

Health and Wellbeing Board

15 February 2017

Report title	Better Care Fund (BCF): update report	
Cabinet member with lead responsibility	Cllr Paul Sweet Public Health and Wellbeing	
Wards affected	All	
Accountable directors	David Watts, Service Director - Adults (City of Wolverhampton Council) Steven Marshall, Transformation and Strategy Director (Wolverhampton Clinical Commissioning Group)	
Originating service	Adult Services	
Accountable employee(s)	Paul Smith Tel Email	People Directorate 01902 555318 paul.smith@wolverhampton.gov.uk
Report to be/has been considered by	People Directorate Management Team Portfolio Holder, Adults	30 January 2017 01 February 2017

Recommendation(s) for noting:

1. To note the progress towards the planning process for the 2017/18 BCF programme.

1.0 Purpose

- 1.1 To advise Health and Wellbeing Board of the progress being made towards establishing the 2017/18 programme.
- 1.2 The last report to the 30 November 2016 meeting of the Health and Wellbeing board provided a detailed update surrounding the pool fund arrangements, the Section 75 agreement, and a detailed summary of progress across the Better Care Fund projects.
- 1.3 This report provides the Health and Wellbeing Board with an update concerning the planning process for 2017/18.

2.0 Progress on 2017/18 BCF Plan

- 2.1 National planning guidance for BCF was due in autumn 2016. The publication of guidance is still delayed and is now estimated to be published in February. Submission dates have also not yet been published and are expected within the guidance.
- 2.2 It is known that the new submission will be a two-year plan and the National Conditions have been from eight to three. Those remaining being:-
 - Protection of social care
 - Joint planning
 - Commissioning of out of hospital services
- 2.3 Wolverhampton's 2016/17 BCF plan was approved without conditions in the first-round last year. The BCF Programme team have begun a refresh of last year's plan for submission this year, in the absence of guidance and key lines of enquiry.
- 2.4 The programme team are working with Workstream Leads to develop the narrative plan for next year. A series of themed Senior Responsible Officer (SRO) meetings have taken place in order that SROs can provide direction for their work stream following discussion with work stream leads on what has been achieved to date, what has worked well, what can be jointly influenced in the future.
- 2.5 To build on previous years, these meetings have been extended to involve members of the Board from Provider organisations in order for the plan to be a system wide plan from the outset. By being inclusive at this early stage the aim is not only to promote engagement and ownership of the plan from all organisations involved but also that the plan will reflect the reality of deliverability across the Health and Social Care Economy in Wolverhampton.
- 2.6 A Deep Dive meeting planned for late February will seek to confirm and promote the future plan and re-launch the BCF programme with stakeholders.

3.0 Highlights of the 2017/18 plan

3.1 **Vision** – the continued development of three Community based neighbourhood hubs, delivering proactive and reactive individualised care to patients closer to home. These hubs will contain integrated health and social care teams working together to deliver seamless pathways for service users and their carers in the most appropriate setting, at the most appropriate time. They will be wrapped around the emerging GP models of care, patient need and will work closely with the voluntary sector and social prescribers. They will consist of core team members supported by specialist teams i.e. mental health, specialist nursing teams and Intermediate care teams.

3.2 **Principles** – the principles listed below were included in last year’s plan and will continue to be integral to the 2017/18 plan. Discussions are on-going with SROs and work stream leads to establish achievement of these principles to date and the relevance of carrying these forward into the future plan.

- 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

3.3.1.1 **Outcomes – A number of outcomes were listed** in last year’s plan. Discussions are on-going to finalise whether these are still relevant for the future plan.

- People will spend less time in hospital
- People will live longer
- The home will be considered the hub for the delivery of all services
- Less people will move into residential and nursing home care
- People will be more in control of the care and support they receive through the implementation of personal budgets
- An individual’s experience of receiving health and care services will be different. One person will co-design the care plan with the person, there will only be one care plan and care will be coordinated on behalf of the health and social care community neighbourhood teams.
- Customers will have self-care and self-management plans which focus on maximising the potential for good quality independence

3.4 There is an opportunity that selected locations will be able to “Graduate” from BCF if they have moved beyond its planning requirements. There will be a first wave of approximately ten areas to trial the process.

Areas are expected to be able to demonstrate a shared commitment and vision for Integration with a positive trajectory or approach to improve performance on BCF national performance metrics. Also, that there will be a pooling of funds above the minimum.

- 3.5 In summary, although the guidance has not yet been published there is preparation and planning in place to ensure that we are able to meet deadlines of submission when they are shared.
- 3.6 The plan will be inclusively developed between all key partners and will describe how the future developments will deliver the vision and aims of the programme, in particular learning lessons from previous years and building on co-production.
- 3.7 The BCF plan this year is being developed in conjunction with the Sustainable Transformation Plan (STP). It is essential that the BCF and STP plans support each other and that BCF is the delivery model of many elements of the STP.

4.0 Financial implications

- 4.1 The 2016/17 revenue pooled budget is £56.8 million, of which £21.7 million is a contribution from Council resources and £35.1 million from the CCG. The pooled budget also includes capital grant (Disabled Facility Grant) amounting to £2.4 million which is managed by the Council.
- 4.2 The Section 75 agreement details the risk sharing arrangements for both organisations for any over / under spend within the pooled fund. In addition the BCF requires the work streams to identify efficiencies to fund the demographic growth (£2 million).
- 4.3 The Period eight financial monitoring identified a cost pressure of £2.8 million across the pooled fund. This includes the £2 million demographic growth mentioned in 4.2. Based on the risk sharing arrangements in the Section 75 the forecast cost pressure for each organisation is £1.8 million for the CCG and £1.0 million for the Council. Both the CCG and Council have the cost pressures reported and incorporated into their financial positions for 2016/17.
[AJ/03022017/P]

5.0 Legal implications

- 5.1 A Section 75 agreement was in place for the delivery of the BCF plan during 2015/16. A Section 75 agreement has been drafted and is currently being prepared for signature to cover the period 2016/17.
- 5.2 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/06022017/P]

6.0 Equalities implications

6.1 Each individual project within the work streams has identified equality implications, and a full equality impact analysis has been carried at work stream level.

7.0 Environmental implications

7.1 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.

8.0 Human resources implications

8.1 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.

9.0 Corporate landlord implications

9.1 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.

10.0 Schedule of background papers

n/a