



Cabinet Meeting

10 September 2014

Dear Councillor

Cabinet - Wednesday, 10 September, 2014

I am now able to enclose, for consideration at next Wednesday, 10 September, 2014 meeting of the Cabinet, the following report that was unavailable when the agenda was printed.

Agenda No	Item
8	<u>Better Care Fund Programme Update (Pages 1 - 8)</u> [To approve arrangements for the submission of the Better Care Fund Programme Plan]

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Cabinet Meeting

10 September 2014

Report title	Better Care Fund Programme Update	
Decision designation	AMBER	
Cabinet member with lead responsibility	Councillor Sandra Samuels Health and Wellbeing	
Key decision	Yes	
In forward plan	Yes	
Wards affected	All	
Accountable director	Sarah Norman, Community	
Originating service	Health, Wellbeing & Disability	
Accountable employee(s)	Viv Griffin Tel Email	Assistant Director 01902 555370 Vivienne.griffin@wolverhampton.gov.uk
Report to be/has been considered by	Health and Wellbeing Board,	3 September 2014.

Recommendation(s) for action or decision:

The Cabinet is recommended to:

1. Delegated authority to the Cabinet Members for Adult Services, Health and Well Being and Resources, in consultation with the Strategic Director for Community and the Assistant Director Finance, to approve the Better Care Fund Programme Plan on behalf of the Council, for submission by 19 September 2014.
2. Approve that the council services and associated budgets for 2015/16 agreed as part of the Better Care Fund Programme Plan under the delegation detailed above be pooled in the Better Care Fund, subject to the conclusion of a pooling agreement with Wolverhampton Clinical Commissioning Group (CCG) under Section 75 of the National Health Service Act 2006.

The Cabinet is recommended to note:

1. That the Better Care Fund Programme Plan will also require the approval of the Health and Well-Being Board, which has delegated authority for this approval to the Chair of the Health and Well-Being Board and the Chief Officer of Wolverhampton CCG.
2. That a further report will be presented to Cabinet following the submission by 19 September 2014, which will provide an update on the final Better Care Fund Programme Plan, and seek approval for the finalised Section 75 agreement.

1.0 Purpose

- 1.1 To seek delegated authority for the approval of the Better Care Fund Programme Plan to be submitted by 19 September 2014, and the services and budgets proposed for inclusion therein.
- 1.2 To provide Cabinet with an update on progress made in relation to the development of the Better Care Fund Programme Plan in Wolverhampton.

2.0 Background

- 2.1 The Better Care Fund Programme's focus is the delivery of integrated and sustainable health and social care services in Wolverhampton. Previously referred to as the Integration Transformation Fund, the programme was announced in June 2013 as part of the 2013 Spending Round. The fund incorporates a substantial level of existing funding to help local areas manage pressures and improve long term sustainability, and is an important enabler to take forward the agenda of integration (both service delivery and commissioning) at scale and pace. The £3.8 billion of ring fenced money presents 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, make their dignity paramount and, in doing so, provide them with a better service and better quality of life.
- 2.2 The programme will build on existing work the Council and Clinical Commissioning Group have already undertaken in relation to joint development of programmes, and support the sustainable delivery of community facing, neighbourhood health and social care services to the people of Wolverhampton.
- 2.3 The funding is described 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". This funding arrangement is called the Health and Social Care Better Care Fund. NHS England, the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) have worked closely together and, following some key changes, in July 2014, issued revised guidance on how the programme should be delivered, and the process for submitting plans.
- 2.4 At the centre of the governance process for the Better Care Fund submission and programme is the Health and Wellbeing Board, who are mandated to approve and jointly agree the plan prior to submission.
- 2.5 The governance infrastructure has been established and agreed, and the programme is overseen by a Transformation Commissioning Board which is chaired by the Director for Community. Reporting to the Board are;
 - Transformation Delivery Board, which includes all partners and stakeholders,
 - Finance and Information Core Group,
 - Quality and Risk Core Group,
 - Governance Core Group

3.0 Development of the Wolverhampton Better Care Fund Programme Plan.

3.1 The Better Care Fund does not come into full effect until 1 April 2015, however work has commenced regarding the development of a jointly owned plan, the focus of which is to deliver sustainable and resilient health and social care services embedded within local neighbourhoods and communities. This will be delivered through a whole system transformational change programme with a focus on delivering care as close to home as possible, and avoid unnecessary unplanned attendances at hospital, and maximising resilience and independence through community approaches. The Better Care Fund Programmes Plan will deliver a focus on the following areas;

- Delivering an integrated approach to community capacity building that improves social isolation and supports the development of personalisation – focusing on neighbourhoods and community
- Delivering fully integrated care pathways that support person centred care – putting the person at the centre of flexible and responsive support whether that is through community groups or healthcare staff
- Ensuring Wolverhampton has effective care coordination irrespective of complexity – to support the increasing number of individuals who are older, frail adults with complex physical health needs and are socially isolated
- Designing improved approaches to effective discharge planning and post discharge from hospital support which are delivered on an integrated basis, to ensure that people receive the right care in the right place at the right time
- Designing services which deliver consistent and responsive community access and effective support in a crisis
- Delivery of a model which is underpinned by evidence based metrics included within the Better Care Fund Programme – reduction in emergency admissions, reduction in permanent nursing and residential home placements, improved effectiveness of re-ablement, reduced delayed transfers of care, improved experience and an improved level of diagnosis in Wolverhampton for dementia
- Ensuring that Wolverhampton's health and social care commissioners and providers work in partnership and on an integrated basis to address the impact of a challenged local economy to deliver maximum benefit to the people of Wolverhampton.

3.2 Established in support of the aims of the programme, and to provide comprehensive, co-designed and agreed plans, are four core work streams, which are collaborations between health commissioning, health providers, social care commissioning and provision, and voluntary sector organisations have been established. The work streams are focussed on the following areas;

Primary and Community Care Work stream:

Developing Wolverhampton's transformational approach to fully integrated neighbourhood teams which deliver primary health, community health, social care, and voluntary support and interventions across a functional and service level of integration. Scope includes developing innovative approaches to person centred support, living well with 1 or more long term condition, single point of access and single assessment,

wraparound care coordination and delivering reduced social isolation alongside building enhanced community assets which support staying well and living well. Primary care development and utilisation of enhanced services opportunities to deliver improved outcomes are also in scope for the programme Early adoptions include; targeted nursing home and residential care support and care coordination, alongside adoption of Eclipse risk stratification and pharmacology alert systems

Intermediate and Urgent Care Work stream:

Developing Wolverhampton's approach to alternatives to admission, effective discharge, and early discharge programmes. Scope includes recovery and reablement, residential and nursing care, enhanced community facing discharge liaison function, risk stratification and planning approaches.

Mental Health Work stream

Developing Wolverhampton's approach to fully integrated functional mental health community services, and the development of community facing pathways. Scope for the work stream includes, enhancing the development of fully integrated care pathways for mental health, including where crisis and urgent care needs occur, establishing a recovery pathway for those individuals placed in out of area hospitals and care which ensures care as close to home as possible, early intervention, achieving parity of esteem, the approaches to supporting those who no longer have enhanced needs and mental health awareness, anti-stigma and self-help.

Dementia Work stream

Developing Wolverhampton's approach to the challenge of increasing numbers of those diagnosed and undiagnosed with dementia. Scope includes; developing a fully integrated dementia care pathway which responds effectively to changing levels of need including developing an enhanced awareness raising and neighbourhood engagement approach, establishing integrated health, care and voluntary sector approaches which complement and enhance community care services, developing fully integrated enhanced care pathways, advanced planning, and systems of crisis management which supports a home as hub approach.

The developing proposed plan covers a three year period part year effect 2014/15, 2015/2016, and 2016/17 and reflects the preceding paragraphs.

The proposed plans must meet the following national conditions:

- a. Plans to be agreed locally
- b. Plans must protect local care services
- c. 7 day working in health and social care to support patients being discharged and to prevent unnecessary admissions at weekends
- d. Better data sharing based on the NHS number
- e. A joint approach to assessments and care planning
- f. Agreement on the consequential impact of changes in the acute sector

The national metrics to be used to monitor performance are:-

- a. Delayed transfers of care
 - b. Emergency admissions (payment for performance)
 - c. Effectiveness of reablement
 - d. Permanent admissions to nursing and residential care homes
 - e. Patient and service user experience
 - f. Increased diagnosis of dementia
- 3.3 The jointly agreed plan must be submitted by 19 September 2014, and is currently in the process of being revised and developed in full.
- 3.4 Responsibility for commissioning health and social care services in Wolverhampton resides across three core organisations; Wolverhampton City Council, Wolverhampton Clinical Commissioning Group, and NHS England. The current key providers of services are NHS Trusts, City Council, and the private, voluntary and community sectors. The majority of health services are delivered by NHS Trusts (Black Country Partnership Foundation Trust and The Royal Wolverhampton NHS Trust) and social care services through some internal but predominantly external providers.
- 3.5 Wolverhampton faces significant challenges through increased demand for support caused by demographic changes, major reductions in council funding and the need to establish financially and operationally sustainable health and social care. This will require a shift in investment from acute to community and primary care services.
- 3.6 The health and social care economy within Wolverhampton is challenged financially with a significant QIPP programme in the CCG's current five year plan of £40 million and a five-year savings target for the Council of £123 million. The Better Care Fund represents an opportunity to pool resources, in particular around community-based services in order to create an environment which demonstrates best value from joint investments. For both commissioning organisations this means transforming; to the CCG, this means enacting strategic intentions to transfer appropriate elements of care from a hospital setting and into the community as well as reviewing and transforming existing community based services to integrate and future proof a sustainable service.
- 3.7 Through collaborative working between the Council and the CCG on a shared vision and plan through the Better Care Fund Programme, the risks of both destabilising the health and social care economy in Wolverhampton, and non-delivery of efficiency and savings programmes should be minimised. In pooling a jointly-held and -agreed budget, the opportunity for further community-facing investment is maximised.
- 3.8 The newly created proposal regarding the pooled budget gives both the Council and CCG an opportunity to share the risk and rewards of joint transformational work. The pooled budget (Section 75) agreement will provide the contractual vehicle by which the sharing of risk in this arrangement will be articulated. If there is a failure to deliver to budget within the pool, both parties will be required to share the liability. On the other hand, a successful arrangement will not only manage within the pooled budget but will also create efficiencies in the broader economy that will enable a transformation of services from the funding that becomes available.

4.0 Financial implications

- 4.1 The purpose of the BCF is to achieve greater levels of integration across health and social care to improve outcomes and in so doing to shift investment from acute to community and primary care and deliver greater efficiency and value for money. Although the fund itself is new, the money is drawn primarily from existing NHS and council funding streams and currently-funded services are in the scope of the fund.
- 4.2 The current draft BCF revenue pooled budget for 2015/16 is £74.2 million. This includes a contribution of revenue funds to “accelerate transformation” of integrated community and primary based care. Of this £74.2 million, £23.3 million is made up of budgets that are currently managed by the Council. It should be noted that the fund includes £6.3 million representing the NHS transfer to social care (‘Section 256’ funding).
- 4.3 The proposed 2015/16 BCF allocation includes funding of £2.0 million for the forecast financial impact of demographic growth on social care, and £1.0 million for Care Act implementation costs. The ongoing demographic growth pressure for 2016/17 and beyond is forecast to increase by £2.0 million per year: it is essential that the pooled budget is of sufficient scale to enable these efficiencies to be realised. The Council’s medium-term financial strategy (MTFS) currently assumes that these pressures will be funded in full from the BCF.
- 4.4 The receipt of a proportion of the BCF funding in 2015/16 will depend on meeting agreed performance targets in quarter four of 2014/15 and 2015/16: specifically, the main target which impacts upon available funds is to achieve a reduction in the number of non-elective emergency admissions. Other national metrics have been set and are required to be monitored, but do not have a payment-by-performance element. Achieving the reduction in non-elective admissions target is therefore a critical factor in securing full funding for all spending plans contained within the BCF.
- 4.5 The method for apportioning any under or over spend against the pooled budget is currently under development, and will be set out in the Section 75 agreement. Should the Council be required to contribute to an over spend, this would create an additional budget pressure which is not identified in the MTFS. [AS/01092014/L]

5.0 Legal implications

- 5.1 The Planning Guidance for the Better Care Funds confirms that the Fund will be allocated to local areas where it will be put into pooled budgets under Section 75 NHS Act 2006 (“Section 75 Agreements”).
Section 75 agreements allow for NHS bodies and local authorities to enter into partnership arrangements for a number of specified purposes including pooled fund arrangements, the exercise by NHS bodies of local health related functions, the exercise by local authorities of NHS functions and the provision of staff, goods and services or making of payments.

- 5.2 Regulations set out the terms requirements to be included in Section 75 Agreements. In relation to pooled fund arrangements these include, agreed aims and outcomes, the contributions to be made to the pooled fund by each party, how the pooled fund is to be managed and monitored, which body is to be the host party and audit arrangements. These arrangements are currently in development through the Governance and Risk Core Group.
- 5.3 The BCF funding from 2015/16 will be put into pooled budgets as part of Section 75 joint governance arrangements between CCGs and Council, with plans for spending the funds needing to be jointly agreed. Although this represents a shift in how decisions are made about investment this funding will be drawn primarily from CCG budgets. Taking this into account there will still be a significant reduction in resources across health and social care in Wolverhampton as a consequence of reductions in local authority budgets. An integrated governance structure has been agreed across all parties and the Cabinet is asked to formally delegate responsibility for the oversight of the Better Care Fund Programme to the Health and Wellbeing Board, as per the national guidance. (AH/00011900/T)

6.0 Equalities implications

- 6.1 There are no equalities implications specifically relating to the sign off of this submission. However, the detailed plan to implement the programme will require a detailed Equalities Impact Assessment.

7.0 Environmental implications

- 7.1 There are no environmental implications.

8.0 Human resources implications

- 8.1 Some transformational change outcomes may require TUPE arrangements to apply between providers if procurement is utilised to enhance provide a more mixed health and social care economy. This will not have a direct impact other than in relation to procurement advice and support.

9.0 Corporate landlord implications

- 9.1 There are no corporate landlord implications.

10.0 Schedule of background papers

- 10.1 Better Care Fund - Progress Report, report to Health and Wellbeing Board, 9 July 2014