, through circulation to ICEOG members before sign-off.	38	