

Health and Wellbeing Board

Better Care Fund Update and Amendment

1. Summary

- 1.1 Details of the requirements for the BCF Plan 2016/17 Submission were set out in the report to the Health and Wellbeing Board of 29 February 2016. This report sets out the feedback via the assurance process, and the work underway leading to the final submission.
- 1.2 The financial envelope of the BCF is very similar to that in 2015/16 of circa £24m, however this report covers the urgent adjustment within the 2016/17 financial envelope, necessary to support the Walsall CCG de-commissioning of the over 75s GP Locally Commissioned service, designed to reduce emergency admissions within this age group.
- 1.3 The 2016/17 Better Care Fund Plan has greater clarity, than the 15/16 submission on the programme approach that will be adopted to achieve the objectives for integrated services and better outcomes set out in the plan and draws on lessons learned last year. The “place” shaping of care and support for the people of Walsall is important, as well as specialist cross boundary commissioning of services in the Black Country. This report sets out the alignment of the Better Care Fund Plan to the longer term strategic intentions of the “Sustainability Transformation Plan” (STP) for health and social care for Walsall within the Black Country. The STP should be developed for submission in June 2016.

2. Recommendations

- 2.1 To note progress with the development of the plan for the Better Care Fund;
- 2.2 To delegate authority for the Chair of the Health and Wellbeing Board to sign-off the Better Care Fund plan in time for the next submission date of 27th June 2016.
- 2.3 That the Health and Wellbeing Board endorses the Walsall CCG Governing Body decision to reduce investment in the GP Local Commissioned service, equivalent to £1.007 million in 2016-17. The level of investment within the Better Care Fund would still exceed the minimum levels stipulated within the national guidance.
- 2.4 That the Health and Wellbeing Board notes the joint strategic intentions to be developed for the submission in the five-year Sustainability & Transformation Plan.

3. Report detail

- 3.1 The Better Care Fund (BCF) 2016/17 Plan has successfully been through an assurance process in the West Midlands. The outcome based on this assessment is 'approved with support'.

Further work is underway to update the plan to provide further evidence to respond to the eleven (3 unmet and 8 partially met) outstanding Key Lines of Enquiry (KLOE) in time for the next submission on 27th June 2016.

- 3.2 The Walsall BCF financial envelope is largely the same as in 2015/16, with a range of services aimed at prevention of hospital and care home admissions within existing contracts. There is one adjustment to the schedule, which will alter the total fund in the BCF pooled budget, although the remaining level of investment will still exceed national minimum requirements. Walsall CCG Governing Body decision is the disinvestment in 2016/17 of £1.007 million in the LCS (Local Commissioned Services) for additional GP preventative assessments of people over 75 years.

The Local Commissioned Services (LCS) was a pilot scheme, started by the CCG in 2014/15, whereby GPs were paid an annual sum of £60 per additional assessment of individuals who were 75 years old with the aim of reducing unplanned admission to hospital in this group. The target population was 22,000. The scheme also required practices to deliver a target of 75% of patients over 75 to receive an additional review by the end of March 2016.

There was a detailed evaluation undertaken in the last year by the Commissioning Support Unit (independent of the CCG) of the outcomes of the scheme. The evaluation found that whilst most assessments had some benefit to those assessed, there was no evidence to support a reduction in emergency admissions for this cohort of patients. The CCG considered the evaluation of the scheme alongside an assessment of its wider strengths and weaknesses and on balance made the judgement that the scheme was unable to demonstrate value for money.

The Walsall outcomes for this scheme are similar to those evaluated nationally as reported in the BMJ 28.01.16 *"case management improves patient satisfaction, promotes high levels of professional satisfaction, and reduces carer strain. But its impact on reducing future emergency admissions has not been demonstrated..."*

The Governing Body decided to decommission the scheme during 2016-17 with no further payments to GP practices being made from July 2016 onwards.

Mitigation of any possible impact of withdrawing the LCS is the development and rollout of the multidisciplinary 'Locality Teams' who will work proactively assessing those, including over 75 year olds, at risk of admissions. Locality Teams will comprise of community nurses, social care staff, and others (including mental health) in coordination with GPs.

The localities pilot in Darlaston over the last year has proven to be positive in helping reduce admissions, and enhance joint working across disciplines including GPs. Therefore, following this sound evidence base there will be an

expansion of the multi-disciplinary approach (community healthcare, social care and mental health staff) to all of the borough over the next 2 months.

Locality Teams is one of the four key work-streams of the Better Care Fund Plan that will be delivered through the Walsall Together Programme Team governed by the Health Walsall Partnership Board. The other work streams are 'Resilient Communities', 'Intermediate Care' and 'Access'. All of the work-streams are aimed at keeping people well and independent at home for as long as possible and delivering alternatives to A&E or emergency admissions to hospital.

- 3.3 The four work streams were developed following a review of the BCF 14/15 & 15/16 work streams undertaken in the final quarter of 15/16.

The review highlighted that although there was some good progress in the 'Health' elements of Locality Teams, many services commissioned through the Better Care Fund, were still commissioned and delivered separately. Through the review, a clear aim emerged to drive forward opportunities for integration in order to reduce duplication and improve outcomes. Stakeholders identified the four priority areas listed previously, where it is felt that there are the greatest opportunities to improve efficiency, and outcomes through integration.

The review also highlighted that although ambitions and plans were relatively well formed, delivery against those plans had not progressed as much as was hoped. To address this, partners across commissioning and provider organisations are working through the Healthy Walsall Partnership Board to develop a well-managed programme to ensure all of the work streams and interdependencies are delivered effectively across boundaries in 2016/17.

- 3.4. There is a strategic commissioning and planning process underway to generate the five-year vision and plan for "Sustainability Transformation Plans" (STP) both in Walsall and across the Black Country by June 2016.

There is a commitment, which the Health Wellbeing Board is asked to endorse, to align as much of social care (adults and then children) funds together with NHS commissioning funds and to jointly commission services that meet joint priorities and statutory functions that prevent admissions to institutional care (hospitals, care homes) and promote independence, choice and early support.

This could include for example: the alignment of Council DFG grant funding with that funded through the BCF; the alignment of CCG Continuing Health Care (CHC) budgets with Adult Social Care commissioned care; the alignment of Adult Social Care Mental Health commissioning budgets with those in Mental Health by the CCG; the complimentary alignment of Public Health Commissioning to BCF and related objectives. This is in addition to the existing long standing pooled budget for Learning Disabilities of £30m/year which is continuing.

- 3.5 The five-year Sustainability Transformation Plan (STP) will incorporate the four 2016/17 priorities that promote integration of services outlined above, and other elements including: estate; workforce; digital/assisted technology; community assets/voluntary sector; and information/advice.

Specialist and acute health service plans being developed through Black Country STP will incorporate local “place” based plans such as those in Walsall.

The governance for the STP in Walsall will be through the Health and Wellbeing Board. The Joint Commissioning Committee (JCC) is reviewing its Terms of Reference to better support the wider agenda involved in the STP. It will need to consider how it will include the business, as appropriate, of children and public health commissioning, as well as adult health and social care.

4. Council priorities

The proposals and plans set out in his report support the Council’s priority to ensure vulnerable, disabled and ill people of Walsall receive the best health and social care.

5. Risk management

There is a risk to the short and long term sustainability of the Council and the CCG finances, if the joint approach to commissioning and promotion of preventative and reabling services is not developed through integrated services and aligned or pooled budgets. There are more opportunities for demand on health and social care to be better managed through an integrated approach than separately. The amendment, the mitigation and the longer term plans are all aimed at this goal.

6. Financial implications

The proposed amendment to the BCF reduces the total revenue BCF Pooled Budget from £21.7million to £20.7 million, which is still in excess of the national minimum CCG contribution of £19.3 million. The total BCF budget, inclusive of the Disabled Facilities Capital Grant (£2.9 million), has, as a consequence, reduced from £24.6 million to £23.6 million.

7. Staffing implications

There are a small number of staff that some GP practices have employed in relation to the over 75 LES. Separate consultations and resolutions to these staff implications have been followed up by the CCG following the decision at the Governing Body.

8. Equality implications

There was an uneven spread of assessments in some areas through the LCS. The multi-disciplinary approach through localities is designed to ensure all GP practices can refer to and take part in a locally based multidisciplinary network that will holistically and consistently assess older people in areas covering 50,000 people in each locality.

Background papers

BCF Final Submission

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