

Health and Wellbeing Board

27 April 2016

Report title	Better Care Fund 2016/17 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 Tel Email	People Directorate 01902 551461 Tony.marvell@wolverhampton.gov.uk
Report to be/has been considered by	People Directorate Management Team Integrated Commissioning and partnership Board BCF Programme Board	11 April 2016 21 April 2016 21 April 2016

Recommendation(s) for noting:

1. To note the progress towards the development of the Section 75 agreement between City of Wolverhampton Council (CWC) and the Wolverhampton Clinical Commissioning Group (CCG).
2. To note the arrangements for final submission to NHS England of the Wolverhampton Better Care Fund 2016/17 delivery plan.

1.0 Purpose

- 1.1 To advise Health and Wellbeing Board of the progress towards the establishment of 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.
- 1.2 To advise Health and Wellbeing Board of the progress for developing the 2016/17 delivery plan. As previously agreed final approval of the 2016/17 BCF delivery plan is 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).

2.0 Progress, options, discussion, etc.

Section 75 agreement

- 2.1 The revenue value of the current proposed pooled fund to be managed via the S. 75 agreement is £54.3 million and consists of £32.6 million (60%) of CCG funded services alongside, £21.7 million council funded services (40%). The council contribution includes £6.4 million representing the NHS transfer to social care (‘Section 256 funding). The pooled budget also includes capital grant (Disabled Facility Grant) amounting to £2.4 million which are managed by the council.
- 2.2 The detailed section 75 agreement includes a risk sharing arrangement (based on the proportion of each partner contribution (CCG 60% and CWC 40%).
- 2.3 The detailed legal document is currently being drafted by legal teams across CWC and the CCG, and it is expected that this will be in place by May 2016.
- 2.4 The summary breakdown of the Section 75 is provided in the financial summary of this document.

2016/17 Better Care Fund Delivery Plan

- 2.5 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, in recognition of 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.

- 2.6 Government also reconfirmed the Better Care Fund (“BCF”) 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 that integration. The principle aims of the BCF continue to be the reduction of accident and emergency admissions, improvement to the level of delayed transfers and reduction in the number of care home admissions by investing in joined up health and social care services focused on prevention.
- 2.7 In December 2015 NHS also 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, and the agreement of transformation footprints’ and the programming of clear deliverables across the STP
- 2.8 Work across both the Black Country and West Midlands regional areas is underway to jointly agree regional footprints and the Wolverhampton STP.
- 2.9 On 11 January Department of Health/Department for Communities and Local Government released the BCF policy framework for 2016/17. From this guidance the key points relating to the operation of the BCF in 2016/17 are:
- The National £1 billion payment for the 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 (DTC), including locally agreed targets. The conditions are designed to tackle the high levels of DTC across the health and care system. Councils, CCGs and NHS providers will have to agree a local target for cutting delayed transfers of care.
 - The policy framework provides for more flexibility for Councils and CCGs to put more money into the pool funding arrangement with more flexibility to agree local risk sharing agreements.

- The assurance process for better care fund plans is underway for the 2016/17 period. Assurance plans are not subject to a national assurance process. Instead, local plans are being assessed by regional teams including NHS England and local government officials. Plans will only be approved centrally where areas are designated “high risk”.

2.10 The detailed technical guidance was received in March 2016 (three months later than planned). The moderation process for plans is now underway based on the following time-table:

Date	Requirement
March 2	A spread-sheet return containing plans around Performance indicators
March 21	A draft narrative document and a revised spread sheet return
March 21 – April 5	Regional moderation process
April 5	Feedback from first draft narrative
May 4	Final narrative submission
Mid May	The results of Regional moderation for the final narrative document will be released to Wolverhampton

Plans are being assessed and moderated based on two criteria:

Plan development – which looks at the overall compliance of the submission based against a series of KLOE (“Key line of enquiry”) statements leading to either a low, medium or high rating for individual plans.

Risk assessment – An assessment by the regional assurance team in terms of the overall likelihood that an individual plan will be delivered.

The Wolverhampton plan was submitted in draft form on March 21 which in summary included detailed information surrounding:

- Funding arrangements
- The Wolverhampton strategic plan (5 year view, Vision for Health and Social Care Services 2019/20)
- Risk management
- Governance arrangements

Following regional assessment of the draft Wolverhampton plan, the plan has been rated as “low” for plan development, and “low risk”. This has provided an overall rating for the Wolverhampton plan as “approved with support”.

At the time of this report the programme team are reviewing some areas of the submission in readiness for the final deadline (4 May) with a view to improving the ratings described above for the next submission.

3.0 Financial implications

- 3.1 The current proposed revenue pooled budget 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 with in 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 pooled fund requires efficiencies to be realised to fund the council's demographic growth of £2 million.
- 3.3 The better care policy framework document indicates that "Within the Better Care Fund allocation to Clinical Commissioning Groups is £138 million to support the implementation of the Care Act 2014 and other policies (£135 million in 2015/16)." The 2015/16 figure for Care Act monies of £964,000 has been included within the pooled fund calculation for 2016/17. At the time of signing off the pooled budget the value of the inflationary uplift for the year has yet to be confirmed and therefore this uplift will be agreed by the end of quarter one alongside any other material adjustments for the final 2015/16 outturn.
- 3.3 The draft pooled budget is broken down into the following work streams:

Work streams	CCG Funded services (£000)	Council Funded services (£000)	Total Services (£000)
Adult Community Services	24,015	18,637	42,652
Dementia	2,586	320	2,906
Mental Health	5,997	2,718	8,715
Total Contribution to Pooled Fund	32,598	21,675	54,273
(Ring Fenced Capital Grants)		2,440	2,440

- 3.4 The risk sharing arrangements for any over/underspends with the pooled fund and the non-delivery of efficiencies as detailed in section 3.3 will be shared as follows:

	CCG Risk %	Council Risk %
Adults Community Services	56	44
Dementia	89	11

	CCG Risk	Council Risk
	%	%
Mental Health	69	31
Ring Fenced Capital Grant	0	100
Demographic Growth	60	40
Care Act Monies	TBC	TBC

[AS/19042016/D]

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/11042016/]

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

9.0 Schedule of background papers