



Health and Wellbeing Board

3 June 2015

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	Linda Sanders, Community Helen Hibbs, Chief Officer, CCG	
Originating service	Health, Wellbeing & Disability	
Accountable employee(s)	Sarah Carter Tel Email	Programme Director 01902 445941 Sarah.carter21@nhs.net
	Steven Marshall Tel Email	Director of Strategy and Transformation 01902 444644 steven.marshall3@nhs.net
Report to be/has been considered by		

Recommendation(s) for action or decision:

The Health and Wellbeing Board is recommended to formally approve:

1. The revised integrated governance structure
2. The process for submitting the quarterly mandated Better Care Fund reports
3. The plan on a page of individual programmes within the programme

The Health and Wellbeing Board is recommended to consider the note:

1. The BCF Section 75 Agreement between Wolverhampton City Council and Wolverhampton Clinical Commissioning was formally agreed for the year 2015/16

1.0 Purpose

The purpose of the report is:

- To brief Board members on the activity against plan for the BCF programme
- To appraise Board members of progress against workstreams and the overall programme since the last update
- To appraise the Board of the reporting and approval requirements against the national quarterly submissions

2.0 Background

2.1 Health and Wellbeing Board Reporting Requirements

In follow up to the guidance on operationalising the Better Care Fund issued by the BCF Task Force, a revised and much simplified reporting template which CCGs and LA's should use to report BCF performance for the period 1 January 2015 to 31 March 2015 has now been issued. This provides guidance on the nature of the submission and the process which should be followed.

Following feedback from areas regarding the complexity of some of the data requests the template now simplifies the data requests that are being made from local areas and instead will gather information from other pre-existing sources and data collections where these are available.

There will therefore be no local collection of data around these metrics through the quarterly return. This includes forecast performance and actual performance against the following metrics:

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- Actual non-elective admissions in to hospital (general & acute), all-age, per 100,000 population;
- Permanent admissions of older people (aged 65 and over) to residential and nursing care homes;
- Proportion of people with long term conditions who feel supported to manage their condition;
- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services;
- Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+).

Data in relation to the agreed local performance metrics submitted as part of the Part 2 planning template, and income/expenditure data will be collected as part of the quarterly reporting return due at the end of Quarter 1 2015-16. An updated template capturing these additional reporting requests will be circulated in early July.

There remains a requirement for the Health and Wellbeing Board to have oversight of the performance against plan and therefore the BCF Programme within Wolverhampton will continue its internal data collection in order to support performance management and the taking of mitigating action, should the plans experience any slippage, or over performance. Additionally other elements of performance are included in the Wolverhampton approach to performance and assurance, they include the overarching performance against the BCF pooled budget, delivery against implementation plans, and detailed focus regarding changes to activity at a HRG code level, and at service levels.

The quarterly performance report to the Health and Wellbeing Board will incorporate all elements of performance against plan in order that the Board is fully sighted on the implementation, metrics, exceptions and risks associated with the programmes delivery.

2.2 Better Care Fund Programme Integrated Governance Structure

The Health and Wellbeing Board is at the centre of governance and assurance processes for the BCF programme. The governance process adopted in the planning and development phase of the BCF programme has sought to engage key providers alongside commissioners in the support of transformation. More recently a review has been undertaken of the integrated governance structure, with a view to moving into the delivery phase of the programme, and the Section 75 agreement between the 2 commissioning organisations.

From July 2014 to March 2015 programme was overseen by a Transformation Commissioning Board which reported to the Health and Wellbeing Board via the Programme Director. Sitting alongside this and reporting to the TCB was;

- Transformation Delivery Board, which includes all partners and stakeholders,
- Finance and Information Core Group,
- Quality and Risk Core Group,

- Governance Core Group

2.3 Section 75 agreement

Wolverhampton City Council and Wolverhampton Clinical Commissioning Group have been working collaboratively to deliver a S. 75 agreement which supports the effective management of a pooled budget. A report was submitted to Cabinet and the Clinical Commissioning Groups Governing Body which approved the structure, content and management arrangements of the pooled budget and agreement in order to achieve the commencement date of 01.04.2015. The Section 75 agreement between Wolverhampton Clinical Commissioning Group and Wolverhampton City Council is now in place.

3.0 Progress, options, discussion, etc.

3.1 Better Care Fund – Health and Wellbeing Board Reporting Requirements

The revised template now asks data returns by Health and Wellbeing Board area to be submitted on the following issues only

- Whether Disabled Facilities Grant has been pass-ported to the relevant local housing authority;
- Whether a section 75 agreement is in place to pool BCF funding in accordance with the nationally approved BCF plan; and
- Whether the six national BCF conditions are being met or are on track to be met through the delivery of the national approved BCF plan.

This will be the only information that will be submitted in the return from Wolverhampton for the return that is due by 29 May 2015.

The new reporting template also provides an ability to submit additional narrative text and moving forward it will be used to provide any additional information we identify in Wolverhampton is appropriate to support the return including explanation of any material variances against the plan and associated performance trajectories.

The report is submitted on behalf of the Health and Wellbeing Board and the following is proposed for consideration

- Approval is delegated to the Programme Board formally by the Health and Wellbeing Board. The Programme Board meets monthly and is the Executive meeting supporting the implementation of the BCF programme (Please see attached Governance infrastructure)
- The report is submitted to the Health and Wellbeing Board as part of the quarterly reporting process for BCF
- The Health and Wellbeing Board delegate the management of any exceptions which require a Health and Wellbeing Board response and approval prior to submission to Cllr Samuels (Chair), Linda Sanders, and Helen Hibbs

3.2 Better Care Fund Integrated Governance Structure

The integrated governance structure has been revised and the Board is asked to approve the proposed integrated governance structure, which is attached in Appendix 1.

The main changes are as follows and reflect the move from planning to delivery phases of the programme. The Health and Wellbeing Board retain overarching systems responsibility for the delivery of the programme.

- The Transformation Commissioning Board and Transformation Delivery Board have been integrated into a single Executive led Programme Board which has Executive representation from both commissioners and main providers. This meets monthly and has oversight of the delivery of the programme, reporting directly to the Health and Wellbeing Board
- Each element of the programme; mental health, dementia, primary and community, and intermediate care, have a designated Senior Responsible Officer, who has responsibility for ensuring the effectively delivery of key milestones in the programme delivery plans, and resolving any issues which impact upon delivery.
- A Senior Responsible Officer Oversight Group has been established which meets on a fortnightly basis and received highlight reports including exceptions form each programme via the programme delivery leads
- Individual programmes have moved to weekly meetings to ensure that progress is tracked and delivered, and to ensure that resolution of issues which impact upon delivery are managed in a timely manner. Programme delivery teams are led by delivery leads who are commissioners in health and social care.
- A systematic Programme Management approach has been adopted to reporting across each layer of governance which provides consistency. The reporting structure has been redefined to reflect this.

3.3 Section 75 Agreement

The Section 75 Agreement has been signed on behalf of both organisations for 2015/16. The agreements key elements identify the approach to the following;

- **Governance** - The scope of the powers of the agreement are within the existing limits set by both organisations schemes of delegation in relation to BCF, particularly from a financial and procurement perspective. Beyond these limits, decision making remains within the responsible bodies in the individual organisations (Cabinet and the CCG's Governing Body), to whom the Executive members of the new Partnership Board are accountable for the operation of the fund. The Health and Wellbeing Board retains its oversight of the performance of the fund against the objectives set out in the BCF plan and the Health and Wellbeing strategy.

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- **Contracting** - Existing contracts between the CCG and providers and the Council and providers are not affected by the creation of a single host for the pooled fund. Future contracts may be linked to integrated approaches to commissioning.
- **Financial Value** - The value of the pooled fund consists of services totalling £66.6million revenue. The fund includes £2.1 million capital grant which is managed by the council. The fund has had efficiency requirements extracted prior to being pooled.
- **Risk Share and Overspends** - The CCG has adopted full risk absorption of the P4P element of the fund. Risk share is apportioned on a percentage value basis across the 2 organisations in relation to overspend against individual programmes. Delivering further efficiency in order to support demographic change and the implementation of the Care Act has been apportioned across the individual programmes on a proportionate basis.

4.0 Financial implications

- 4.1 The BCF revenue pooled fund for 2015/16 is £66.6 million, and approaches to the management of impact, risk and benefit has been agreed via the Section 75 agreement. This includes £6.3 million representing the NHS transfer to social care ('Section 256 funding'), which is ring fenced. In addition to the revenue services the bid includes capital grants amounting to £2.1 million (Dedicated Facilities Grant and Social Care Capital Grant).
- 4.2 The pooled fund requires efficiencies to be realised to fund the council's demographic growth of £2.0 million and care act implementation funding of £964,000. The council's medium-term financial strategy (MTFS) currently assumes that these pressures will be funded in full from the BCF. The fund has also had significant efficiencies extracted prior to pooling, delivery against which will be monitored through the Partnership Board.
- 4.3 The receipt of a proportion of the BCF funding in 2015/16 (£1.6 million) will depend on meeting agreed performance targets, specifically the reduction in the number of non-elective emergency admissions by 3.5%. The CCG are required to withhold these monies from the Pool until such time as delivery has been demonstrated. In the event that admissions are not achieved, the CCG will bear 100% of this risk for 2015/16.
- 4.4 Each organisation will make equal monthly payments to the pooled budget. The actual contributions paid into the pooled by each party will be net of demographic growth, care act monies for the council, efficiency delivery plan assumptions and net of the performance payment for the CCG.

5.0 Legal implications

- 5.1 The Planning Guidance for the Better Care Fund 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”).
- 5.2 The S.75 agreement is a vehicle for the delivery of the BCF plan, which was approved in December 2014. This plan was developed jointly across the CCG, City Council and involving other lay partners and providers and aims to support the delivery of the Councils and CCGs strategic vision, supporting the achievement of effective, efficient and integrated community and neighbourhood facing services.
- 5.3 The section 75 agreement has been put in place at the must be in place at the start of the 2015/16 financial year.
- 5.4 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 CCGs 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.
- 5.5 Prior to signing both partners secured independent legal review of the final agreement
- 5.6 The notice period for ending the Section 75 agreement, by negotiation, is 3 months.

6.0 Equalities implications

- 6.1 There are no equalities implications specifically relating to the current status of the BCF programme.

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

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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 Revised integrated governance structure
National reporting proforma
BCF Programme Summary Plans

Documents Referenced Embedded



BCFWolvesProgramm
e Approach and Struc



BCFPoPSummary.pdf



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