



Birmingham Better Care Update

Health and Social Care Overview & Scrutiny Committee

24th November 2015

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Background

- Previously Integration Transformation Fund; renamed Better Care Fund in Nov 2013
- Statutory duty to integrate health and adult social care in Care Act 2014
- Local Health and Wellbeing Boards responsible
- Not new money – pooled budgets (Section 75 of 2006 NHS Act). City Council holds our pool.
- National minimum of £3.8bn; Birmingham £82m. Actually £5.3bn and £90m respectively in 15/16.
- National Conditions eg protecting adult social care, reducing hospital admissions and delayed transfers of care, 7 day services, multi-disciplinary working, data sharing.
- BCF Plan for 15/16 finally approved Feb 2015
- Aiming to save £40m over next 3 years, half of which to be re-invested, the other half to support adult social care services.
- Quarterly report to NHS England via HW Board.
- BCF to continue at least into 16/17.
- Any beyond?
- See website www.birminghambettercare.com for useful information and videos.



Main Aims

- Keeping people well where they live
- Making help easier to get
- Better Care at times of crisis
- Making the right decisions when people can no longer cope



What People Want

- I want to stay at home for as long as possible
- I want help to understand my illness and how to manage it
- I don't need experts all the time
- I worry about having to go into hospital and about when I can't look after myself anymore
- I worry about my carers
- GP surgeries are important points for me but I don't always need to see a doctor
- I need people who can help and advise me, not put barriers in my way to stop me getting what I need
- I want to be understood



Programme Schemes & Themes

- 1. Developing and agreeing case for change
 - 2. Creating the impetus for change
 - 3. Place based integration and accountable community professional
 - 4. Equipment and technology enabled services
 - 5. Discharge from acute settings and step up/down
 - 6. Instigate 7 day health and social care services
 - 7. Establish combined point of access
 - 8. Improve data sharing between health and social care
 - 9. Dementia.
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- OVERALL THEMES – Business and performance; Communications and engagement; Transformation, new models of care (community development, infrastructure and intermediate care).



Governance and Accountability

- NHS England/Secretary of State for Health
- Health and Wellbeing Board and CCG Governing Bodies
- Better Care Programme Board – transformation and delivery
- BC Commissioning Executive – performance, management of pooled budget and Section 75
- Programme Scheme Groups
- Quarterly reporting of “metrics” via HW Board.



Business and Performance

This section measures the performance of overall BCF programme. It focuses on three main areas:

- National and local Metrics performance against target
- The pooled budget spend

The metrics are analysed by CCG and Acute provider where appropriate and relates to January 2015 to August 2015 (unless otherwise stated). The table below shows the current performance for each metric. The payment for performance metric (Avoidable Emergency Admissions) is not currently achieving the 3.5% reduction. (Definitions are included as Addendum 1)

Metric	Reporting Period	YTD Target	YTD Actual	Variance	Change on last month
Metric 1 - Avoidable Emergency Admissions	August	2,863	- 1,020	- 3,883	↓
Metric 2 - Residential Admissions	2014/15	660	593	- 67	↔
Metric 3 - Reablement	2014/15	86.90%	77.70%	-9.20%	↔
Metric 4 - Delayed Transfers Of Care	August	1,659	1,908	249	↑
Metric 5 - Patient Service/User Metric	2013/14	7.9	7	-0.9	↔
Metric 6 - Maximum Length of Stay of Sick General Emergency Admissions	August	35	32	0	↑



Metric 1: Non Elective Activity Reduction

(Provider and Month)

Provider	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Total
CITY HOSPITAL	1,791	1,590	1,747	1,801	1,829	1,875	1,948	1,797	14,378
GOOD HOPE HOSPITAL	2,066	1,875	2,140	1,977	1,999	2,249	2,332	2,221	16,859
HEARTLANDS HOSPITAL	3,291	2,944	3,419	3,312	3,417	3,314	3,543	3,446	26,686
QUEEN ELIZABETH HOSPITAL BIRMINGHAM	3,211	2,859	3,145	3,113	3,142	3,051	3,304	3,281	25,106
Total	10,359	9,268	10,451	10,203	10,387	10,489	11,127	10,745	83,029

Cumulative Difference

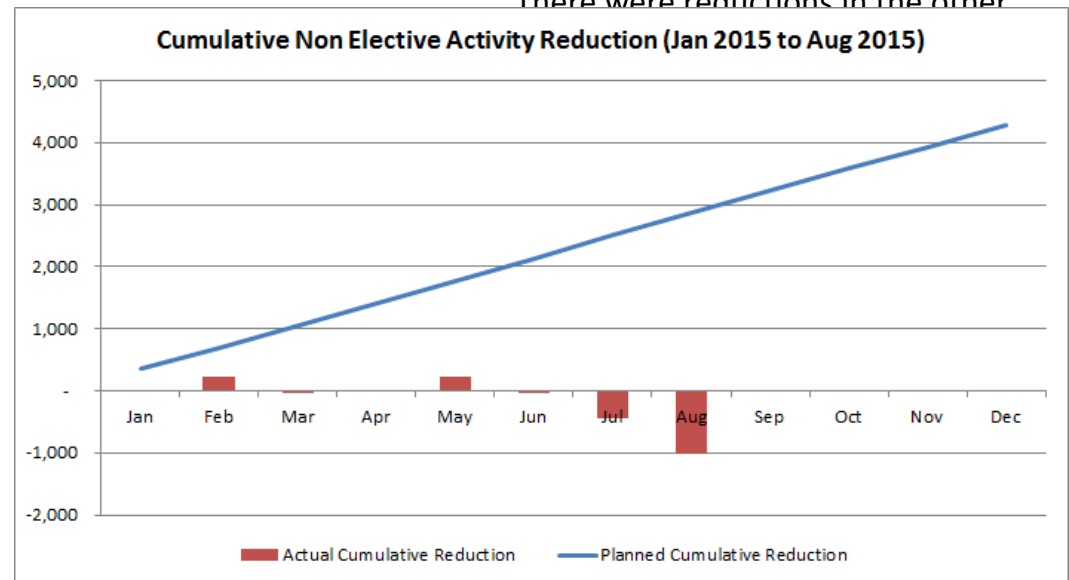
Provider	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
CITY HOSPITAL	- 89	- 121	- 191	- 295	- 355	- 497	- 638	- 777
GOOD HOPE HOSPITAL	- 59	- 57	- 62	185	427	421	458	558
HEARTLANDS HOSPITAL	156	311	276	249	272	139	31	- 121
QUEEN ELIZABETH HOSPITAL BIRMINGHAM	12	91	- 55	- 133	- 120	- 108	- 297	- 680
Actual Cumulative Reduction	20	224	- 32	6	224	- 45	- 446	- 1,020

The planned reduction to August was 2863 admissions. In order to meet the year end target the monthly admissions would need to reduce on average by 1329. (The original plan assumed a monthly reduction of 358)

The finance for this element remains with the CCG; this will only be transferred to the pool when the reduction is achieved. The payment for performance element will only be utilised for re-investment through services that 'sit' as part of the pooled budgets.

There were 83,029 emergency admissions at Birmingham providers between January 2015 and August 2015. This was 1020 (1%) more than the same period last year. The proportion of admissions with a zero length of stay rose from 29% last year to 30% this year. This increase in zero LOS was seen at all sites except Heartlands

The largest increases were in March, June, July and August with growths of 256, 269, 401 and 574 respectively. There were reductions in the other



Section 75 Pooled Fund Performance

The section 75 is at the point of sign off – BCC making changes to constitution. The pooled fund is now set up and is in operation, regular monitoring against the agreed plans below will take place and be reported to the Board

	Funding within the current BCF programme agreed for 2015/16 £	<u>BCF Committed Schemes</u>	
TOTAL Funding Available to the Pool	85,391,242	Reablement - Kendrick Centre	1,197,000
Planned Application of the Pool		Carer Act	2,970,000
<u>SYSTEM RESILIENCE SCHEMES</u>		Carers Strategy	1,799,000
<u>Enhanced Assessment Beds</u>		Eligibility Criteria	20,044,000
- Romford	651,490	Acuity Tool procurement	700,000
- Ivy House	651,120	Management of Programme	1,011,000
Conversion Interim to EAB	250,000	Sub Total	27,721,000
<u>Residential Dementia</u>		<u>Other Areas of Spend</u>	
-Bromford	129,000	Community Services	42,154,242
-Perrywell	129,000	Reablement - RAID	1,176,000
Extra Care Flats	69,192	NELs (reduction)	6,483,000
Total Bed Based additional provision	1,879,802	Sub Total	49,813,242
<u>BCF Funds</u>		<u>Approved Plans from Un-Committed BCF Pool</u>	
Social Worker Capacity (Hospitals)	639,922	Additional home based capacity	2,480,000
7 Day Working -Original	289,781	Wellbeing Co-ordinator	440,000
7 Day Working-New, City	74,346	Route to Wellbeing	53,000
Home Care Capacity-enablement	480,000	Dementia	126,000
AOT	275,000	Data, Information Sharing and Risk Stratification	130,000
Total Social Care Based additional provision	1,759,049	MDTs in primary care – single assessment and accountable community professional	261,000
		Technology and Equipment	120,000
		Integrated Care facilitation function – implementation of utilisation tool and new processes	250,000
		Contingency Reserve	358,149
		Total Expenditure Plans	85,391,242



National Conditions

Quarterly submission to Department of Health – Quarter 2

Condition	Please Select (Yes, No or No - In Progress)	If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	Comment
1) Are the plans still jointly agreed?	Yes		
2) Are Social Care Services (not spending) being protected?	Yes		
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	No - In Progress	01/11/2015	Services are in place over 7 days including list of care homes who will accept admissions over 7 days into recovery beds. Additional capacity is being commissioned in enablement and clinical home based services to increase robustness over weekend periods over winter. work has been undertaken with care home providers to understand the barriers to
4) In respect of data sharing - confirm that:			
i) Is the NHS Number being used as the primary identifier for health and care services?	Yes		
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes		Also awaiting NHS England guidance and planning joint workshop with NHS England with primary care team.
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes		
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	No - In Progress	30/10/2015	The 5 Year Forward View and subsequent focus on new models of Primary Care has meant that 'direction of travel' needed to be amended. With initial focus on new business arrangements Primary Care wasn't in a position to engage with the BC Programme with the focus that was needed. Birmingham BC has now identified five emerging practices (total List in excess of 480k) that are ready to move forward. We are in the process of negotiating the future work programme with these and other provider organisations.
6) Is an agreement on the consequential impact of changes in the acute sector in place?	Yes		



Scheme 3: Place Based Integration & Accountable Community Professional

Describes how care for people with complex needs might be supported by the community and the Primary Care MDT, supporting the national direction for GP as ACP. Joining up the system in relation to the interface with third sector and community based organisations, ensuring they can take an active role in supporting prevention. Delivering an NHS facing commitment to Carers which supports BCC activities Establishing the role of Wellbeing coordinators based on local and national best practice service outcomes.

Project highlights

CURRENT STATUS: **ORANGE**

Working with new emerging models to develop and implement Wellbeing Coordinators/MDT & third sector portal. Birmingham Better Care represented at Modality Operational Steering Group. East Birmingham Health Organisation has Scheme 3 reflected in ACE initiative.

Project Managers in post and undertaking inducted

BCHC CQUIN updated to reflect the pilot sites

Governance structure for Operational Delivery Group experiencing challenges

Working on risk stratification data to support practices in identification of patient/person cohort that could be supported by and MDT

Project Boards for Wellbeing Coordinators established

Briefing event planning for Wellbeing Coordinators underway as part of procurement phase

Carers Commissioning intentions submitted to BCC CCG and paper to Commissioning executive regarding priorities

Project risks being reassessed



Scheme 5: Care in a Crisis- Intermediate Care

Procure and implement a Utilisation tool across the city, this will be implemented using a staged approach with the acute providers as the first phase, second phase implemented across community and mental health services.

Evaluate and develop outcome based service specifications for provision of any new delivery models required to support transformational change, if applicable, across a city wide intermediate care provision.

Develop integrated primary / secondary / social care interface and care pathways / protocols to support care in a crisis, avoidable hospital admissions and earlier discharge across Birmingham.

Project highlights

CURRENT STATUS: **YELLOW**

- CUR agreed for Heartlands and Good Hope Hospitals
- Discussions underway with UHB and BCHC
- Discussion underway with BCHC regarding the community support for the virtual beds, (Admission Avoidance) supported by Birmingham South central CCG.
- Meeting HoEFT regarding community geriatric capacity in the community
- On-going discussions with BCHC regarding Dementia beds

Collective Risks

Currently the risks are included on a risk register at a scheme level; a review is currently underway to manage the risk at programme level. The table below provides the Board with an extract of the risk register showing all of the risks that have been assessed as HIGH impact.

ID	Project/Workstream	Title	Description (Risk)	Impact	Likelihood	Next Review Date	Proximity Date	Countermeasures	Residual Impact	Residual Likelihood
487	BCF03 - Place based integration and accountable community professional	Shift of current workforce from current roles to new roles.	There is a risk that the workforce will not wish to transfer to new roles and therefore there will be a shortfall in the required workforce required. Engagement events have been arranged during May 2015.	1. High	High	23/10/2015	31/03/2016	Working closely with the Older Adults Workforce Integration Programme. - transition Programme to be presented to LETB in April 2015 - a review of workforce profile can then take place.	High	High
489	BCF03 - Place based integration and accountable community professional	IT Solution	There is a risk that clinical systems will not be able to interface with each other.	1. High	High	23/10/2015	31/10/2015	Overall plan developed and presented to BCF Board in March 2015 - offering a solution in terms of use of existing data sharing system (Pi) and a risk stratification tool to be funded. Data sharing and risk strategy testing to begin when pilots go live in October 2015.	Medium	Medium
964	BCF03 - Place based integration and accountable community professional	Social Care Engagement	There is a risk that multidisciplinary working may not be as effective as currently there is no reassurance of social care support. This could mean that the objectives of the project might not be achievable.	1. High	High	23/10/2015	22/12/2015	Meetings arranged with senior managers within the Local Authority to develop measures to understand impact of lack of social care support for multi-disciplinary teams. Meetings to be confirmed.	Medium	Medium
485	BCF03 - Place based integration and accountable community professional	Accountable Community Professional	Risk that the role may not be recognised by front line professionals because of professional boundaries and the need for cultural shift across organisational and professional boundaries. The impact will be a delay in delivery of project	2. Significant	Medium	23/10/2015	31/12/2015	Meet with the front line professional through networking events - LCN meetings and link into the Communications team /project Ensure regular communications. Engagement events - 4 across the city have been arranged during May 2015	Low	Low
609	BCF03 - Place based integration and accountable community professional	Engagement of individual CCG's	Project may have limited influence on developments at primary care level due to individual CCG programmes.	3. Medium	Low	23/10/2015	31/10/2015	communications team are developing a schedule of dates for Project Managers to engage with member practices. Also to be highlighted at BC board	Low	Low
961	BCF04 Equipment and Technology Enabled Care Services	Reduction of PM support at key time	The PM is booked in to have a surgical procedure in early Nov that will require a period of sick leave to recuperate . This comes at a busy time in project so we need to mitigate during this period	1. High	High	22/10/2015	07/11/2015	Initial discussions with SRO - look at providing additional support to work during this time from both existing team and Business Change	High	High
893	BCF04 Equipment and Technology Enabled Care Services	No suitable staff available for new team	There is a risk that there will be insufficient SME's willing to take on new role.	1. High	Low	22/10/2015	01/06/2016	Knowledge of current workforce, workforce planning to ensure correct people in place	Medium	Low
896	BCF04 Equipment and Technology Enabled Care Services	Insufficient and inflexible funding	There is a risk that the equipment funds will continue not to be put into the pooled fund thus negating a more flexible approach to transforming service delivery.	1. High	Medium	24/10/2015	01/02/2016	Working with Programme to ensure funds go into Pooled fund and service priority is raised. Provided input into VAT work on pooled funds.	Low	Low
889	BCF04 Equipment and Technology Enabled Care Services	Destabilisation of Health and Social Care economy should significant funding be withdrawn from Equipment Services	There is a risk that if resources do not keep up with demand or are cut this may effect continuity of care for citizens and patients	1. High	Significant	22/10/2015	01/02/2016	Working with BCF programme to ensure funds go into Pooled fund and service priority is raised. Making sure those who fund the service are aware of the implications of reduced funding	Medium	Medium