Agenda Item No. 9

CITY OF WOLVERHAMPTON COUNCIL

Health and Wellbeing Board

10 February 2016

Report title	Better Care Fund 15/16 progress report and 16/17 outline plan
Cabinet member with lead responsibility	Councillor Sandra Samuels Health and Wellbeing
Wards affected	All
Accountable director	Viv Griffin, Service Director Disability and Mental Health
Originating service	Adult Services
Accountable employee(s)	Tony Marvell — People Directorate Tel — 01902 551461 Email — Tony.marvell@wolverhampton.gov.uk
Report to be/has been considered by	People Directorate Management Team — 25th January 2016 Integrated Commissioning Board — 14th January 2016 Strategic Executive Board — 2nd February 2016

Recommendation(s) for action or decision:

1. That the progress report on the current year's activity be noted.

2. That the intention to advise the Health and Wellbeing Board of the intention to establish a Section 75 agreement between City of Wolverhampton Council (CWC) and the Wolverhampton CCG for the purposes of delivering the Better Care Fund in the business year 2016/17, and process for developing this agreement, along with the progress to date be endorsed.

3. That the draft Section 75 agreement be taken to the CCG governing body meeting on the 8 March and to the CWC Cabinet meeting scheduled for 23 March 2016 for final approval by both partner organisations.

4. That the process for developing the 16/17 delivery plan, the progress to date be noted, and that the final approval of the 16/17 BCF delivery plan be delegated to the Chair of the Health and Wellbeing Board, Cllr Samuels and Cllr Mattu with advice from the Transformation Director CCG (Steven Marshall), and BCF Lead for the CWC (Viv Griffin) during March 2016.

.

1.0 Purpose

1.1 The Health and Wellbeing Board are asked to note the general performance of the BCF in the current business year (to March 31 2016) across the city-wide Health and Social Care system. See Sections 3 and 4.

1.2 To advise Health and Wellbeing Board of the intention to establish a Section 75 Agreement between City of Wolverhampton Council ("CWC") and the Wolverhampton Clinical Commissioning Group ("CCG"), for the purposes of delivering the Better Care Fund in the business year 2016/17. See Section 5

1.3 To advise Health and Wellbeing Board of the process for developing the 2016/17 delivery plan, the progress to date, and to request that the final approval of the 2016/17 BCF delivery plan be delegated to the Chair of the Health and Wellbeing Board, with advice from the Transformation Director CCG (Steven Marshall), and BCF Lead for the CWC (Viv Griffin) during March 2016.

1.4 To request that final approval of the Section 75 agreement is taken to the CCG Governing body on 8 March 2016 and to the CWC cabinet on 23 March 2016. See Section 5.

2.0 Background

2.1 The Better Care Fund programme is delivering system wide changes with the aim of delivering six outcomes:-

- Reduced Delayed Transfers of Care ("DTOC")
- Reduction in avoidable emergency admissions
- Reduced admissions to residential and nursing homes
- Ensured effectiveness of reablement
- Improved patient/service user experience
- Improved dementia diagnosis rates

Progress is being made towards these targets as summarised below, and more detail can be found in sections 3 and 4 of the report:

Delayed Transfers of Care ("DTOC")

DTOC continues to be an issue in Wolverhampton with a significant number of DTOC (in Q2 there were 2253 DTOC against a plan of 750). A tripartite agreement between Royal Wolverhampton Trust ("RWT"), City of Wolverhampton Council and Wolverhampton Clinical Commissioning Group has seen PricewaterhouseCoopers working with local teams to identify issues and implement new discharge pathways in order to address the problem of DTOC. This piece of work commenced in December and is due to be completed in March 2016.

Reduction in emergency admissions

Targets set locally against the BCF programme for a reduction of emergency admissions (1048) in the current year remain on target however the overall volume of admissions continues to increase above the 15/16 plan, this in turn is leading the CCG into a position where the National Payment for Performance ("P4P") target will not be paid.

It should be noted that the method of monitoring emergency admissions for BCF uses MAR (hospital data), as opposed to SUS (Secondary use) data. This difference in data collection means that even though a reduction against the SUS plan was demonstrated there was not a corresponding reduction using MAR data and therefore to date the CCG have not been eligible for the P4P. It is anticipated that from April 2017 that the SUS datasets will be used to monitor performance of emergency admissions, however this has yet to be formally confirmed.

Reduction in admissions to residential and nursing homes

In the 12 months up to the end of September, 630 per 100,000 population had been admitted to residential care (269 admissions) against a target of 638 per 100,000 (273 admissions). Work continues to ensure that older people have the necessary support to remain in their own homes and it is anticipated that this target will be achieved in 2015/16

Ensuring the effectiveness of reablement

Wolverhampton offer a higher percentage of people a reablement service on discharge compared with other areas and performance remains in a positive position with 80.6%, of people requiring no further care after short period (4-6 weeks) of reablement.

Improving patient/service user experience

This is an annual measure taken from the Adult Social Care Survey which is due to be carried out in February 2016. In 2014/15 69% of people were satisfied with their care and support – an increase from 62.5% in the previous year, placing Wolverhampton in the top quartile among comparative authorities, regionally and nationally.

Improving Dementia Diagnosis Rates

The Dementia diagnosis rate (last published data 14/15) is 78.5% against a national target of 68% again placing Wolverhampton in the upper quartile.

3.0 Progress, options, discussion, etc.

3.1 Overall Progress – *(Programme Work stream level)*

Primary and Community Care

The Primary and Community Care work stream are developing and implementing a Community Neighbourhood Team (CNT) model. This model will see 3 CNTs wrapped around small numbers of GP practices. The core teams will include Community Matrons, District Nurses and Social Workers. They will work with GP practices to risk stratify patients likely to attend Accident and emergency or result in an emergency admission and to work together to proactively manage these patients in the community.

They will have access to specialist teams i.e. diabetes, heart failure and community mental health teams. The CNT will also include a Rapid Response model a pilot of which began in January 2016 and is explained further under Intermediate Care.

This model of care will ensure patients with multiple long term conditions and health and social needs will be treated closer to home and will promote independence and awareness.

Dementia

The dementia work stream has worked on the enhancement of Memory Clinics and the appointment of GP leads for dementia with an aim of increasing awareness and diagnosis rates and enabling outreach clinics within the community.

This project is also exploring the development of a Dementia Hub within Wolverhampton. Dementia Hubs elsewhere have good evidence of supporting both people with dementia and their carers' and family. A specification has been written and is now being addressed in view of suitable physical locations.

Mental Health

The mental health work stream has demonstrated some real successes in the development of a Psychiatric Liaison Service and the Mental Health Crisis Car. The Crisis car is a joint venture between CCGs, LA, and Police, West Midlands Ambulance Service and Psychiatric teams. These schemes have demonstrated a reduction of 522 emergency admissions (as at October 2015).

Intermediate Care

Health and Social care teams have been working in a more integrated fashion in order to ensure that referrals are triaged and service users are managed by the most appropriate teams. This has resulted in more timely intervention and a reduction in duplication of care.

The Intermediate care work stream, along with colleagues from the Primary and community care, has developed a Rapid Response model which will commence as a pilot in January 2016. The Rapid Response team consists of both Health and Social Care staff. The team will respond to patients who are having an exacerbation of their condition either at their usual place of residence, or those that have presented at Accident and Emergency.

The aim of the team is to provide a rapid assessment of the situation and to put into place a package of care that will, where clinically appropriate, enable the patient to be managed in the community as opposed to being admitted to hospital. For the pilot the service will receive referrals Monday-Friday 9.00am – 5.00pm, however a specification is being written to extend this service to meet demand and put in place wider hours coverage in the future.

Information Governance

Programme leads continue to work with Information Governance leads to ensure that information sharing between organisations is within agreed policies and protocols. The first stage of the agreement is now in place to enable data sharing for the purpose of "direct care".

Estates

Much of the work being undertaken within the work streams has resulted in the need to review estates provision across the City. For example the development of a Dementia Hub or office space to house Integrated Health and Social Care teams or clinical space to run clinics in the community. A task and finish group has been set up to identify need and possible solutions where the Corporate Landlord is actively involved working as part of the team in the search for suitable locations and premises within the Council or NHS Estate . Members of this group include representation from CCG, CWC, RWT, Black Country Partnership Foundation Trust CPFT and NHSE and WCC .

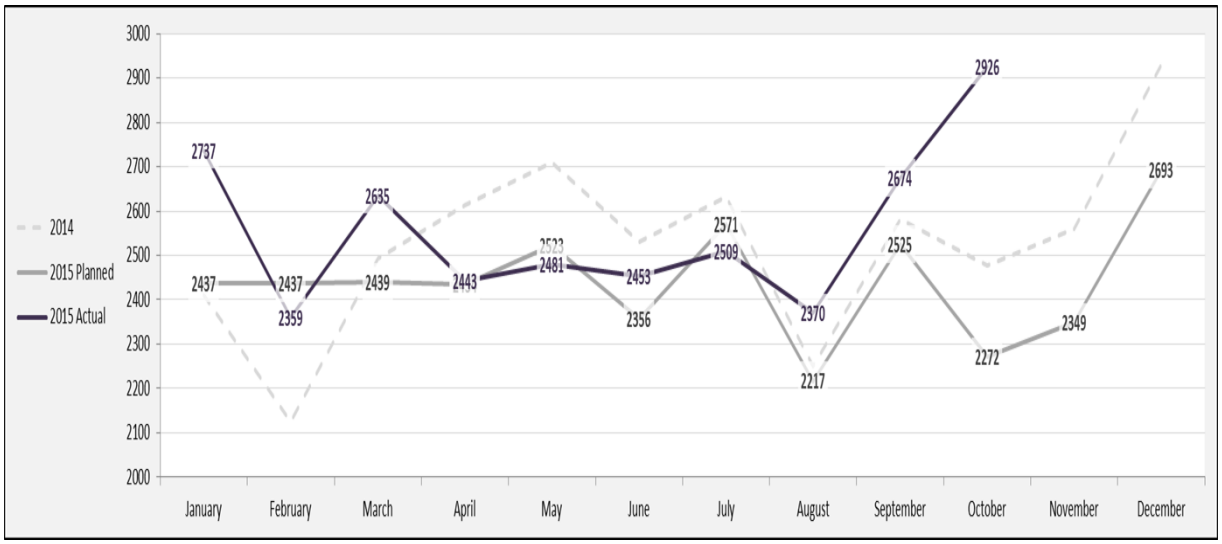
3.2. Emergency Admissions (detailed analysis)

In October 2015 there were 2926 Emergency Admissions (654 more than planned).

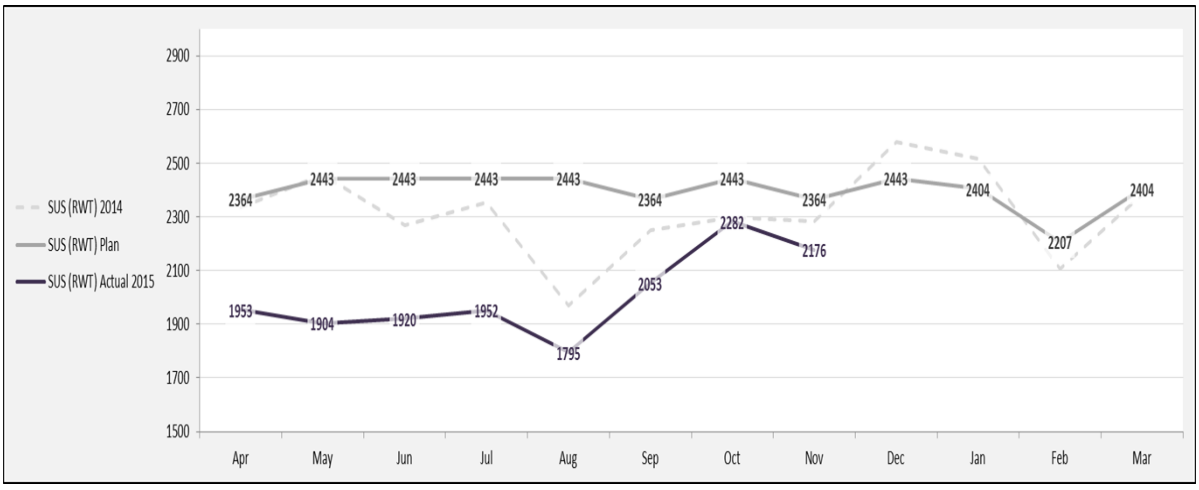
Month on Month Performance	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**
2014	2410	2124	2493	2614	2710	2531	2632	2251	2580	2478
2015 Planned	2437	2437	2439	2434	2523	2356	2571	2217	2525	2272
2015 Actual	**2737**	**2359**	**2635**	**2443**	**2481**	**2453**	**2509**	**2370**	**2674**	**2926**
Difference between planned and actual	+ 300	- 78	+ 196	+ 9	- 42	+ 97	- 62	+ 153	+ 149	+ 654
% Difference between	+ 12.3%	- 3.2%	+ 8.0%	+ 0.4%	- 1.7%	+ 4.1%	- 2.4%	+ 6.9%	+ 5.9%	+ 28.8%

planned and actual										

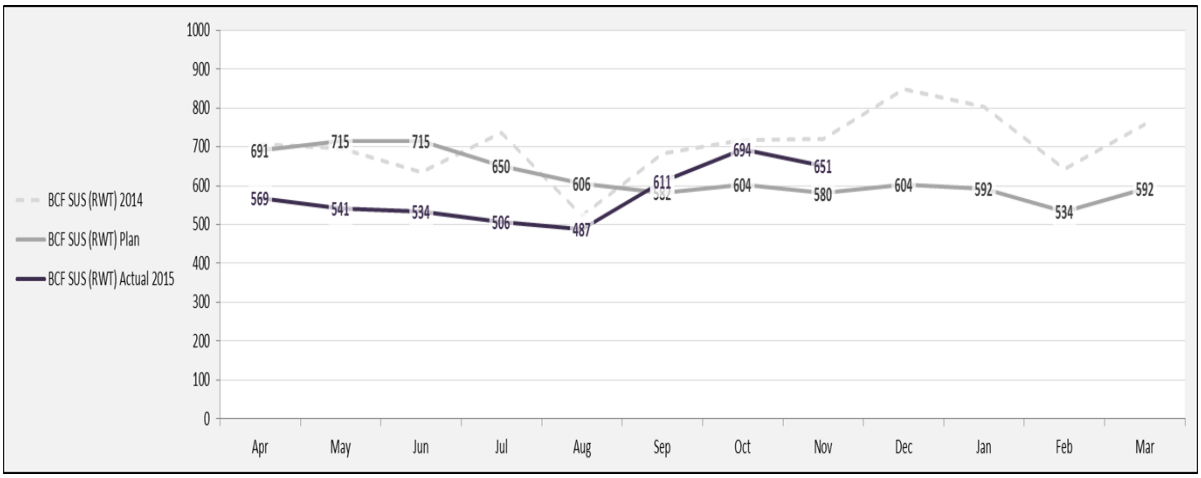
Quarterly Cumulative Performance	Q4	Q1	Q2	Q3
2014	7,027	14,882	22,345	30,314
2015 Planned	7,313	14,626	21,939	29,253
2015 Actual	**7,731**	**15,108**	**22,661**	**25,587***
Difference between planned and actual	+ 418	+ 482	+ 722	+ 1,376
% Difference between planned and actual	+ 5.7%	+ 3.3%	+ 3.3%	+ 5.7%



An increase is also visible in admissions to Royal Wolverhampton Trust ("RWT") as measured by the SUS data when compared with 2014/15 performance in the same period, however, the SUS data remains below plan:



Similarly the BCF SUS data shows an increase in September and October and is Above 2014/15 performance in the same period, however, this also remains below plan:



3.3 DTOCS

Based on October 2015 data the number of delayed days continues to grow. The Number in October is just 30 lower than the target for the whole quarter.

Metric	13/14 plans (revised)	Q1 (Apr 13 - Jun 13)		Q2 (Jul 13 - Sep 13)		Q3 (Oct 13 - Dec 13)		Q4 (Jan 14 - Mar 14)	
Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+).	*Quarterly rate*	**1055**		**770**		**728**		**986**	
	Numerator	2054		1500		1418		1929	
	Denominator	194708		194708		194708		195605	
	14/15 plans (revised)	**Q1 (Apr 14 - Jun 14)**		**Q2 (Jul 14 - Sep 14)**		**Q3 (Oct 14 - Dec 14)**		**Q4 (Jan 15 - Mar 15)**	
		Plan	**Actual**	**Plan**	**Actual**	**Plan**	**Actual**	**Plan**	**Actual**
	Quarterly rate	**1044**	**709**	**761**	**906**	**718**	**833**	**976**	**1543**
	Numerator	2042	1386	1488	1773	1405	1630	1916	3029
	Denominator	195605		195605		195605		196274	
	15-16 plans (revised)	**Q1 (Apr 15 - Jun 15)**		**Q2 (Jul 15 - Sep 15)**		**Q3 (Oct 15 - Dec 15)**		**Q4 (Jan 16 - Mar 16)**	
		Plan	**Actual**	**Plan**	**Actual**	**Plan**	**Actual**	**Plan**	**Actual**
	Quarterly rate	**1033**	**2041**	**750**	**2253**	**708**	**693**	**966**	
	Numerator	2027	4006	1473	4423	1390	1360*	1901	
	Denominator	196274		196274		196274		196857	

4.0 Financial implications

4.1 The pooled budget is £70.9 million, of which £24.2 million is a contribution from Council resources and £46.6 million from the CCG. The Section 75 agreement details the risk sharing arrangements for both organisations for any over / under spends with in the pooled budget.

4.2 The fund requires efficiencies to be realised to fund the council's demographic growth of £2 million and care act implications funding of £964,000. In addition, the receipt of a proportion of the BCF funding for 2015/16 is dependent on meeting the agree performance target, namely the reduction in the number of non-elective emergency admissions.

4.3 The financial monitoring as at period 8 (end of November) is showing a revenue cost pressure across the pooled fund of £2.7 million. The forecast cost pressure for each organisation is CCG - £2 million and CWC - £774,000.

4.4 This is broken down across the following work-streams:

Work stream	Budget £000	Forecast Out-turn £000	Variance £000	Risk Sharing £000	
				CCG	WCC
Community and Primary Care	21,019	21,611	592	432	160
Dementia	4,606	4,678	72	67	5
Mental Health	9,443	9,694	251	176	75
Intermediate Care	35,795	34,692	(1,103)	(629)	(474)
Sub Total	**70,863**	**70,675**	**(188)**	**46**	**(234)**
Capital Ring Fenced grant	2,085	2,085	-	-	-
Savings Targets					
Demographic Growth Target	2,000	-	2,000	1,320	680
Care Act Target	964	-	964	636	328
Sub- total	**2,964**		**2,964**	**1,956**	**1,008**
Overall Total Risk			**2,776**	**2,002**	**774**

4.5 The impact of this costs pressures has been factored into each organisations financial monitoring. [AS/02022016/P]

5.0 Planning for the Better Care Fund (16/17 and beyond)

5.1 Health and Social Care policy and arrangement for Better Care Fund

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, recognising the fact that health services cannot operate effectively without good social care. To support Local Authorities to meet growing social care needs government also confirmed an option for local authorities who are responsible for social care to levy a new social care precept of up to 2% on council tax. The additional money raised will have to be spent exclusively on adult social care.

The Government also reconfirmed the Better Care Fund as a key national policy directive for the rest of the current parliament and that the Better Care Fund would be the vehicle used to support integration. The principle aims of the BCF continue to be the reduction of accident and emergency admissions, delayed transfers and care home admissions by investing in joined up health and social care services focused on prevention.

In December 2015 NHS published the guidance "Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21"

Which in summary mandates:

- 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.
  Place based planning
- Planning by individual institutions will increasingly be supplemented with planning by place for local populations.
- Agreeing 'transformation footprints' and programming clear deliverables across the STP

On 11 January Department of Health/Department for Communities and Local Government released the BCF policy framework for 16/17.

(https://www.gov.uk/government/publications/better-care-fund-how-it-will-work-in-2016-to-2017)

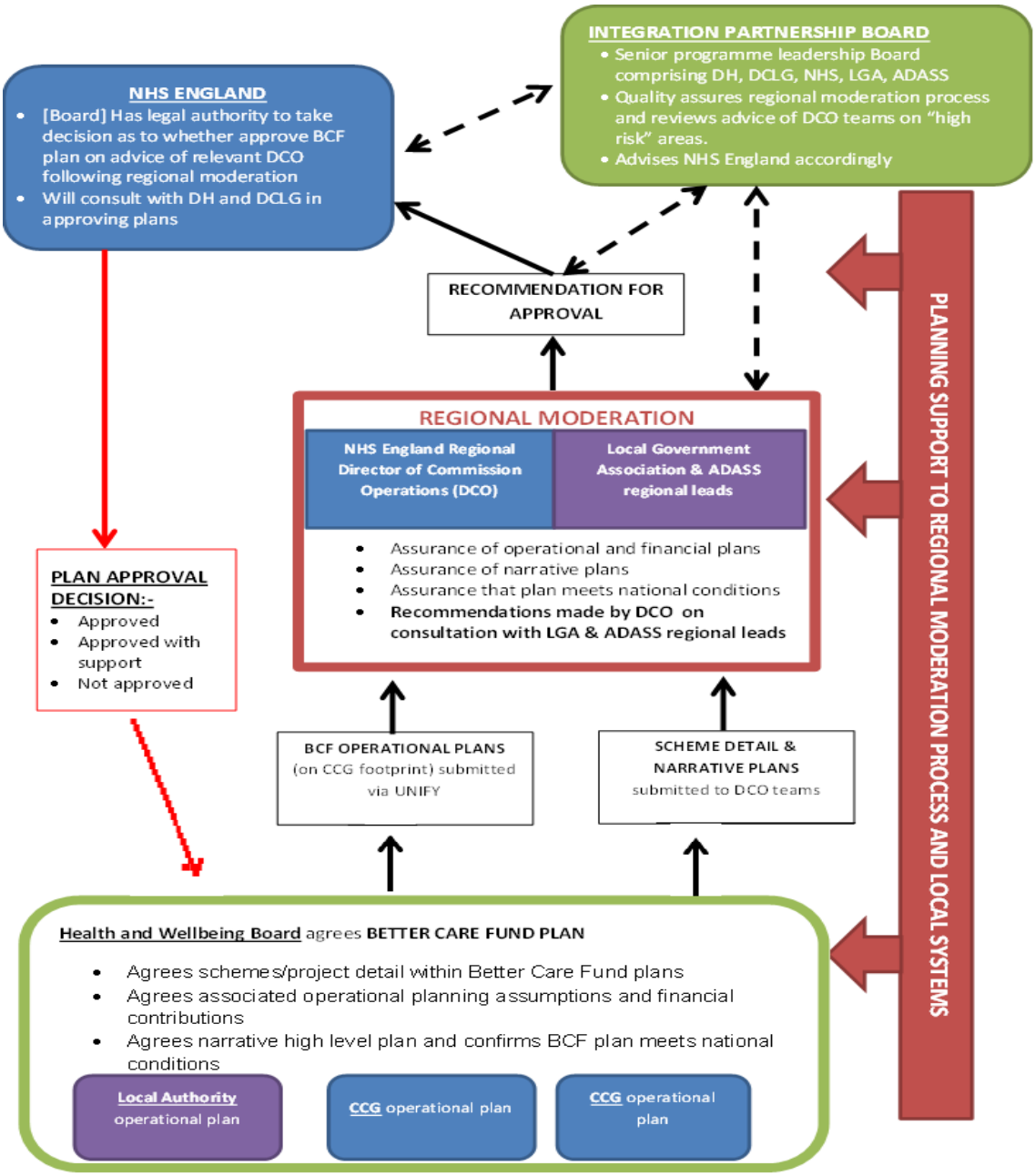
The key points relating to the operation of the BCF in 2016/17 are:

- The £1bn payment for performance element of the better care fund and mandated local targets for the reduction of delayed transfers of care have been removed from BCF arrangements replaced by two new national conditions:

  - Local areas to fund NHS commissioned out-of-hospital services (to ensure continued investment in NHS commissioned out-of-hospital services, which may include a wide range of services including social care).
  - To develop a clear, focused action plan for managing delayed transfers of care (DTOC), including locally agreed targets. The conditions are designed to tackle the high levels of DTOC across the health and care system. Councils, CCGs and NHS providers will have to agree a local target for cutting delayed transfers of care.

- More flexibility for Councils and CCGs to put more money into the pool funding arrangement with more flexibility to agree local risk sharing agreements.
- New “streamlined” assurance process for better care fund plans (Guidance outlines a new process for centrally approving local plans), which aims to be more “streamlined” than the assurance process in the run-up to 2015-16. Assurance plans will not be subject to a national assurance process. Instead, local plans will be assessed by regional teams including NHS England and local government officials. Plans will only be approved centrally where areas are designated “high risk”.

  The specific deadlines for the submission of detailed operational plans for 16/17 have not yet been set but will be based on the model below:


INTEGRATION PARTNERSHIP BOARD
• Senior programme leadership Board comprising DH, DCLG, NHS, LGA, ADASS
• Quality assures regional moderation process and reviews advice of DCO teams on "high risk" areas.
• Advises NHS England accordingly
NHS ENGLAND
• [Board] Has legal authority to take decision as to whether approve BCF plan on advice of relevant DCO following regional moderation
• Will consult with DH and DCLG in approving plans
RECOMMENDATION FOR APPROVAL
PLANNING SUPPORT TO REGIONAL MODERATION PROCESS AND LOCAL SYSTEMS
REGIONAL MODERATION
NHS England Regional Director of Commission Operations (DCO)
Local Government Association & ADASS regional leads
• Assurance of operational and financial plans
• Assurance of narrative plans
• Assurance that plan meets national conditions
• Recommendations made by DCO on consultation with LGA & ADASS regional leads
PLAN APPROVAL DECISION:-
• Approved
• Approved with support
• Not approved
BCF OPERATIONAL PLANS (on CCG footprint) submitted via UNIFY
SCHEME DETAIL & NARRATIVE PLANS submitted to DCO teams
Health and Wellbeing Board agrees BETTER CARE FUND PLAN
• Agrees schemes/project detail within Better Care Fund plans
• Agrees associated operational planning assumptions and financial contributions
• Agrees narrative high level plan and confirms BCF plan meets national conditions
Local Authority operational plan
CCG operational plan
CCG operational plan

5.2 The process for establishing the Wolverhampton local Better Care Fund plan for 16/17 has been agreed by the BCF Programme Board:

Committee/board	Date	Report purpose
Health and Wellbeing board	10 February 2016 (this paper)	BCF progress update 15/16, 16/17 business planning update and to request approval for Section 75 agreement to be directed to the March 23 Cabinet meeting, and to request delegated authority during March 2016 for the approval of the detailed operational plan for 16/17.
	April 2016	Progress update and BCF 16/17 for information.
Cabinet (CWC)	23 March 2016	Approval of Section 75 agreement.
CCG Governing body	8 March 2016	Approval of Section 75 agreement.

5.3 The Programme team and Senior Responsible owners are developing a detailed plan for the Better Care Fund's operation in 16/17 which will include the production of the Section 75 agreement for the purposes of delivering the Better Care Fund in the business year 16/17.

The intention is to take the section 75 report to the CCG governing body meeting on the 8 March and to the CWC Cabinet meeting scheduled for 23 March 2016 for final approval by both partner organisations.

5.4 Because of the timing of the Health and Wellbeing board meetings, it proposed that the approval for the detailed BCF operational plan is delegated to the Chair of the Health and Wellbeing Board with advice from the Transformation Director CCG (Steven Marshall), and BCF Lead for CWC (Viv Griffin) during March 2016.

.

5.5 The programme team are developing the Wolverhampton local plan for Better Care Fund. This is to be based on a number of high level principles:

- Co-production
- Better Health Outcomes
- Improved Well- Being
- Promoting Independence
- Identifying and utilising inter-dependencies between organisations
- Moving intervention downstream
- Targeted interventions by integrated teams
- Working with Voluntary Sector
- Care Closer to home

The outcomes required of the programme for 2016/17 are therefore;-

- Reduced emergency admissions
- Reduced A&E attendances
- Personalised Management Plans for patients/clients
- Regular medication reviews
- Improved independence and well being
- Reduced DTOCs

The key themes for work streams 2016/17 will be:

- Frail Elderly Pathway
- Mental Health (including CAMHS tier 1-3)
- Young People
- Dementia

The future focus for 2017/18 will be:

- Management of Long Term conditions
- Learning Disabilities
- Development of community based clinics
- Moving to Integration

Detailed planning work is underway with senior management teams to review and construct the detail for the next phase of the programme. There are opportunities to work more closely together in some other areas such as CAMHS (Children's and Adolescent Mental Health Services), in Mental Health by widening the scope of services within the pooled fund, and across Learning Disability services.

At the same time some acute secondary specialist services such as neurological services may be removed from the pooled fund because they are so specialised that any redesign would not add value to patients, service users or improve general efficiency across the Health and Social Care local system.

The detailed BCF planning work and associated proposals will be completed in mid-February 2016 given the late delivery of National guidance.

5.6 **Financial Implications for 16/17**

Following the new guidance for Better Care Fund in 2016/17 (see section 5) discussions are on-going between CWC and WCCG in relation to the detailed services that are to be included in the pooled funding arrangement for 2016/17 and how the financial arrangements for the pooled fund in 2016/17 will be organised. The main components being:

- The continued protection of social care funding via the transfer from Health to social care totalling (£6.3 million in the 2015/16 year). National guidance has confirmed this element will remain in place for 2016/17.
- Demographic growth provision for social care (£2 million in the 2015/16 year), discussions are on-going relating to this element for 2016/17.
- Risk sharing arrangements for the pooled fund in 2016/17 between CWC and WCCG.
- Contribution to Care Act and other policies

These details will be finalised in the governing body report and cabinet report(s) in March 2016.

6.0 Legal implications

6.1 A Section 75 agreement is in place for the delivery of the BCF plan, which was approved in March 2015, and subsequently revised in August 2015.

6.2 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 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. RB/29012016/P

7.0 Equalities implications

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

8.0 Environmental implications

8.1 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.

9.0 Human resources implications

9.1 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.

10.0 Corporate landlord implications

10.1 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 is currently initiating an additional estates and infrastructure project which will consider accommodation options on a city wide basis.

11.0 Schedule of background papers

2016/17 Better Care Fund Policy Framework

https://www.gov.uk/government/publications/better-care-fund-how-it-will-work-in-2016-to-2017