**Agenda Item No. 15**

# Health and Wellbeing Board

5 November 2014

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| **Report title** | Better Care Fund Programme Update |
| **Decision designation** | AMBER |
| **Cabinet member with lead responsibility** | Councillor Sandra Samuels<br>Health and Wellbeing |
| **Key decision** | Yes |
| **In forward plan** | Yes |
| **Wards affected** | All |
| **Accountable director** | Sarah Norman, Community<br>Helen Hibbs, Chief Officer, CCG |
| **Originating service** | Health, Wellbeing & Disability |
| **Accountable employee(s)** | Sarah Carter — Programme Director<br>Tel 01902 445941<br>Email Sarah.carter21@nhs.net<br><br>Viv Griffin — Assistant Director<br>Tel 01902 555370<br>Email Vivienne.griffin@wolverhampton.gov.uk |
| **Report to be/has been considered by** | Cabinet, 10 September<br>Executive Team, 10 September |

**Recommendation(s) for action or decision:**

The Health and Wellbeing Board is recommended to::

1. Approve he next steps of the plan programme

2. Approve the delegated approval of the final BCF detailed scheme descriptions and submission to the Chair of the Health and Wellbeing Board.

The Health and wellbeing Board is asked to consider the following questions:

1. Should the BCF operational performance oversight be delegated to the Transformation Commissioning Board, and exception reported into the Health and Wellbeing Board?

2. Does the Board require an extraordinary meeting post outcome advisory to discuss the implications of the approval given, or does the Board wish to delegate this to the Transformation Commissioning Board?

3. What information, support, briefing in advance of efficiency reporting doe the Health and Wellbeing Board need to support the detailed understanding of the financial profile, metrics and plans associated with the BCF Programme?

The Health and Wellbeing Board is asked to note:

1. That a further report will be provided to Health and Wellbeing Board on 7 January 2015 outlining proposed pooled budget arrangements, and finalised Section 75 proposed draft agreement.

## 1.0 Purpose

1.1 To provide Health and Wellbeing Board with an update on progress made in relation to the development of the Better Care Fund Programme Plan in Wolverhampton, and to note the next steps with regard to the sign off of the Better Care Fund Plan.

## 2.0 Background

2.1 Over the last 18 months Wolverhampton Clinical Commissioning Group and Wolverhampton City Council, in collaboration and partnership with our two main NHS providers, and other stakeholders, have been working together to define and develop the plans for Wolverhampton which deliver transformational change at both a provision and commissioning level, utilising the Better Care Fund programme.

The output from this collaboration is a programme of work which has clearly defined impact synergies and is underpinned by the jointly held vision as outlined in section 1a.

The table below demonstrates the synergies of the schemes and the impact upon patient and service user outcomes.

Our vision for the impact on patient and service user outcomes over the lifecycle of the programme is;

- ✓ 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 patient or service user, there will only be one care plan, and care will be coordinated by a single professional on behalf of the health and care neighbourhood teams
- ✓ Patients and service users will have self-care and self-management plans which focussing on maximising the potential for good quality independence

## 2.2 What Does This Mean For The People of Wolverhampton?

| Wolverhampton Health and Wellbeing Board BCF Programmes | Total non-elective admissions into hospital (general and acute), all age, per 100,000 population | Permanent admissions of older people to residential and nursing care homes per 100,000 population | Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation | Delayed transfers of care from hospital per 100,000 population | Patient/service user experience | Local metric: Dementia diagnosis rates |
|---|---|---|---|---|---|---|
| | **Impact on outcomes PA** | **Impact on outcomes PA** | **Impact on outcomes PA** | **Impact on outcomes PA** | **Impact on outcomes PA** | **Impact on outcomes PA** |
| **Primary and Community Care Redesign Programme (Integrated health and social care neighbourhood teams/enhance nursing and care home support)** | Yes<br><br>649 less people admitted on an emergency basis | Yes<br><br>9 less permanent admissions of older people to residential and nursing care homes | 13 less people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation | Yes<br><br>54 less delayed transfers of care from hospital | Yes | Yes<br><br>35 more people within Wolverhampton having a diagnosis of dementia |
| **Intermediate Care Programme (integrated health and social care reablement service with a focus on accelerated discharge, home based reablement, and admission avoidance)** | Yes<br><br>366 less people admitted on an emergency basis | Yes<br><br>9 less permanent admissions of older people to residential and nursing care homes | Yes<br><br>7 people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation | Yes<br><br>118 less delayed transfers of care from hospital | Yes | 10 more people within Wolverhampton having a diagnosis of dementia |
| **Mental Health Programme (integrated health and social care community services, enhanced admission avoidance and psychiatric** | Yes<br><br>108 less people admitted on an emergency basis | 0 | 1 less person (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation | Yes<br><br>30% reduction in people placed outside of the area in a hospital | Yes | 2 more people within Wolverhampton having a diagnosis of dementia |

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| **liaison)** | | | | | | |
| **Dementia Care Programme (a fully integrated care pathway from pre diagnosis to end of life care with a focus on home as hub)** | 24 less people admitted on an emergency basis | Yes<br>0 | Yes<br>0 | | Yes<br>0 | Yes<br>0 |
| **Integrated Care Information System** | Enabling Scheme | Enabling Scheme | Enabling Scheme | Enabling Scheme | Enabling Scheme | Enabling Scheme |

2.3 As a result of this planning we anticipate over the next five years of service transformation and integration development that the way in which we deliver services, and the way in which they are structured will be significantly changed in order to deliver the outcomes we expect for the people of Wolverhampton.

**Developing an integrated approach to asset based community development, and building community capacity to improve health and reduce social isolation around the person**

In 2019/20 we will have facilitated a structure of three neighbourhoods in Wolverhampton. The neighbourhood approach will support a move away from more traditional methods of delivery, to utilising the whole system to promote and maintain emotional, physical and social wellbeing. We will develop a profile of community facing support which harnesses existing voluntary and community services, augmenting them to support the whole person in a non-statutory, community, and person centred way. This will be achieved by realising the benefits of a reduction in hospital facing services, and transforming the traditional approach we currently have to service delivery.

**A material shift from care and support being delivered on an episodic basis to support and interventions being wrapped around the individual to maximise the potential for independence**

The Better Care Fund schemes will support the delivery of effective care coordination which is consistent irrespective of complexity. At the heart of our service delivery changes are integrated neighbourhood teams that have the scope and range of skills to support an individual irrespective of changing needs. This will allow a more consistent wraparound approach, particularly in the support of people who have multiple complex comorbidities.

**Fully integrated mental health, dementia, community health and social care neighbourhood teams and urgent care pathways that support person centred care and provide community facing alternatives to admission.**

In redesigning the way in which our primary and community care services are structured we will see, in 2019/20, a major shift in the landscape of care across Wolverhampton. Our services will be structured around three core neighbourhoods in Wolverhampton, and wrapped around a cluster of GP practices, to enable more effective primary care engagement and integration with the way in which services are delivered. Access to services will be improved through 7 day a week delivery, and services operating across a broader range of the 24 hour clock. Health and social care will be delivered under a single management structure, and effective care coordination and co-design of care plans with service users and patients will be at the heart of our delivery model. A crisis function will be mainstreamed into all care pathways, with contingency planning shared and owned by both professionals and patients/service users.

**Effective coordination of care irrespective of levels of complexity held by the most appropriate person**

Everyone in Wolverhampton with one or more complex condition will have their care coordinated by the most appropriate professional. The effectiveness of care coordination will be delivered through the adoption of a partnership approach to care planning with service users/patients, and an emphasis on reducing dependency and increasing self-help and resilience development, supporting care as close to the home, or in the home wherever possible. In dementia services this means that by 2019/20, anyone with a diagnosis of dementia will have an advanced plan and have the opportunity to consider advance decisions.

**Improved approaches to accelerated discharge planning and post discharge from hospital support which is delivered and coordinated on an integrated basis in the community**

Our integrated neighbourhood teams will include an accelerated discharge function which will mean that anyone being discharged from hospital will have access to five days of intensive follow up support across health and social care services delivered into their own home, where need has been identified.

**Consistent and responsive community access and effective support in a crisis**

All those patients and services users with a care coordinator who have a developed and shared crisis contingency plan. A pathway will be in place, through our urgent care centre, for access to intensive home treatment in order to avoid unnecessary hospital admissions, build confidence in community facing accessibility and services, and enhance resilience and a self-guided approach. Intensive home treatment will be available to all, based upon assessed need, and the function will be delivered for up to 5 days.

**Clear, agreed health and social care defined outcomes**

Services will be commissioned and performance assessed on an outcomes basis in 2019/20. Pathways will be designed and specifications developed which reflect the anticipated outcomes of health and social care commissioners and the people of

Wolverhampton. We will encourage integrated service delivery on a more enhanced basis through our commissioning approaches, to drive effective delivery of outcomes.

**Innovative approaches to the co-design and commissioning of services**

In 2019/20, we will have an embedded approach of whole system engagement in design where providers will confidently bring forward ideas for change and innovation. We will have an established, multi-agency, design innovation network, where commissioners and providers will collaborate to deliver innovation ideas which meet the identified needs of the population of Wolverhampton.

Incrementally, we will have increased the pooled commissioning budget for integrated services, building on successes and applying them to other areas

We will be utilising a range of payment and benefit systems for different types of care, depending on the aspirations for different services and populations, and will have reviewed the strategic value in mixing payment models.

## 3.0 Development of the Wolverhampton Better Care Fund Programme Plan.

### 3.1 Plan Submission

On 19 September 2014, our final submission was made for the Health and Wellbeing Boards Better Care Fund Programme. Plans are now being reviewed at a regional and then national level and whilst we will not know the outcome of the review process until after the moderation exercise and subsequent announcement at the end of October, we have already received some feedback regarding our plan, and its deliverability.

3.2 At the end of October, having undergone a comprehensive review and triangulation exercise, the plans will be awarded one of the following status;

**Approved**

The aim is for all plans to have reached this standard by April. If our plan is ‘Approved’ following the NCAR process at the end of October, the regional and national team will request to work with us in order to provide support as we prepare for delivery.

**Approved with Support**

This means that overall the review team and the moderation panel have confidence in our plan. However, there may be some items of evidence or information that will need to be submitted to provide full assurance. The team will want to review these before our plan can be fully approved. Areas in this category will be assigned a relationship manager from the task force to agree a plan to provide the further information identified through the NCAR process – this will be a straightforward and light-touch process and the aim is for all HWBs in this category to be fully approved before December.

**Approved subject to Conditions**

If our plan is approved subject to conditions, it means there are some substantial issues or risks in your plan without enough demonstration of how these will be mitigated. Areas in this category will not be able to progress to implementation for the aspects of their plan affected by the conditions placed on them. They will be assigned a relationship manager who will work with the local team to agree an action plan to address areas of weakness identified through NCAR, access available support and agree the level of resubmission required to secure removal of conditions. The aim is to have these areas fully approved before January.

**Not Approved**

Areas in this category will not be given approval for their plan, and will not be able to progress to implementation until their plan is approved. They will be assigned a relationship manager and will be required to work closely with them to agree an action plan that will ensure they submit a fully revised plan in January so they are approved in time to begin implementation. Areas in this category will receive more intensive support to help them improve their plan. These areas will be required to resubmit a full plan for a further NCAR assessment process at the end of January.

3.3 **Next Steps**

Letters communicating the outcome of plan assurance will contain very clear next steps, and the HWB membership will be advised accordingly upon receipt of this letter. Current activity continues in relation to strengthening our plan and planning for delivery across all work streams, engaging partners and stakeholders in the process. Point of consideration: As the next Health and Wellbeing Board is not until 7 January 2015, does the Board require an extraordinary meeting post outcome advisory to discuss the implications of the approval given, or does the Board wish to delegate this to the Transformation Commissioning Board?

Workstream Programmes will continue the development of their plans, case for change and service design proposals for submission by December 2014.

Approval of proposals via Health and Wellbeing Board will be sought in January 2015 for implementation development in the last quarter of the year.

Reporting to the Health and Wellbeing Board will materially develop to include progress against plan - highlight and exception reporting, and will support the Board in demonstrating outcomes and impact, considering strategic direction and synergies, and the whole system view against priorities.

## 4.0 Financial implications

4.1 The purpose of the BCF is to achieve a greater level of integration across health and social care to improve outcomes and in so doing to shift investment from acute to community and primary care and deliver greater efficiency and value for money. Although the fund itself is new, the money is drawn primarily from existing NHS and council funding streams and currently-funded services are in the scope of the fund.

4.2 The plan submitted on the 19 September included a revenue pooled budget for 2015/16 of £73.0 million. Of this £23.5 million is made up of budgets that are currently managed by the Council. It should be noted that the funds includes £6.3 million representing the NHS transfer to social care (Section 256 funding). In addition to the revenue budget the bid includes capital grants amounting to £2.1 million (Dedicated Facilities Grant and Social Care Capital Grant).

4.3 The method for management of the agreed pooled budget and the management of financial risk and benefit remains under development, and will be set out in the Section 75 agreement. This will be brought to the Health and Wellbeing Board for consideration in January 2015.

4.4 The proposed 2015/16 allocation includes funding of £2.0 million for the forecast financial impact of demographic growth of social care, and £1.0 million for Care Act implementation costs. The ongoing demographic growth pressures for 2016/17 and beyond is forecast to increase by £2.0 million per year; it is essential that the pooled budget is of sufficient scale to enable these efficiencies to be realised. Efficiency and QIPP requirements have been locked into the redesign programmes for 2015/16. The Health and Wellbeing Board will be required to have a detailed understanding of the progress, risks and mitigations being undertaken on behalf of the pooled budgets. [AS/24102014/J]

## 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 BCF funding from 2015/16 will be put into pooled budgets as part of Section 75 joint governance arrangements between CCGs and Council, with plans for spending the funds needing to be jointly agreed. Although this represents a shift in how decisions are made about investment this funding will be drawn primarily from CCG budgets. Taking this into account there will still be a significant reduction in resources across health and social care in Wolverhampton as a consequence of reductions in local authority budgets. The Health and Wellbeing Board will need to consider the approach it takes regarding operational oversight of the performance of the BCF programme, against its strategic and system leadership requirements. Whilst an

integrated governance structure has been agreed the questions set out in this report will need to be considered RB/20102014/N

## 6.0 Equalities implications

6.1 There are no equalities implications specifically relating to the sign off of this submission. However, the detailed plan to implement the programme will require a detailed Equalities Impact Assessment.

## 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 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 Better Care Fund – Detailed Scheme Descriptions

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