

Health and Wellbeing Board

19 October 2016

Time 12.30 pm **Public Meeting?** YES **Type of meeting** Oversight
Venue Committee Room 3 - 3rd Floor - Civic Centre

Information for the Public

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Agenda

Part 1 – items open to the press and public

<i>Item No.</i>	<i>Title</i>
13	Better Care Fund (BCF) update (Pages 3 - 10) [Steven Marshall, Director of Strategy and Transformation (Wolverhampton CCG) to present report]

Health and Wellbeing Board

19 October 2016

Report title	Better Care Fund update	
Cabinet member with lead responsibility	Councillor Paul Sweet Public Health and Wellbeing	
Wards affected	All	
Accountable directors	Paul Smith, Acting Head of People Commissioning (City of Wolverhampton Council) Steven Marshall, Transformation and Strategy Director (Wolverhampton Clinical Commissioning Group)	
Originating service	Adult Services	
Accountable employee(s)	Tony Marvell Tel Email	People Directorate 01902 551461 Tony.marvell@wolverhampton.gov.uk
Report to be/has been considered by	People Directorate Management Team BCF Programme Board	10 October 2016 13 October 2016

Recommendation(s) for noting:

1. To note the progress towards the delivery of the 2016/17 programme plan.

1.0 Purpose

- 1.1 To advise Health and Wellbeing Board of the progress being made towards delivery of the 2016/17 programme plan.

2.0 Progress, options, discussion, etc.

- 2.1 The revised and final 2016/17 pooled revenue fund has now been agreed between CWC and WCCG. The revised revenue pooled fund is £56.8 million, of which £21.6 million will be from Council budgets and £35.1 million from WCCG budgets (See section 4 for detailed financial information).
- 2.2 The detailed section 75 agreement includes a risk sharing arrangement (based on the proportion of each partner contribution which has now been as agreed as (CCG 62% and CWC 38% on the overall programme – risk sharing arrangements for each work stream varies).
- 2.3 The detailed legal document is currently being drafted by legal colleagues across CWC and the WCCG, and it is expected that this will be finalised shortly.
- 2.4 In the last spending review Government confirmed the intention to move Health and Social Care into a more integrated state by the business year 2019/20, and that the Better Care Fund would be the vehicle used to support integration.
- 2.5 In December 2015 NHS published the guidance “Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21” the guidance describes a five year Sustainability and Transformation Plan (“STP”), place-based and driving the Five Year Forward View; and a one year Operational Plan for 2016/17, organisation-based but consistent with the emerging STP. The guidance refers to Place based planning (“Planning by individual institutions will increasingly be supplemented with planning by place for local populations, and the agreement of transformation footprints’ and the programming of clear deliverables across the STP”).
- 2.6 In conjunction with the work surrounding STP’s it is important that transformation initiatives remain focussed on the population of Wolverhampton and therefore a new transition board has been created to replace the Integrated Commissioning and Partnership Board and to widen attendance to include strategic Commissioners and Providers in a senior forum designed to ensure that the optimum health and social care system is created for Wolverhampton residents.

- 2.7 2016/17 Better Care Fund Delivery Plan – Highlights from the BCF programme plan this year to date for noting are as follows:

Adult Community Care

Rapid Intervention Team (RITs) – Further expansion of the rapid response service is in progress where days per week and hours per day will be expanded to continue to avoid hospital admission. The programme continues to align work regarding the Frail Elderly team and discussion with RWT are now taking place in relation to locating frail elderly teams in the ED department at RWT.

Wound Care – An Ambulatory Wound care Strategic Group has been established with GP clinical lead.

Reshaping of Reablement – Further to council cabinet decisions during 2015 some elements of the reablement service will be externally provided from June 2017. Work is now underway to ensure that the new service delivery model operates across the health and social care system in a seamless way for patients and service users.

Mental Health

Recovery House: Phased closure and de-registration as a residential care unit effective 31.08.16.

Community recovery service supporting people in their own homes went live 01.09.16. Work is now in progress to transfer the property at 2nd Avenue (previously known as Recovery House) to a social care landlord and this is expected to complete by November 2016. Work to identify a small cohort of 3 individuals with mental health needs who can share the property on a supported living basis is also underway.

Short Term Emergency Service: From September 1st access to short term emergency accommodation with basic personal and care support has been operational. More specialist emergency support will be sourced via the established pathways.

Steps to independence: Work to identify potential tenants for the new supported living developments as part of the work stream's 'steps to independence' programme continues.

The Supported Living Procurement Framework: This initiative went live on 1 August and will enable care services to be individually or collectively procured to meet identified needs for all of the supported living and very sheltered housing schemes.

Dementia

Memory Matters - The pilot launched on 5th July and now runs on the first Tuesday of every month. The sessions have been well supported and consideration is now being given to offering Memory Matters in other locations. Additionally, links have been established between Wolverhampton Memory Matters and a separate scheme to develop 'social prescribing'. It is hoped that these links can also be built in other locations.

Integration

Estates

Within the Better Care Fund local delivery plan for 2016/17 a vision of integrated working with co-located teams is described for all work streams. Options have been explored in North East, South East, and South West to identify a suitable location for each of the multidisciplinary teams. At the time of this report short term and long term options have been identified in each locality and feasibility studies are underway to establish the business and financial viability of each option. The BCF Programme board are now identifying an approach to the business case across all city-wide partner organisations.

Consideration is to be given on the future delivery model and test the principle of the Council undertaking the role of overall landlord with a responsibility for delivering both short and long term options assuming there is a sound business and financial rationale. This could provide much needed asset and financial flexibility to this process, which otherwise would remain a significant risk.

ICT Infrastructure to support integration

Fibonacci

To support whole system integration and to enable multidisciplinary teams to share data across the health and social care system the Fibonacci system will be going live in December. This follows extensive discussion with Information Governance colleagues relating to the use of data for the purpose of "direct care". This will be a large step forward enabling us to better wrap services around the patient/service user, providing front line staff with real time access to patient/social care records interchangeably.

In the medium term, and as part of the Local Digital Roadmap initiative a product known as Graphnet is likely to become the Black Country standard and discussions are on-going relating to the timing of this, the Graphnet initiative is likely to be 2 Year implementation timescale.

PI Health and Care Track

A new ICT system to provide "secondary data" which will for the first time enable NHS and Council social care records to be merged together creating a view of the service

users and patient journey in Wolverhampton enabling intelligent commissioning decisions to be taken based on evidence. Data held in the system is anonymous and is fully compliant with information governance and Caldecott standards

3.0 Financial implications

- 3.1 As previously reported to Health and Wellbeing board the 2016/17 revenue pooled budget was set at is £54.3 million, of which £21.7 million is a contribution from Council resources and £32.6 million from the CCG. The Section 75 agreement details the risk sharing arrangements for both organisations for any over / under spends within the pooled budget. In addition to the revenue services pooled budget also includes a capital grant (Disabled Facility Grant) amounting to £2.4 million which are managed by the council.
- 3.2 The Section 75 makes provision that the pooled fund contributions (including the risk sharing arrangements for any risks identified as a result of year-end closure), can be reviewed by Partners at the end of quarter 1 of the new year and that Schedule 1 and/ or Schedule 4 on the Section 75 agreement can be amended accordingly.
- 3.3 Budgets included in the original 2016/17 pooled budget (paragraph 3.2) were set at a point in time) Both organisations have now reviewed their year-end position and as a result a number of adjustments to the budgets included in the pooled fund have been agreed by the BCF Board. The major variations to be noted are as follows:
- District Nursing and Community Nursing now reflect outturn level of activity
 - Physiotherapy omitted costs associated with follow up appointment budgets (adult services)
 - Within Mental Health (CCG) a number of the following services have been combined – RAS, Crisis and Home Treatment & Mental Health Liaison into Urgent Care pathway.
 - Early Intervention (CCG) has been removed
- 3.4 The changes detailed above have resulted in a revised revenue pooled fund of £56.8 million, of which £21.6 million will be from Council budgets and £35.1 million from CCG budgets. There is no change to the capital element of the pooled fund. This has resulted in the following changes to the work streams:

Work Stream	Council Contribution (£000)	CCG Contribution (£000)	Total Contribution (£000)
Adult Community Services	18,607	26,083	44,690
Mental Health	2,712	6,419	9,131
Dementia	324	2,624	2,948
Total Revenue	21,643	35,126	56,769
Capital Ring Fenced Grant	2,440	0	2,440

- 3.5 These adjustments above have changed the risk sharing arrangements for any overspends to across the pooled fund to:

Work Stream	Council Contribution %	CCG Contribution %
Adult Community Care	42	58
Mental Health	30	70
Dementia	11	89
Capital Ring Fenced Grant	100	0

- 3.6 Risk sharing arrangements for demographic growth have been revised as follows:

	Council Contribution %	CCG Contribution %
Demographic Growth	38	62

- 3.7 The Section 75 also makes provision for the Care Act monies of £964,000 to be transferred from the CCG to the Council to support costs associated with the care act. Care Act monies will be a 'pass through' to the Council (total £964,000). Any overspends against this resource will be 100% risk to the Council. This arrangement will be reviewed on an annual basis.
[AJ/07102016/K]

4.0 Legal implications

- 4.1 A Section 75 agreement was in place for the delivery of the BCF plan during 2015/16. A new Section 75 agreement is currently being drafted to cover the period 2016/17.
- 4.2 Section 75 of the NHS Act 2006 (the "Act") allows local authorities and NHS bodies to enter into partnership arrangements to provide a more streamlined service and to pool resources, if such arrangements are likely to lead to an improvement in the way their functions are exercised. Section 75 of the Act permits the formation of a pooled budget made up of contributions by both the Council and the CCG out of which payments may be made towards expenditure incurred in the exercise of both prescribed functions of the NHS body and prescribed health-related functions of the local authority.

The Act precludes CCG's from delegating any functions relating to family health services, the commissioning of surgery, radiotherapy, termination of pregnancies, endoscopy, the use of certain laser treatments and other invasive treatments and emergency ambulance services.

[RB/11102016/N]

5.0 Equalities implications

5.1 Each individual project within the work streams has identified equality implications, and a full Equality Impact Analysis has been carried at work stream level.

6.0 Environmental implications

6.1 Each individual project within the work streams will identify environmental implications, such as the need to review estates for the co-location of teams and services.

7.0 Human resources implications

7.1 Each individual project within the work streams will identify HR implications. HR departments from both Local Authority and Acute Providers are already engaged in discussions regarding potential HR issues such as integrated working and change of base for staff.

8.0 Corporate landlord implications

8.1 Corporate Landlord (Estates Valuation and Disposals) meets regularly with the Task and Finish Team and is working with the Team to assist and evaluate if any of the assets within the existing NHS and Council Estate is suitable for reuse to support the BCF proposals. The BCF programme has an Estates task and finish group in place to consider accommodation options on a city wide basis.

9.0 Schedule of background papers

None

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