Agenda Item No. **11**

Health and Wellbeing Board

31 March 2014

Report Title	Better Care Fund	
Cabinet Member with Lead Responsibility	Councillor Sandra Samuels Health and Wellbeing	
Wards Affected	All	
Accountable Strategic Director	Sarah Norman, Community	
Originating service	Wolverhampton Clinical Commissioning Group Wolverhampton City Council	
Accountable officer(s)	Richard Young	Director of Strategy and Solutions
	Tel	01902 445797
	Email	richard.young@nhs.net
	Viv Griffin	Assistant Director – Health, Wellbeing and Disability Wolverhampton City Council Tel: 01902 555370

Recommendation(s) for action or decision:
The Health and Wellbeing Board is recommended to:

1. Receive the presentation and updates at the meeting in order to consider the penultimate draft of the BCF Plan and submission of the relevant templates.
2. Consider the penultimate draft BCF Plan and consider and amendments or revisions to the plan.
3. Subject to any amendments, approve the plan and associated supporting documents for submission.
4. Agree the programme of work set out in the Plan.
5. Agree the provisional allocations and expenditure set out in section 4 of this report.
6. Agree the Metrics and targets contained within the plan and, in particular, agree that the local metric will be recording of Dementia diagnosis within Primary Care as the BCF Local Measure.

1. Purpose

Further to the report submitted to the meeting of the Health & Well-Being Board of the 5th February, the purpose of this report is to update the Health & Well-Being Board on the progress towards drafting the Better Care Fund (BCF) Plan, creating the programme of work for 2014/15 & 15/16 and to create a pooled budget as an enabler for change within the local health and care economy from 2015/16 onwards.

Owing to the nature of the work and the planning cycle requirements on all partner organisations, work on developing the Plan will be continuing almost up to the deadline for submission on 4th April 2014. As a result, it is not possible for a 'final' plan to be produced for The Health & Well-Being Board accordance with the routine deadlines for committee papers.

It is proposed that this report is submitted with the Agenda for distribution to provide members with a general update on progress for the BCF Plan and submission. The BCF plan will be circulated to members as soon as practical before the meeting of the Health & Well-being Board on 31st March. 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.

2. Background

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.

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.

2.1. What is the Better Care Fund?

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.

The Fund will support the aim of providing people with the right care, in the right place, at the right time, through a significant expansion of care in community settings. This will build on the work that Clinical Commissioning Groups (CCGs) and councils are already doing, for example, as part of the integrated are “pioneers” initiative and through Community Budgets.

3. Progress on Developing the Better Care Fund Plan.

As part of the Wolverhampton Better Care Fund Plan, all partners recognised that 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..

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.

A ‘Whole System Event’ for the development of a shared vision and to assist this narrative was held on the 28th January with representatives from of key stakeholders, third sector partners, patient & public representatives, Members of the City Council and GP CCG Board members

Four workstreams have been identified:
- Mental Health Recovery & Re-ablement
- Nursing & Residential Care
- Intermediate Care, Rehabilitation, Reablement
- Dementia Care Management.

3.1. The Vision

Wolverhampton Local Health & Care Economy is wholly committed to improving the health and wellbeing of our population. We will achieve this by placing patients at the centre of our decision making and deliver care through the newly established model of integrated commissioning and provision. This clinically-led model of care will bring about real integration of services delivering measurable benefits for the health of our population and their experience of services.

We have to deliver transformational change in order to realise an efficient and effective health and social care system in Wolverhampton, which is both affordable and provides the highest service standards – which our population rightly expects and deserves. Our programme of change will be led by Clinicians and social care experts at the front-line,

operate in collaboration across all stakeholders (including people, practices and voluntary / third sector organisations) and is deliberately flexible in order respond to emerging circumstances.

At the whole-system event in January 2014, a vision statement was produced and we agreed our local Health & Care Economy vision would be:

Wolverhampton:

One Ambition, Working as One, for everyone.

This statement not only captured the will to change and transform (so energetically expressed by all participants on the day) but also has a high degree of synergy with the CCG vision for the '***Right Care*** in the ***Right Place*** at the ***Right Time*** for all of our population'. A sentiment strongly echoed in the BCF guidance. The following will be the yardsticks by which we will judge the results of our plan:

- Patients will feel confident that the **right care** is provided to the standard that they expect;
- Local health and care services will co-ordinate, collaborate and communicate in order to ensure that care is delivered in the **right place;**
- Care delivery and advice will be proactively planned and provided in order to ensure care is provided at the **right time.**

We have summarised this in the table below to standardise and promote our vision statement.

Strategic Objective	**One Ambition**	**Working as One**	**For Everyone**
What Are We Trying To Do?	Single Plan Sharing everything Prevention & Recovery	Integrated Pathways All Partners Working Together Shared Sustainable Outcomes	Each Individual Keeping People Well Self-caring Communities
	Right Care	Right Place	Right Time

3.2. Local Structures

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 Strategic 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.

Below this leadership level, an Interim Development Board has been established. This is a group of executive directors from each key stakeholder organisation including the Directors of Finance (or equivalent) and Directors of Planning / Chief Operating Officers (or equivalents) plus the Director of Public Health. Below this Interim Development Board delivery structures have been established for the four workstreams identified.

Each of these workstreams will have a slightly different structure, but all will report through to the Health & Well-Being Board and its substructures.

The table below summarises the key Representation from the Partnership.

Table 1

<table>
<tr><th rowspan="5">Chief Executive & Accountable Officers</th><th>Named representative</th><th>Title</th><th>Organisation</th></tr>
<tr><td>Dr Helen Hibbs</td><td>Accountable Officer</td><td>Wolverhampton CCG</td></tr>
<tr><td>Ms Sarah Norman</td><td>Strategic Director Of Community</td><td>Wolverhampton City Council</td></tr>
<tr><td>Mr David Laughton</td><td>Chief Executive</td><td>Royal Wolverhampton Trust</td></tr>
<tr><td>Ms Karen Dowman</td><td>Chief Executive</td><td>Black Country Partnership Foundation Trust</td></tr>
<tr><td colspan="4"></td></tr>
<tr><td rowspan="12">Interim Development Board</td><td>Mr Richard Young</td><td>Director of Strategy & Solutions</td><td rowspan="2">Wolverhampton CCG</td></tr>
<tr><td>Ms Claire Skidmore</td><td>Chief Finance & Operating Officer</td></tr>
<tr><td>Ms Viv Griffin</td><td>Assistant Director – Health, Wellbeing and Disability</td><td rowspan="3">Wolverhampton City Council</td></tr>
<tr><td>Mr Anthony Ivko</td><td>Assistant Director for Older People and Personalisation</td></tr>
<tr><td>Mr David Kane</td><td>Head of Finance</td></tr>
<tr><td>Ms Ros Jervis</td><td>Director of Public Health</td><td>Public Health - Wolverhampton CC</td></tr>
<tr><td>Ms Maxine Espley</td><td>Director of Planning & Contracts</td><td rowspan="3">Royal Wolverhampton Trust</td></tr>
<tr><td>Ms Gwen Nuttall</td><td>Chief Operating Officer</td></tr>
<tr><td>Mr Kevin Stringer</td><td>Chief Finance Officer</td></tr>
<tr><td>Mr John Campbell</td><td>Chief Operating Officer</td><td rowspan="2">Black Country Partnership Foundation Trust</td></tr>
<tr><td>Mr Paul Stefanoski</td><td>Director of Finance</td></tr>
</table>

3.3. Creating the Wolverhampton Plan

This Integrated Better Care Fund Plan (the Plan) clearly displays the programmes and tactics for achieving our vision of meeting the health needs of the residents of Wolverhampton. Whilst recognising that we are yet to fully develop our approach and that we are working with a number of challenges, the Local Health & Care Economy has fully recognised that the integration of key services centred around the patient and citizen will deliver quality services, reduce or eliminate duplication and service gaps and deliver efficiencies and financial savings.

As a result, we have split the creation and development of the BCF plan into two distinct phases:

I. Establishment Phase:

- To undertake the initial scoping work, develop governance structures, establish pooled budget arrangements and the scope of those arrangements,
- Agree and embed the vision for the emergent partnership and set out detailed plans for the first two years of the Programme.
- During this phase, the scoping and detailed planning of the following stage will be undertaken to enable the significant expansion of the programme (and pooled fund).
- This document is largely concerned with this phase.

II. Development Phase:

- Having created the foundations and infrastructure required for the ambition of the plan, the intention of the Wolverhampton health & care economy is to further develop the programme
- Potentially including significant elements of spending and services currently locked into NHS contracts to enable transformational change across traditional health & social care boundaries.

3.4. National Conditions

There are six national conditions which the Wolverhampton Better Care Fund plan is required to meet. These are summarised below together with a synopsis of the assurance in place or being developed. Further detail can be found in section 5 of the main document.

3.4.1. The Plan will be jointly agreed

The Plan will be jointly agreed between the Council and the CCG – and signed off by the Health & Wellbeing Board at a special meeting on 31st March 2014 for the initial submission.

3.4.2. Protection for social care services (not spending);

Agreed definition set out in section 2.3

3.4.3. 7-day Services & Prevent unnecessary admissions at weekends

Building on the existing 7-day services across health & social care centred around discharge planning, within the CCG Service Development & Improvement Plans (SDIP) there are specific actions relating to 7 day working.
The Intermediate care and nursing & care home workstreams plans will further develop a range of rapid response and alternative step up intermediate care / community based to avoid unnecessary admissions.

3.4.4. Better data sharing between health & social care, based on the NHS number;

Better data sharing is a key component of the vision for BCF in Wolverhampton and work is progressing well on this.

The City Council have matched 75% of service users on their database and have a programme in place to improve this as well as monthly updating of personal records

3.4.5. 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;

A commitment has been made to look at a simple single assessment document / process which all the major stakeholders could share for BCF in Wolverhampton and work is progressing well on this.

The single assessment process in Wolverhampton will ensure a named / accountable professional.

3.4.6. Agreement on the consequential impact of changes in the acute sector.

Whilst all schemes will require further development, key provider representatives (including CEO and DoFs) have been intrinsically involved in the creation and development of the construction of the fund from existing resources and all first cut schemes in the programme will be signed off by the interim development board w/c 10th Feb.

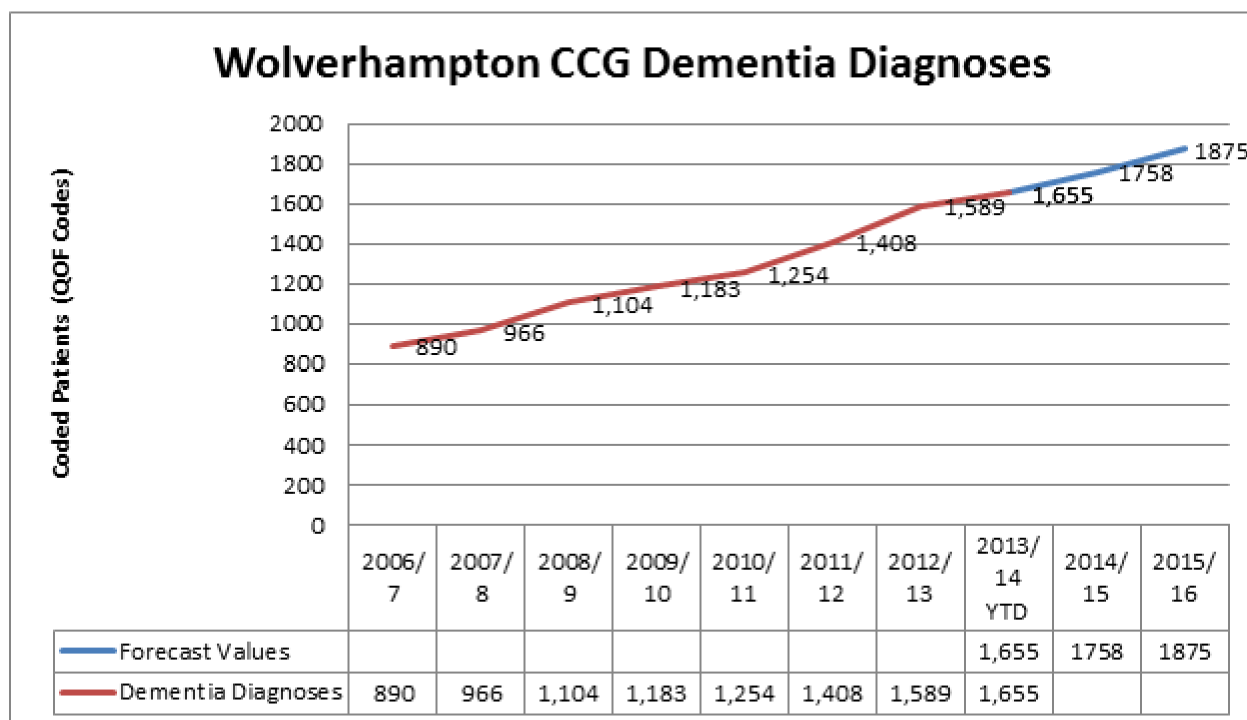
3.5. National Metrics

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.

There is a requirement for an additional locally set indicator to be used as part of the outcomes reporting framework.

The BCF Partnership has chosen to use the recording of Dementia diagnosis within Primary Care as the BCF Local Measure. This is available on the NHSE Atlas tool online as an annually reported figure. The Baseline data puts Wolverhampton at 0.63 per 100 patients. In order to set the targets for the next 2 years, the past 8 years data has been collated from GP QOF submissions using HSCIC information. This has been forecast ahead for the next two years to give an achievable but stretched target, as shown below:



	2006/7	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13	2013/14 YTD	2014/15	2015/16
Forecast Values								1,655	1758	1875
Dementia Diagnoses	890	966	1,104	1,183	1,254	1,408	1,589	1,655		

Applying this data to the Atlas data (i.e. applying the rate of increase to the 'per 100' rate) the targets are:

- Baseline: 0.63
- 2014/15: 0.70
- 2015/16: 0.75

3.6. Reporting Requirements to the Health & Well-being Board

The Health & Wellbeing Board approved the 'first cut' draft of the Better Care Fund plan and templates at its meeting on 5th February 2014. A final version will be submitted to NHS England, as part of the CCG's Strategic & Operational Plan by 4th April 2014.

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 final report to be produced for The Health & Well-being Board with sufficient detail in accordance with the routine deadlines for committee papers.

To work around these logistical challenges, this report is submitted with the Agenda for distribution to provide members with a general of progress towards the BCF Plan. It is further proposed that the Plan is the circulated to members as soon as practical before the meeting of the Health & Well-being Board on 31st March. 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 a penultimate draft and subject to Health & Well-Being Board considerations.

4. Financial Implications

4.1. What is included in the Better Care Fund ?

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.

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'.

There is very little new money or uncommitted resources in the BCF process.

4.2. BCF Allocations for Wolverhampton

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.

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.

In Wolverhampton, it means that a joint fund with a minimum value of just over £20m is required. To date, form the planned pooled budget to be established in 2015/16, the partnership has proposed a fund of just under £27m will be created using a variety of existing budgets, in brief these are:

Table 1: Sources of Funding in 2014/15 to become part of the Better Care Fund in 2015/16.

	Minimum £'000	Proposed £'000
Sources of Funding		
Disabilities Facilities Grant **	1,319	1,319
Social Care Capital Grant **	766	766
From within CCG Budgets	11,630	18,561
S256 NHS Monies	6,309	6,309
LA budgets *	0*	TBC*
Total Source of Funding	20,024	26,955

** Work is continuing on the level of Wolverhampton City Council budgets that would be combined with the above to create the new pooled budget.*

*** 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.*

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.

4.3. Funding for Care Act 2014 implementation

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.

Wolverhampton has now been advised on its ‘allocation’. This is set out below:

Table 2: Care Bill implementation funding in the Better Care Fund.

Wolverhampton		
Care Bill implementation funding in the Better Care Fund (£135m nationally)		allocation, £000s
Personalisation	Create greater incentives for employment for disabled adults in residential care	16
Carers	Put carers on a par with users for assessment.	86
	Introduce a new duty to provide support for carers	172
Information advice and support	Link LA information portals to national portal	0
	Advice and support to access and plan care, including rights to advocacy	129
Quality	Provider quality profiles	26
Safe-guarding	Implement statutory Safeguarding Adults Boards	42
Assessment & eligibility	Set a national minimum eligibility threshold at substantial	208
	Ensure councils provide continuity of care for people moving into their areas until reassessment	23
	Clarify responsibility for assessment and provision of social care in prisons	34
Veterans	Disregard of armed forces GIPs from financial assessment	13
Law reform	Training social care staff in the new legal framework	24
	Savings from staff time and reduced complaints and litigation	-71
Sub-Total		702
IT	Capital investment funding including IT systems (£50m nationally)	287
Grand Total		**989**

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.

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.

Table 3: Allocation of the Better Care Fund in 2015/16.

	Minimum £'000	Proposed £'000
Applications of Funding		
Disabilities Facilities Grant	1,319	1,319
Social Care Capital Grant	766	766
CCG Funded Schemes:	11,630	
Mental Health		6,712
Dementia		5,277
Int Care and Nursing Home Support		6,572
LA Bed Based Intermediate Care	1,200	1,200
Domiciliary Based Intermediate Care	1,100	1,100
Commissioning & Financial Support	250	250
Telecare/Community Equipment & Adaptations	900	900
Integrated Hospital Discharge Team	372	372
Carer Support – Continuation of Dementia Residential Respite	500	500
Carer Support – Continuation of external market block contract day services across the City	600	600
ILS, HARP etc		TBC
Demographic growth challenge	2,000	2,000
Care bill burden	1,000	1,000
Total Application of Funds	21,637	28,568
Surplus/(Deficit)	-1,613	-1,613

5. 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. 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. Environmental implications

7.1 No direct implications at this stage.

8. 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. Schedule of background papers

9.1 References:

- Better Care Fund Planning Guidance & support tools – Local Government Association
- Better Care Fund Planning – NHS England
- NHS Act 2006

Appendix 1: Wolverhampton Better Care Fund Plan