Agenda Item No. 15

Health and Wellbeing Board

4 March 2015

Report title	Better Care Fund Programme Update
Decision designation	AMBER
Cabinet member with lead responsibility	Councillor Sandra Samuels Health and Wellbeing
Key decision	Yes
In forward plan	Yes
Wards affected	All
Accountable director	Linda Sanders, Community Helen Hibbs, Chief Officer, CCG
Originating service	Health, Wellbeing & Disability

Recommendation(s) for action or decision:

The Health and Wellbeing Board is recommended to formally approve:

1. The next steps of the plan programme
2. Its support for the Section 75 agreement between NHS Wolverhampton CCG and Wolverhampton City Council

3. The delegated approval authority on behalf of the Health and Wellbeing Board, of the cabinet member for Health and Wellbeing (and chair) to formally agree the detailed Section 75 agreement prior to 31st March 2015.

The Health and Wellbeing Board is recommended to consider the note:

1. A performance and update report will be presented to the next Health and Wellbeing Board outlining key updates including activity, financial and implementation plan.

1.0 Purpose

The purpose of the report is:

- To brief Board members on the proposed arrangements for the Section 75 agreement for the management of the Better Care Fund
- To appraise Board members of progress against workstreams and the overall programme since the last update

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2.0 Background

2.1 Section 75

A Section 75 (S.75) Agreement is an agreement made under section 75 of the National Health Services Act 2006 between a local authority and an NHS body in England (in this case Wolverhampton CCG). S. 75 agreements can include arrangements for pooling resources and delegating certain NHS and local authority health-related functions to the other partner(s) if it would lead to an improvement in the way those functions are exercised.

The Better Care Fund arrangements require a pooled fund, and the Care Act 2014, Section 121provides for this. The S.75 agreement governing the creation and management of the pooled fund must be in place before the beginning of the 2015/16 financial year (the year to which it applies).

The pooled funds need to be hosted by one 'accountable' organisation – it is recommended that this is Wolverhampton City Council. This does not affect the current commissioning and contracting arrangements, but will require health and social care commissioning to work more closely together through an integrated commissioning approach to ensure strategic alignment moving forward.

NHS England announced on 22 December 2014 that Wolverhampton's BCF plan had been 'fully approved ', clearing the way to begin delivery of the proposals contained within the plan and agreeing between the two partners the terms of the S. 75 agreement.

2.2 Better Care Fund Programme

The Better Care Fund Programmes focus is the delivery of integrated and sustainable health and social care services in Wolverhampton. Previously referred to as the Integration Transformation Fund, the programme was announced in June 2013 as part of the 2013 Spending Round. The fund incorporates a substantial level of existing 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 builds on existing work the Council and Clinical Commissioning Group have undertaken in relation to joint development of programmes, and support the sustainable delivery of community facing, neighbourhood health and social care services to the people of Wolverhampton.

At the centre of the governance process for the Better Care Fund submission and programme is the Health and Wellbeing Board, who are mandated to approve and jointly agree the plan prior to submission, and oversee planning and performance post implementation.

The governance infrastructure has been established for a number of months, and the programme is overseen by a Transformation Commissioning Board. This reports to the Health and Wellbeing Board via the Programme Director. Reporting to the Board are;

- Transformation Delivery Board, which includes all partners and stakeholders,
- Finance and Information Core Group,
- Quality and Risk Core Group,
- Governance Core Group

3.0 Progress, options, discussion, etc.

3.1 Section 75

Wolverhampton City Council and Wolverhampton Clinical Commissioning Group have been working collaboratively to explore the details of a proposed S. 75 agreement. A report has been provided to Cabinet and the Clinical Commissioning Groups Governing Body which proposes the structure, content and management arrangements of the pooled budget and agreement.

Key elements of the proposed Section 75 agreement include;

- **Governance** - Day to day operational management and oversight of the fund will be the responsibility of the Adults Transformation Commissioning Board (TCB), whose members will have delegated responsibility from both partner organisations to hold the Executive work stream leads to account and to make necessary decisions from a planning, and performance management perspective. The scope of these powers will be within the existing limits set by both organisations schemes of delegation in relation to BCF, particularly from a financial and procurement perspective. Beyond these limits, decision making will remain within the responsible bodies in the individual organisations (Cabinet and the CCG's Governing Body), to whom the members of the TCB will be accountable for the operation of the fund. The Health and Wellbeing Board will [continue to] oversee both organisations for the performance of the fund against the objectives set out in the BCF plan and the Health and Wellbeing strategy
- **Commissioning** - There is not a formal requirement to make commissioning arrangements as part of the S.75 agreement, though in practice, the BCF has developed a codesigned vision and plan which maximises opportunities for effective commissioning approaches. As such the Council and the CCG will continue to have the flexibility to continue to take their own decisions with the arrangements supporting effective co-ordination and shared planning and development, and overseen by the Health and Wellbeing Board.
- **Contracting** - Existing contracts between the CCG and providers and the Council and providers will not be affected by the creation of a single host for the pooled fund. Future contracts are linked to the discussion about commissioning options, above.
- **Financial Value** - The proposed value of the pooled fund consists of services totalling £70.7 million revenue (final figure to be confirmed); of which £22.8 million are council funded services (inclusive of £6.3m S256 monies) and

£47.8 million are CCG funded services. The fund also includes £2.1 million capital grant which is managed by the council.

- **The Health and Wellbeing Board Role -** The Health and Wellbeing Board will operate as the strategic lead with natural oversight and supporting facilitated discussions between NHS England, Wolverhampton CCG and Wolverhampton City Councils on how the pooled budget should be spent, as part of their wider discussions on the use of their total health and care resource. The HWB moves from plan support to provide the following in support of the S. 75 agreement -

  - Leadership – providing strategic support to the developing relationship between the CCG and council, developing a shared vision of future services, holding a helicopter view of resources across the whole system, oversight of the impact of transformational change and risk management
  - Public, patient/user & community engagement
  - Professional & administrative support – engagement of public health in assessing need, deriving evidence, and harnessing opportunities for fuller approaches to integrated commissioning, support to the integrated commissioning process and its fit with existing programmes of integrated care, agreement and use of performance metrics for BCF, oversight of organisational capacity
  - Plan delivery – oversight and exception reporting via the Transformation Commissioning Board

3.2 **Better Care Fund Programme**

Since the last Board, the workstream proposals have been developed significantly and a number of activities have been undertaken across the collaboration as follows;

- Partner agencies including RWT and BCPFT have continued to be engaged and involved as key partners in the BCF work streams, design and implementation planning.

- Engagement sessions have been held with the Wolverhampton Voluntary Sector through the 3rd Sector Partnership, Over 50s Forum, Locality GP meetings, multi partner workshops, and individual voluntary sector groups.

- Primary and Community Care Workstream – has met on a weekly basis and is in the process of finalising its proposal, phasing, and implementation plans. A number of design and impact workshops have been facilitated which have had comprehensive clinical, voluntary sector and operational representation – these workshops have been focussed on the core areas, with a clear mandate regarding designing interventions, which in the view of clinicians and practitioners would move activity away from non-elective admissions and into community facing planned interventions. Workshops have included the following themes; Management of Long Term Conditions, Admission Avoidance, Improving Health and Wellbeing and Wound Care Pathway

- Intermediate and Reablement Care work streams have met on a weekly basis. The workstream has presented its outline proposal and is in the process of developing its implementation plan and phasing approach. Scoping and activity/capacity modelling has been undertaken in relation to both the community and bed based element of the service.

- Mental Health – This workstream continues to meet on a weekly basis, and has developed its proposals significantly with workforce and activity modelling since the last HWB. The mental health workstream continues to focus on the areas of planned and urgent care, with broad and effective engagement across the sector.

Workstream	Impact Narrative
Primary and Community Care Workstream	
Programme	
Support into Residential Care Homes Support– GP Watch	**Why** Of the 44 residential care homes in Wolverhampton, the 12 (27%) in the pilot represent 38% of all ambulance call outs, with a conservative 54% admission rate. The primary reasons for attendance at A&E are abdominal pain, UTI, falls, and chest pain. **Primary KPI target** - Reduction of emergency admissions into acute care, improved health and wellbeing **How:** Hard targeting UTI management, bowel care, medicines optimisation by ANPs. Rapid response (within 2 hrs) to home call out. Care planning clinics. Crisis contingency plans for all residents (420)
Eclipse Medicines Management System creating alerts to GPs for medicines optimisation	**Why** To reduce unnecessary emergency admissions for older people with medication matters. Eclipse is defined as the risk stratification tool within the NHS England 'Any town' toolkit . It supports the safe and appropriate use of medicines in the community. Wolverhampton has an increasing no of emergency admissions relating to medicines management **Primary KPI Target:** Reduction in the number of gastro intestinal emergency admissions, reduction in no of permanent nursing and residential home placements **How:** 49 GP practices engaged with risk stratification and alert Eclipse System relating to gastro intestinal medication alerts. Medical and/or pharmacy medicines review of high risk patients.
UTI Community Care Pathway Redesign through consolidation of the Community Matron function	**Why** Non care home emergency admissions relating to UTIs are at very high in Wolverhampton per annum of which 72% are those in the over 50 age group. This equates to 86% of the total spend on UTIs. **Primary KPI Target:** Reduction of emergency admissions relating to UTI conditions by 8%, reduction in DTOCs, reduction in number of permanent nursing and residential home placements **How** Implement community nurse led UTI care pathway. UTI discharges will have community nurse follow up for contingency planning/dip test advice in a risk stratified system. Wolverhampton wide UTI awareness campaign – early identification and intervention.
Community	**Why**

and Primary Care Redesign	To develop a seamless approach to the management of long term conditions, community and neighbourhood integration of services, and to maximise opportunities for early intervention, prevention and crisis management **Primary KPI Target** Reduction in emergency admissions Reduction in non elective readmissions in the over 65s by 10% Reduction in no of permanent nursing and residential home placements **How** Integrated health and social care community neighbourhood teams x 3 Wound Care Pathway Redesign and implement change for Wound Care services in Wolverhampton (locality facing designed solution) – reducing the numbers of patients using WIC and acute hospital for wound care services Implement single risk stratification system across primary and community services Establishment of crisis care plans across Wolverhampton for over 75s and High Attenders Establishment of Liason Meeting Community Matrons and Hospital Discharge Team Primary Care Model development - increasing capacity and availability across Primary Care through schemes such as Dr. First, weekend/ extending hours.
Intermediate Care	
Programme	
Nursing Home Support - Home Inreach Team	**Why** A significant number of patient's are admitted to Acute services from Nursing homes, with the majority discharged back to the nursing home. A significant number of these patients can be treated and supported in the nursing home reducing the number of admissions to ED and AMU and reducing in-hospital deaths. An audit of the admissions by the Consultant Community Geriatrician has found that an additional 55 attendances at ED and admissions could be avoided if a 7 day model was implemented with the inclusion of IV Therapy for the Home Inreach team, **Primary KPI Target**: Reduction in Emergency Admissions from nursing homes **How** Full implementation of a 7 day HIT service and additional provision of a rapid response to prevent admissions at weekends. IV Therapies administration in nursing homes Weekend clinical review

Intermediate Care Pathway Redesign	**Why** To improve development maximising capacity, impact and effectiveness of intermediate and reablement care, reducing the need for residential and nursing home placements, accelerating discharge, and admission avoidance scheme development. **Primary KPI Target:** Reduction in no of permanent nursing and residential home placements, improvement in reablement **How** Integrate CICT and HARP services into a Community facing Intermediate Care Team with enhanced functions Implement acute inreach/rapid response/intensive home support function (admission avoidance/early discharge) in Intermediate Care Team. Implement Community Matron Flow Coordinator role (pathfinding all proposed bed based acute discharges) Maximise current bed usage across the current 3 provider units Review intermediate care bed requirements and consolidation potential on 1 site Implement ICT managed residential respite bed.
Mental Health	
Programme	
Psychiatric Liason Crisis Car Urgent Care redesign	**Why** To remove inappropriate admissions via the acute sector To enhance the development of fully integrated care pathways for mental health, including responsive services where crisis and urgent care needs occur, which ensure care is delivered as close to home as possible, delivers the best possible clinical outcomes, achieves parity of esteem, provides the highest levels of care to those with the greatest levels of need whilst promoting mental health awareness and anti-stigma self-help and resilience development for all. **Primary KPI Target** Reduction in emergency admissions of any age with a primary mental health disorder diagnosis, Crisis Contingency plans for all regular attenders, assertive outreach and CP service users, Parity of Esteem **How** Redesign of urgent care pathway implementing Crisis resolution and Home Treatment Team, Psychiatric Liason, Crisis Car, and Discharge Team
Planned Care	**Why**

Redesign	Designed services which support recovery, keep people well and prevent crisis the planned mental health care pathway will deliver integrated health and social care specialist resettlement and recovery support and intervention delivering case management and care co-ordination that enables transition through the community care pathway, from in-patient and nursing and residential care into step down and supported housing services with integrated wrap around personalised support. **KPI Target** Reduction in emergency admissions of any age with a primary mental health disorder diagnosis Reductions in high cost care by 30% packages through improved step-down and reablement services leading to resettlement into shared Lives, sheltered accommodation and 'group homes' Improved reablement support with young people in transition **How** Fully integrated community mental health services across health, social care and the voluntary sector Integrated community recovery and reablement services driving crisis planning, CPA implementation and community alternatives to admissions Redesign of recovery house service Non-institutional accommodation and support development impacting upon high cost or acute placements A suite of preventative services
Dementia	
Programme	
Integrated Care Pathway Redesign	**Why** To provide an efficient and effective fully integrated dementia service which focusses on living well with dementia, early identification and support, alongside advance planning and decisions **KPI Target** No of advance plans undertaken Reduction in emergency admissions **How** Dementia Hub development Fully integrated service delivery model across health and social care Introduction of advance planning and advance decisions

- Dementia – The workforce and activity modelling for this workstream is almost complete, with the design proposal complete. Workshops have been held which have engaged a broad range of stakeholders, and have

focussed on the development of integrated approaches, the primary care role, assessment and diagnosis and the role of the specialist team.

Key elements of the programme plans, and their areas of impact are outlined in the table below:

4.0 Financial implications

4.1 The current proposed BCF revenue pooled fund for 2015/16 is £70.7 million, of which, £22.8 million is made up of services that are managed by the council. This includes £6.3 million representing the NHS transfer to social care ('Section 256 funding), which is ringfenced. In addition to the revenue services the bid includes capital grants amounting to £2.1 million (Dedicated Facilities Grant and Social Care Capital Grant).

4.2 The pooled fund requires efficiencies to be realised to fund the council's demographic growth of £2.0 million and care act implementation funding of £964,000. The council's medium-term financial strategy (MTFS) currently assumes that these pressures will be funded in full from the BCF.

4.3 The receipt of a proportion of the BCF funding in 2015/16 (£1.6 million) will depend on meeting agreed performance targets, specifically the reduction in the number of non-elective emergency admissions by 3.5%. The CCG are required to withhold these monies from the Pool until such time as delivery has been demonstrated. In the event that admissions are not achieved, the CCG will bear 100% of this risk for 2015/16.

4.4 Each organisation will make equal monthly payments to the pooled budget. The actual contributions paid into the pooled by each party will be net of demographic growth, care act monies for the council and net of the performance payment for the CCG.

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 S.75 agreement is a vehicle for the delivery of the BCF plan, which was approved in December 2014. This plan was developed jointly across the CCG, City Council and involving other lay partners and providers and aims to support the delivery of the Councils and CCGs strategic vision, supporting the achievement of effective, efficient and integrated community and neighbourhood facing services.

5.3 The section 75 agreement must be in place for the start of the 2015/16 financial year.

5.4 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.

5.5 Prior to signing both partners will secure independent legal review of the final agreement

5.6 The notice period for ending the Section 75 agreement, by negotiation, is 3 months.

6.0 Equalities implications

6.1 There are no equalities implications specifically relating to the current status of the BCF programme.

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 Cabinet Meeting Report – January 2015