

WOLVERHAMPTON CCG

Governing Body March 8th March 2016

Agenda item 9

Title of Report:	Better Care Fund Programme - Progress report Jan – Mar 2016
Report of:	Andrea Smith, Head of Integrated Commissioning
Contact:	Andrea Smith, Head of Integrated Commissioning
Governing Body Action Required:	<input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	To update Governing Body on planning for Better Care Fund Programme 2016/17 To advise Governing Body on the progress of development of a Section 75 agreement between the City of Wolverhampton Council (CWC) and the Wolverhampton Clinical Commissioning Group (WCCG) for the purposed of delivering the Wolverhampton BCF and the associated timelines of development and sign off. To request guidance on sign off of plans.
Public or Private:	This Report is intended for the public domain
Relevance to CCG Priority:	Delivery of Better Care Fund, Care Closer to Home
Relevance to Board Assurance Framework (BAF):	
• Domain 1: A Well Led Organisation	N/A



<ul style="list-style-type: none"> • Domain 2a: Performance – delivery of commitments and improved outcomes 	The report gives an update on progress against both local and national outcomes and targets.
<ul style="list-style-type: none"> • Domain 2b: Quality (Improved Outcomes) 	The report demonstrates the progress of integrated health and social care working to deliver improved services and outcomes to patients and service users.
<ul style="list-style-type: none"> • Domain 3: Financial Management 	Section 75 agreement and Pooled budget is managed by the Senior Responsible Officers of the work stream and this is overseen at an operational level by the Finance and Information Core Group and ultimately by the Integrated Commissioning and Partnership Board
<ul style="list-style-type: none"> • Domain 4: Planning (Long Term and Short Term) 	Better Care fund forms part of the CCG annual operational plan from 2016.
<ul style="list-style-type: none"> • Domain 5: Delegated Functions 	N/A



N.B. Please use Paragraph Numbering in all documents for easier referencing.

1. BACKGROUND AND CURRENT SITUATION

- 1.1. In the last spending review Government confirmed the intention to move Health and Social Care into a more integrated state by the financial business year 2019/20. The Government also reconfirmed the Better Care Fund (BCF) as a key national policy directive for the rest of the current parliament and that the BCF 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
- 1.2. Planning for the BCF is now incorporated into CCG planning and now forms part of the CCG Operational Plan. Whilst the first submission for the CCG plan was 8th February, the publication of the planning guidance for the BCF was delayed, therefore submission deadlines were unknown.
- 1.3. To support the Pooled Budget a Section 75 agreement needs to be produced and signed by both Wolverhampton CCG (WCCG) and City of Wolverhampton Council (CWC).
- 1.4. On 11th January 2016 the 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 £1.5bn payment for performance element of BCF has been removed and 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. Councils, CCGs and NHS Providers will have to agree a local target for cutting delayed transfers of care.

2. MAIN BODY OF REPORT

- 2.1. The national planning guidance was released on 23rd February 2016. The submission dates for plans are as follows:-
 - 2nd March: Local areas to submit the completed BCF Planning Return template detailing the technical elements of the planning requirements, including funding contributions, a scheme level spending plan, national metric plans, and any local risk sharing agreement.



- 21st March: First submission of full narrative plans for Better Care alongside a second submission of the BCF Planning Return template.
- 25th April: Final submission, once formally signed off by the Health and Wellbeing Board.

2.2 Programme of Work for 2016/17

Planning is being undertaken to determine the detail of the Programme of work for 2016/17. There will be 5 workstreams going forward:-

Adult Community Care - This is an amalgamation of last year's Primary and Community and Intermediate and Reablement workstreams. It has become apparent that there was significant cross over between the two workstreams previously therefore to ensure that projects complement each other and to reduce duplication the work streams have been brought together. This workstream will continue the development of the Community Neighbourhood teams including the proactive case management of patients with long Term conditions and the reactive Rapid Response models.

Frail Elderly Pathway – This workstream will assess the current provision of services for frail elderly patients and develop a local, integrated Frail Elderly Pathway.

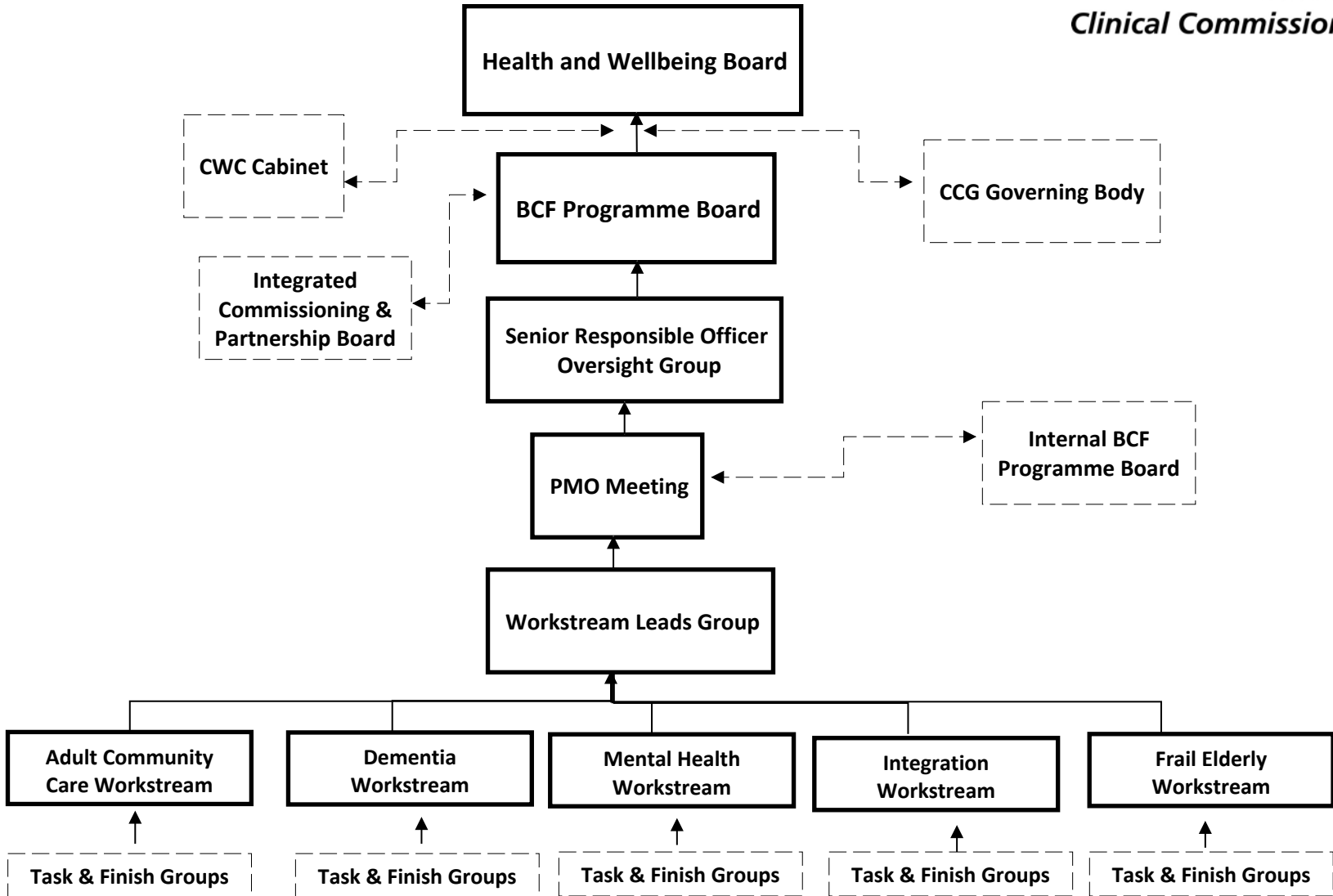
Mental Health – This workstream will build on the excellent work undertaken this year in the development of a Psychiatric liaison team and the Crisis car and will develop further the planned care element of reducing out of area and complex care placements.

Dementia - During 2015/16 a draft specification for a City Dementia hub was produced. 2016/17 will see the scoping of requirements for the dementia hub and bids for capital funding to enable the progression of this scheme.

Integration – The integration work stream has two purposes. Primarily, the operational requirements to enable health and social care teams to work in an integrated way i.e. Estates, IT, HR and Information governance. In addition this workstream will begin to develop a plan for the wider integration of health and social care as determined at a national level.

The existing Governance structure for the Programme has been amended to reflect the changes in work stream but remains mainly the same with the delivery of the Programme being managed by the BCF Programme Board and the Section 75 being managed by the Integrated Commissioning and Partnership Board. Overall delivery of the programme is managed by the Health and Well Being Board.





.Figure 1 Governance Structure
 Governing Body
 8 March 2016



2.3 Section 75 Agreement

- 2.3.1 A Section 75 (S.75) Agreement is an agreement made under the section 75 of the National Health Services Act 2006 between a Local Authority and an NHS body in England (in this case Wolverhampton CCG and City of Wolverhampton Council). S.75 Agreements can include arrangements for pooling of resources and delegating certain NHS and local authority health related functions to the other partners if it would lead to an improvement in the way those functions are exercised.
- 2.3.2 The BCF arrangements require a pooled fund, and the Care Act 2014, Section 121 provides for this.
- 2.3.3 A S.75 agreement is already in place for 2015/16. Amendments are required for 2016/17. Wolverhampton City Council and Wolverhampton Clinical Commissioning Group have been working collaboratively to explore the details of a proposed S. 75 agreement in order that there will be a proposal which is effective, sustainable, and mitigates risk where identified and possible. This has been done taking into account lessons learned from the current S.75 agreement
- 2.3.4 The draft proposal aims to address the following areas taking the following recommended approach;
- *Commissioning* – There is not a formal requirement to make commissioning arrangements as part of the S.75 agreement, though in practice, having shared strategic vision and commissioning plans which maximise opportunities for effective commissioning approaches will be advantageous.

The current agreement sets out the approach to integrated commissioning. This provides the Council and the CCG the flexibility and focus to make decisions for which they are responsible in a way that supports effective co-ordination and shared planning and development. The continuation and development of these arrangements will ensure that both the Council and CCG board are sighted on the overarching commissioning intentions and the integrated plans to deliver them.

This supports the Governments Autumn Statement that states “*by 2020 health and social care are integrated across the country. Every part of the country must have a plan for this in 2017, implemented by 2020*”.

- *Governance* – The governance arrangements for the Pooled fund currently set out in the agreement have been designed to be as streamlined as possible. Day to day operational management and oversight of the pooled fund will be the responsibility of the Integrated Commissioning and Partnership Board 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 continue to be within existing limits set by both organisations schemes of delegation. Beyond these limits decision making will remain with the responsible bodies (Governing Body and Cabinet) in line with organisational Prime Financial Policies. Beyond this the Health and Well Being Board will continue to oversee both organisations for the performance of the fund against the objectives set out in the BCF plan.

- *Contracting Arrangements* – Existing contractual arrangements between the CCG and its providers and the Council and its providers continue. Arrangements for funding these arrangements through the pooled fund hosted by the Local Authority are described in the agreement.

2.3.5 In line with planning guidance the signed Section 75 agreement has to be submitted to NHS England by 25th April 2016

3. CLINICAL VIEW

3.1. Clinicians are involved at an individual work stream level.

4. PATIENT AND PUBLIC VIEW

4.1. A number of engagement events were held in February 2015. Planning is underway to develop a schedule of patient and public engagement events in March / April 2016 in order to inform people of progress but also it obtain engagement on the future implementation of the Programme.

5. RISKS AND IMPLICATIONS

Key Risks

- 5.1. A key risk is the content of the Pooled budget (section 75 agreements) in particular the amount of resource that the each party will put into the pool. and also the level of risk that the each party will under write as a result of over / under performance.
- 5.2. A further risk is the Risk Share agreement itself which outlines the level of risk that each party will under write as a result of over /under performance.
- 5.3. Risks for the Better Care Fund Programme and for individual work streams are recorded on the CCG risk register (Datix).

Financial and Resource Implications

5.4. As mentioned above, work is currently being undertaken to determine the services to be included in the pool and the budgets associated with them. The current Section



75 only stands for 12 months therefore the risk sharing agreement will be reviewed for 2016/17.

Quality and Safety Implications

5.5. Quality and Safety implications are identified on a project by project basis. Quality Impact Assessments are completed for each project.

Equality Implications

5.6. Equality implications are identified on a project by project basis. Equality Impact Assessments are completed for each project.

Medicines Management Implications

5.7. Medicines Management implications are identified on a project by project basis

Legal and Policy Implications

5.8. Legal advice will be sought in the development of the Section 75 agreement and Information Governance leads are involved in the programme to ensure that relevant policies are adhered to.

6. RECOMMENDATIONS

6.1. The Governing Body is requested:-

- To receive and discuss this report
- To note and be aware of the development of the Section 75 agreement
- To advise on sign off process for Better Care Fund 2016/17 plans in line with submission dates

Name: Andrea Smith

Job Title: Head of Integrated Commissioning

Date: 25th February

ATTACHED:

(Attached items:)

RELEVANT BACKGROUND PAPERS

Governing Body
8 March 2016



(Including national/CCG policies and frameworks)



REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	N/A for progress report	
Public/ Patient View	N/A for progress report	
Finance Implications discussed with Finance Team	Lesley Sawrey	25.02.16
Quality Implications discussed with Quality and Risk Team	Sarah Southall	25.02.16
Medicines Management Implications discussed with Medicines Management team	David Birch	25.02.16
Equality Implications discussed with CSU Equality and Inclusion Service	Juliette Herbert	25.02.16
Information Governance implications discussed with IG Support Officer	Peter McKenzie	25.02.16
Legal/ Policy implications discussed with Corporate Operations Manager	Mike Hastings	25.02.16
Signed off by Report Owner (Must be completed)	Andrea Smith	25.02.16

