



Health and Wellbeing Board

9 July 2014

Report Title	Better Care Fund - Update	
Cabinet Member with Lead Responsibility	Councillor Sandra Samuels Health and Wellbeing	
Wards Affected	All	
Accountable Strategic Director	Sarah Norman, Community	
Originating service	Wolverhampton Clinical Commissioning Group Wolverhampton City Council	
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Recommendations for noting:

The Health and Wellbeing Board is asked to note and comment on:

1. The progress that has been made since the last report
2. The planned activity for the next 3 months
3. The changes to the governance and assurance structure
4. The process to achieve multi agency agreement of the workstream transformational change programmes

1.0 Purpose

- 1.1 The purpose of this report is to update the Health and Wellbeing Board on progress regarding the development of the Better Care Fund Programme, ensuring that the requirements of the programme are fully known and understood, and that the Health and Wellbeing Board are fully sighted on the current position, and next steps.

2.0 Background

The Better Care Fund Programme (previously referred to as the Integration Transformation Fund) was announced in June as part of the 2013 Spending Round. The fund encompasses a substantial level of 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 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 services to the people of Wolverhampton.

3.0 Progress, options, discussion, etc.

The initial submission of the Better Care Fund Programme was made to NHS England in April. A further iteration is expected to be made on the 1st August 2014. This is a single plan jointly agreed across health and social care, and incorporating public engagement. Governance arrangements have been established which include a Transformation Delivery Board, a Transformational Commissioning Board, and direct reporting into the Health and Wellbeing Board for formal agreement. Please see Appendix 1.

There are national conditions and national metrics associated with the development of the BCF programme. They are articulated below, alongside the current collaborative BCF response to them;

National Conditions	BCF Programme Update
<i>Jointly agreed plans between health and social care</i>	Agreed and submitted to NHS England, a further iteration to be submitted on 1 st August 2014. The Health and Wellbeing Board is the approval group for this submission
<i>Protection of social care services (to be locally agreed)</i>	The DFGs/Carers Grant and Community Capacity Grant (which form part of the scope of the programme, are passported automatically into the local authority, in addition demographic growth has been factored into the financial commitment to the value of £2m, alongside a £989k commitment to support the Care Bill implementation and section 256 monies, all contribute towards the mandate of protecting social care services.
<i>7 day services in health</i>	There are currently 4 workstreams operating in support of the transformational change programmes required from

<i>and social care to support discharge and prevent unnecessary admissions</i>	the implementation of the programme, they are; mental health, dementia, nursing and residential care homes, and intermediate care. 7 day services is a core component of these workstream programmes
<i>Data sharing should be developed across the health and social care agencies</i>	This is an enabling strategy to support the improved integrated health and care services delivery, and a shared understanding of the current profile of Wolverhampton; as such a business case is under development for the development of a shared IT system in collaboration with local providers.
<i>Joint approach to assessment and care planning</i>	There are currently 4 workstreams operating in support of the transformational change programmes required from the implementation of the programme, they are; mental health, dementia, nursing and residential care homes, and intermediate care. Further developing a joint approach to assessment and care planning is a core component of the workstream programmes. Each workstream has an executive sponsor from both commissioning organisations, and named workstream project leads. Health and social care provision is represented on the workstream programmes, however further work needs to be undertaken to ensure effective inclusion and engagement from the voluntary sector in each of the workstreams.
<i>Agreement of the impact on the acute sector(provider by provider breakdown and analysis) + public, patient and service user engagement in planning</i>	This analysis has been undertaken and submitted as part of the BCF programme

<i>National and Local Metrics</i>	BCF Programme Update
<i>DTOCs</i>	These are being measured between April and December 2014 for reduction achievement
<i>Avoidable emergency admissions</i>	These are being measured between April and September 2014 for reduction achievement
<i>Admissions to residential</i>	These are measured within the 2015/16 programme

and nursing care homes	
Effectiveness of reablement	This metric is measured within the 2015/16 programme
Patient/service user experience	Consideration is currently being given to the way in which experience can/should be captured to demonstrate improvements
Dementia diagnosis (local)	A focus on improving diagnosis rates for dementia in primary care is aligned to both the PCIS and the national planning guidance. Underpinning this is the alignment of the development of the dementia care pathway to provide earlier community focussed support to those diagnosed with dementia.

During July each workstream will participate in a facilitated all day workshop, to develop and consolidate the programme, and ensure we have a consistent approach to programme discipline and delivery. Membership of the workstream project groups includes representation across health and social care provision and commissioning.

Future areas of consideration for the further development of the BCF programme plan include;

- Full integrated care pathway development
- Joint outcomes based commissioning approaches
- Development of joint approaches to the delivery of efficiency
- Further workstreams including primary/community care and early impact analysis of options

4.0 Financial implications

4.1 The Health & Well-Being Board are requested to note the following potential implications:

The plans have been approved as financially deliverable through the NHS England process, however, a question remains whether they are ambitious enough to take forward whole system transformational change of health and care delivery over a significant programme lifecycle. This will be a consideration of the transformational Commissioning Board moving forward.

The plan is delivered within 85% currently committed resources, and is dependant upon the ability of the system to transform in order to reduce activity in acute care (unplanned emergency admissions, length of stay, and reduced readmissions), reduce spend into long term care placements, and deliver earlier intervention and prevention.

Both commissioning organisations are operating within austere economic conditions with challenging efficiency programmes. The CCGs financial position has worsened since the previous report, and the local authority faces significant budgetary challenges. The programme needs to ensure that benefit delivered is only counted once, and that joint approaches are developed to strategic commissioning and service development transformation that support achieving sustainable delivery models and the requirements of each organisations financial challenge.

In mitigation, the governance structure which has been implemented will continue to ask core questions of the programme which include;

- Does the proposal deliver against the metrics?
- How will benefit be extracted?
- Where will the benefit be deployed?
- What are the timeframes for benefit delivery?
- Is the transformation iterative over a number of years?
- Are there any hidden financial risks?
- Is the transformation sustainable?

Core to the effective delivery of the programme is ensuring that proposals do not destabilise the health and social care system, as this could have significant financial impact. Workstreams continue to develop individual sensitivity analysis with regard to financial impact, and a systematic approach to ensuring financial impact is managed.

As mentioned earlier in this report, protection of social care services has been incorporated into plans and jointly agreed.

5.0 Legal implications

5.1 In 2015/16 the fund will be allocated to local areas, where it will be put into pooled budgets under Section 75 joint governance arrangements.

6.0 Equalities implications

6.1 Each work programme and proposal for transformational change will have an equality impact assessment in order to demonstrate that the changes have no adverse impact on the protected characteristics.

7.0 Environmental implications

7.1 No direct implications at this stage.

8.0 Human resources implications

- 8.1 Transfer of Undertakings for the Protection of Employment (TUPE) will apply for those staff currently working on existing contracts where services are affected by procurement approaches.

Appendix 1.

BCF Proposed Reporting Structure

13.05.14

