



Health and Wellbeing Board

5 February 2014

Report title	Better Care Fund	
Cabinet member with lead responsibility	Councillor Sandra Samuels Health and Wellbeing	
Wards affected	All	
Accountable director	Sarah Norman, Community	
Originating service	Wolverhampton Clinical Commissioning Group Wolverhampton City Council	
Accountable employee(s)	Richard Young	Director of Strategy and Solutions 01902 445797 Richard.young@nhs.net
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Report to be/has been considered by	N/A	

Recommendation(s) for action or decision:

The Health and Wellbeing Board is recommended to:

The Health & Well-Being Board are requested to:

- Receive the presentation and updates at the meeting in order to consider the first cut submission of the BCF Plan.
- Consider the first cut BCF Plan and approve its submission.

Recommendations for noting:

The Health and Wellbeing Board is asked to note:

- The contents of the report in relation to the creation of the Better Care Fund.

1.0 Purpose

- 1.1 The purpose of this report is to inform the Health & Well-Being Board of the requirements upon Councils and Clinical Commissioning Groups (CCGs) to create a pooled budget as an enabler for change within the local health and care economy.
- 1.2 Unfortunately, work on developing the Plan will be continuing almost up to the deadline for submission. As a result, it is not possible for a report to be produced for The Health & Well-being Board with sufficient detail in accordance with the routine deadlines for committee papers.
- 1.3 It is proposed that this report is submitted with the Agenda for distribution to provide members with a general overview of the BCF and that the Plan to be submitted on 31st January is circulated to members as soon as practical before the meeting of the Health & Well-being Board on 5th February. Copies will also be available on the day of the meeting.
- 1.4 A presentation will be given to members on the key elements of the Plan at the meeting to provide members with the necessary detail and information in order to consider the Plan. It should be noted that the Plan will be an initial document and still under development

2.0 Background

- 2.1 The Better Care Fund (previously referred to as the Integration Transformation Fund) was announced in June as part of the 2013 Spending Round. It provides an opportunity to transform local services so that people are provided with better integrated care and support. It encompasses a substantial level of funding to help local areas manage pressures and improve long term sustainability. The Fund will be an important enabler to take the integration agenda forward at scale and pace, acting as a significant catalyst for change.

What is the Better Care Fund?

- 2.2 The Better Care Fund (BCF) provides an opportunity to improve the lives of some of the most vulnerable people in our society, giving them control, placing them at the centre of their own care and support, and, in doing so, providing them with a better service and better quality of life.
- 2.3 The Fund will support the aim of providing people with the right care, in the right place, at the right time, including through a significant expansion of care in community settings. This will build on the work Clinical Commissioning Groups (CCGs) and councils are already doing, for example, as part of the integrated care "pioneers" initiative, through Community Budgets, through work with the Public Service Transform.

What is included in the Better Care Fund and what does it cover?

- 2.4 Nationally, The Fund provides for £3.8 billion worth of funding in 2015/16 to be spent locally on health and care to drive closer integration and improve outcomes for patients and service users and carers. In 2014/15, in addition to the £900m transfer already planned from the NHS to adult social care, a further £200m will transfer to enable localities to prepare for the Better Care Fund in 2015/16.
- 2.5 There is very little new money or uncommitted resources in the BCF process.
- 2.6 In Wolverhampton, it means that a joint fund of just over £20m will be created using a variety of existing budgets, in brief these are:
- CCG mainstream allocations
 - NHS support for Social Care (section 256 monies)
 - Disabled Facilities Grant (DFG)
 - Some Social Care capital Grants
- Some of these funds will still be subject to restrictions placed upon them and further guidance is expected on their usage as part of the BCF.
- 2.7 It was announced as part of the Spending Round that the Better Care Fund would include funding for costs to councils resulting from care and support reform. This money is not ring-fenced, but local plans should show how the new duties are being met.
- I. £50m of the capital funding has been earmarked for the capital costs (including IT) associated with transition to the capped cost system, which will be implemented in April 2016.
 - II. £135m of revenue funding is linked to a range of new duties that come in from April 2015 as a result of the Care Bill. Most of the cost results from new entitlements for carers and the introduction of a national minimum eligibility threshold, but there is also funding for better information and advice, advocacy, safeguarding and other measures in the Care Bill.

What will the Better Care Fund do differently?

- 2.8 The June 2013 Government Spending Round was extremely challenging for local government - handing councils reduced budgets at a time of significant demand pressures on services. Meanwhile, the NHS has increasing demand creating a significant affordability and sustainability challenge.
- 2.9 In this context the announcement of £3.8 billion worth of funding is to ensure closer integration between Health and Social Care. This has been viewed locally as a real positive. The money is an opportunity to improve the lives of some of the most vulnerable people in our society.

- 2.10 The funding – which is drawn from existing budgets - is described, nationally, as ‘a single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities’.
- 2.11 One of the key tenets of the BCF is that we (the key agencies and stakeholders) must give people control, placing them at the centre of their own care and support, make their dignity paramount and, in doing so, provide them with a better service and better quality of life. In Wolverhampton we have the opportunity to do something radically different to improve services and quality of life.
- 2.12 It should also be noted that an element of the national funding will be ‘held back’ pending achievement of satisfactory performance against the national conditions and metrics (see section 3). Approximately 25% of the national budget will be initially retained and then distributed on a ‘Payment-for-Performance’ basis in year. Failure to achieve the target performance may require the local Health & Care economy to produce a recovery plan – to be approved by ministers – before the payment-for-performance element is released.

3.0 Progress, options, discussion, etc.

- 3.1 In June 2013, the four major statutory agencies and stakeholders in the Local Health & Social Care Economy in the city agreed to come together to find opportunities for better integrated working between the agencies. This initially culminated in ‘integrated Pioneer’ project based around dementia services. Whilst this bid for external funding was unsuccessful, all partners resolved to continue the work. This partnership has evolved into the basis of the Integration Transformation Fund / Better Care Fund.
- 3.2 This work has produced a whole series of events across the health and social care economy and also across the widest range of participants and staff. These events have included front line staff and all four CEO’s from the major agencies. All of this work has been underpinned by core planning group comprised of the planning and finance directors from each organisation with support from a small team of programme support management.

Four workstreams have been identified:

- Mental Health De-escalation
- Nursing & Residential Care
- Intermediate Care, Rehabilitation, Reablement
- Dementia Care Management.

Local Structures

- 3.3 The Chief Executives of the Provider Trusts (The Royal Wolverhampton NHS Trust and The Black Country Partnership Foundation Trust), the Accountable Officer of Wolverhampton Clinical Commissioning Group (CCG) and the Executive Director of the Community Directorate of Wolverhampton City Council have set up a structure to develop the response to the requirements of the Better Care Fund and implement the plan.
- 3.4 A Front Line Staff event was held on the 17th December 2013, where in excess of 50 people representing carers, voluntary groups, health and social care staff - who have a role in one (or more of the workstreams) - met to discuss :
- Work & successes to date
 - 'Opportunities from what we have now'
 - 'Opportunities in what we do'
 - 'Under what circumstances' – present assets & new opportunities
 - 'Opportunities in what we have lost'.
- 3.5 This event confirmed that the chosen workstreams were relevant and that not only was there an opportunity to effect some immediate, practical, actions but that there was scope for transformation of services.

National Requirements

- 3.6 The Plan (when finalised) will need to be jointly agreed between the Council and the CCG – and signed off by the Health & Wellbeing Board.

National Conditions

- 3.7 There are six national conditions which the Wolverhampton Better Care Fund plan has to meet.
- Protection for social care services (not spending);
 - Provide 7-day services in health & social care to support patients being discharged and
 - Prevent unnecessary admissions at weekends;
 - Better data sharing between health & social care, based on the NHS number;
 - Ensure a joint approach to assessments and care planning and ensure that, where
 - Funding is used for integrated packages of care; there will be an accountable professional;
 - Agreement on the consequential impact of changes in the acute sector.

National Metrics

- 3.8 In addition to the conditions, national metrics will underpin the delivery of the fund:

1. Permanent admissions of older people (aged 65 & over) to residential and nursing care homes, per 100,000 population – reducing inappropriate admissions of older people (65+) into residential care;
 2. Proportion of older people (65 & over) who are still at home 91 days after discharge from hospital into reablement/rehabilitation services – increase in effectiveness of these services;
 3. Delayed transfers of care from hospital per 100,000 population – effective joint working facilitating timely and appropriate transfer from all hospitals for all adults;
 4. Avoidable emergency admissions – reduce emergency admissions which can be influenced by effective collaboration across the health and care system;
 5. Patient/service user experience.
- 3.9 There is a requirement for an additional locally set indicator to be used as part of the outcomes reporting framework.

Reporting Requirements

- 3.10 The Health & Wellbeing Board must submit the first cut of the completed Better Care Fund template, as an integral part of the CCG's Strategic & Operational Plan by the 14th February 2014. A revised version will be submitted to NHS England, again as part of the CCG's Strategic & Operational Plan by 4th April 2014.
- 3.11 However, in addition to the above, the Midlands and East Regional Office of NHS England has stated that it requires the first cut template document to be completed and submitted via NHS Area Team offices by 31st January. At the time of writing, it is anticipated that the template will have been submitted – subject to ratification by the Health & Well-being Board at its meeting on 5th February 2014.

Report to the Health & Well-being Board

- 3.12 It is clear that the reporting framework provides a challenge in developing the plan and placing it before the Health & Well-being Board prior to submission. Indeed, work on developing the Plan will be continuing almost up to the deadline for submission. As a result, it is not possible for a report to be produced for The Health & Well-being Board with sufficient detail in accordance with the routine deadlines for committee papers.
- 3.13 To work around these logistical challenges, it is proposed that this report is submitted with the Agenda for distribution to provide members with a general overview of the BCF process. It is further proposed that the Plan to be submitted on 31st January is circulated to members as soon as practical before the meeting of the Health & Well-being Board on 5th February. Copies will also be available on the day of the meeting. A presentation will be given to

members on the key elements of the Plan at the meeting to provide members with the necessary detail and information in order to consider the Plan. It should be noted that the Plan will be an initial document and still under development.

Creating the Wolverhampton Plan

- 3.14 As part of the Wolverhampton Better Care Fund plan there is a need to agree a compelling narrative that can act as a springboard to action, to mobilise the system, ensuring a sense of community with a shared story, the ability to tell the story quickly, simply and memorably and clarity of ambition. An event has been arranged for the development of this narrative on the 28th January with representatives from of key stakeholders.

It is important that all stakeholders have been engaged in the development of the Wolverhampton Better Care Fund plan and to this end a 'Whole System Event' has been organised for the 28th January 2014. As indicated previously, a special meeting of the Health & Wellbeing Board – to sign off the plan – has been organised for 5th February 2014.

- 3.15 There will be a need for further meetings after the initial submission on the 14th February to prepare for the final submission on the 4th April 2014.

4.0 Financial implications

- 4.1 In 2015/16 the Fund will be allocated to local areas, where it will be put into pooled budgets under Section 75 joint governance arrangements between CCGs and councils. A condition of accessing the money in the Fund is that CCGs and councils must jointly agree plans for how the money will be spent, and these plans must meet certain requirements. Funding will be routed through NHS England to protect the overall level of health spending and ensure a process that works coherently with wider NHS funding arrangements.
- 4.2 National Guidance has set out that Councils will receive their detailed funding allocations in the normal way and NHS allocations will be two-year allocations for 2014/15 & 2015/16 to enable more effective planning.
- 4.3 The formula for distribution of the full £3.8bn fund in 2015/16 will be based on a financial framework agreed by ministers. The current social care transfer of £1.1bn and the £134m of adult social care capital funding included in the Fund in 2015/16 will be allocated in the same way as in 2014/15. DFG will be allocated based on the same formula as 2014/15. The remainder of the Fund will be allocated on the basis of the CCG allocations formula. It will be for local areas to decide how to spend their allocations on health and social care services through their joint plan.

BCF Allocations for Wolverhampton

- 4.4 The table below sets out the known detail of the allocation for the City. Allocation letters will specify only the minimum amount of funds to be included in pooled budgets. CCGs and councils are free to extend the scope of their pooled budget to support better integration in line with their Joint Health and Wellbeing Strategy.
- 4.5 The wider powers to use Health Act flexibilities to pool funds, share information and staff are unaffected by the new Better Care Fund requirements, and will be helpful in taking this work forward.

		£,000
Disabilities Facilities Grant	£	1,319
Social Care Capital Grant	£	766
<i>Sub-total :CCG Budgets</i>	<i>11,630</i>	
<i>Sub-total: S256 monies</i>	<i>6,309</i>	
Total £ from CCG for BCF	£	17,939
Total	£	20,024

5.0 Legal implications

- 5.1 Further advice will be sought in due course when creating the legal framework for the pooled budget. This will be reported back to the Health & Well-Being Board.

6.0 Equalities implications

- 6.1 Further advice will be sought in due course when creating the work programme for the pooled budget. This will be reported back to the Health & Well-Being Board..

7.0 Environmental implications

- 7.1 No direct implications at this stage.

8.0 Human resources implications

- 8.1 Further advice will be sought in due course when creating the work programme for the pooled budget. This will be reported back to the Health & Well-Being Board.

9.0 Schedule of background papers

- 9.1 **References:**
Better Care Fund Planning Guidance & support tools – Local Government Association

This report is PUBLIC
[NOT PROTECTIVELY MARKED]

Better Care Fund Planning – NHS England
NHS Act 2006