BRIEFING NOTE

TO: Health and Social Care Scrutiny and Performance Panel

DATE: 12 March 2015

Better Care Fund - Update

1.0 Summary

1.1 To provide an update on progress with the arrangements for the Better Care Fund, in particular the proposed arrangements for hosting the pooled budget.

2.0 Progress Monitoring Arangements

2.1 A previous report to Scrutiny Panel in April 2014 described the background to the setting up of the Better Care Fund. Regular reports to the Health and Well Being Board have since described progress, in particular the October and December reports which set out the content of Walsall's plan for the Better Care Fund and progress with seeking approval from the Department of Health.

2.2 The Joint Commissioning Unit is monitoring progress on the various components of the Better Care Fund under the following headings as follows:

Heading	Progress Update
Performance Metrics	The Performance Teams in Walsall CCG and Walsall Council have agreed the reporting arrangements for the six main BCF metrics.
Governance Framework	The Health and Well Being Board (HWBB) has agreed that it will have primarily a commissioning role and so the Joint Commissioning Committee will report to the HWBB. Recommendations of the HWBB are subsequently considered for approval by the Governing Body of the CCG and the Council Cabinet.
Legal Framework	Legal teams for the CCG and Walsall Council have been briefed and are advising and preparing the necessary arrangements for a Section 75 agreement and a pooled fund with associated accountability mechanisms. See below for further details.
Financial Framework	The legal advice is to establish a separate

	pooled fund for the BCF. A decision is required on who will host the pooled fund. See below for further details.
Procurement Framework	Each separate scheme listed within the BCF will need to have robust contractual arrangements with the providers. All of the schemes listed within the BCF for 2015/16 were in place during 2014/15. Contractual arrangements for each one will be reviewed to ensure there is a written contract, service specification, and contract management process.
Communications and Engagement	Communication's and engagement leads in Walsall Council and Walsall CCG have been briefed on the requirements for the BCF and are currently preparing a plan for the implementation of a communications and engagement strategy as outlined in the narrative template submission, in partnership with providers e.g. Walsall Healthcare Trust.
Workforce Development	A joint workforce development group has been established between Walsall CCG, Walsall Council and Walsall Healthcare Trust supported by Health Education West Midlands. This **Older Adults Workforce Integration Programme (OAWIP)** is a patient centric and 'whole system' based approach to workforce development required to improve services and deliver health and social care reform. Its aim is to develop a capable workforce to support integrated care pathways and the introduction of new models of service delivery, delivering care in the right setting, supporting the integrated care agenda and equipping staff to operate effectively in different environments. There are four main work-streams: mapping the current workforce; skills gap analysis; developing training programmes and workforce planning for integrated pathways.
Risk Register	The risk register in the BCF narrative submission to NHS England will be updated on a quarterly basis and reported to the JCC. It will form part of the risk governance arrangements within the CCG and Walsall Council. (See Appendix 1).

BCF Workstreams	There are eight work-streams with identified operational and/or commissioning leads. A recent workshop for members of the HWBB provided a summary of each work-stream and progress to date.

2.3 Each of the above components of the Better Care Fund are being monitored via the development of a BCF Implementation Tracker. Further work is underway to set in place regular reporting lines for this so that it is updated on a routine basis and reported to the JCC as a standard agenda item.

3.0 Update

3.1 In summary, the objectives in the plan for the Better Care Fund are to reduce the level of admissions to hospital and residential based care – primarily but not exclusively – for older people. This is to be done by integrating community based delivery of health and social care services via locality based multi-disciplinary teams that provide more effective case management and rapid response at home to the kind of incidents that currently lead to hospitalisation. Integration of community based health and social care must include primary care/GP services, community health services, social care, and specialist mental health services all working as one effective team. A pilot for this approach is already underway in Darlaston.

3.2 There are eight work-streams which form the implementation plan for the Better Care Fund (**see Appendix 1**).

3.3 In January 2015, the Department of Health confirmed that Walsall's BCF plan was approved and so arrangements can go ahead to establish the necessary arrangements for hosting the pooled fund under a legal framework which is under Section 75 of the National Health Act 2006 and agreed in partnership between Walsall Council and Walsall Clinical Commissioning Group (CCG) in time for implementation from April 2015.

3.4 The Better Care Fund pooled budget in summary consists of a range of existing joint funding arrangements, a transfer of existing Walsall CCG expenditure on community healthcare, and the transfer of government funding for social care capital (**see Appendix 2 for details of financial schemes**).

Legal Framework

3.5 Section 75 agreements for joint commissioning have been in place for some time in Walsall and so the legal teams of Walsall CCG and Walsall Council were asked to provide advice on the arrangements necessary to meet the combined aim to update previous Section 75 arrangements, and to establish a Pooled Budget for the Better Care Fund.

3.6 In Walsall, a partnership model for joint commissioning was established in 2009 whereby the majority of the service budgets of each agency have largely remained separate, but have been simultaneously the responsibility of a joint team of both health and social care commissioners. This has had a major benefit

in that the budget responsibility has largely remained within each agency, whilst still achieving greater cost effectiveness and improved outcomes through a higher level of integration. Within this model, there were two pooled budgets under Section 75 of the National Health Act 2006, one for learning disability services and one for the Integrated Community Equipment Service, both hosted within the Council.

3.7 The agreement for this arrangement transferred from NHS Walsall to Walsall CCG when the CCG was established in April 2013, and the Joint Commissioning Unit was retained within the CCG local management structure. A recent independent review of the joint commissioning arrangements has concluded that there is a need to update this arrangement, and Walsall CCG and Walsall Council are therefore exploring further development of the model.

3.8 There is also now a new requirement to establish a pooled budget specifically for the Better Care Fund. The legal advice has been that updating the previous arrangements and creating a pooled budget for the BCF can be done by establishing three new agreements:

- a separate S75 agreement for the pooled budget for the BCF. This is needed because there are funding conditions for the BCF that do not apply to other pooled funds i.e. Pay for Performance Targets;

- a further S75 agreement covering delegated transfer of statutory responsibility from one party to the other – either as a pooled budget or as a S256 transfer. This is needed because the separate Section 75 agreement for the Learning Disability pooled budget will be continuing, and to allow for other pooled funds under delegated transfer of statutory responsibility to be created if appropriate – this will also cover where there is delegation without a pooled fund (e.g. for continuing health care payments that are channeled to providers via Council payment systems); and

- an overarching agreement covering transfers of funding that are not a delegated transfer of statutory responsibility . These will all be transfers of funding under Section 256 of the National Health Act 2006, for instance relating to some grant payments from the CCG to voluntary agencies that are channeled via Council payment and procurement systems.

3.9 The legal teams for the Council and the CCG are currently working together to draw up the necessary agreements based on the above. Section 75 of the NHS Act 2006 allows the secretary of state for health to set out in regulations the arrangements that NHS bodies and local authorities can enter into to exercise their health related functions. This includes provision in relation to:

- The formation and operation of joint committees of NHS bodies and local authorities
- The exercise of functions that are the subject of prescribed arrangements (including provision in relation to the exercise of such functions by joint committees or employees of NHS bodies and local authorities)
- The drawing up and implementation of plans in respect of prescribed arrangements
- The monitoring of prescribed arrangements

- The provision of reports on, and information about, prescribed arrangements
- Complaints and disputes about prescribed arrangements

3.10 The partners may enter into arrangements for or in connection with the establishment and maintenance of a fund ("pooled fund arrangements"), which is made up of contributions by the partners and out of which payments may be made towards expenditure incurred in the exercise of any NHS functions or health-related functions.

3.11 Where the partners have decided to enter into pooled fund arrangements the agreement must be in writing and must specify:

- The agreed aims and outcomes of the pooled fund arrangements
- The contributions to be made to the pooled fund by each of the partners and how those contributions may be varied
- Both the NHS functions and the health-related functions the exercise of which are the subject of the arrangements
- The persons in respect of whom and the kinds of services in respect of which the functions referred to sub-paragraph (c) may be exercised
- The staff, goods, services or accommodation to be provided by the partners in connection with the arrangements
- The duration of the arrangements and provision for the review or variation or termination of the arrangements
- How the pooled fund is to be managed and monitored, including hosting arrangements and assignment of risk and liability

3.12 The partners shall agree that one of them ("the host partner") will be responsible for the accounts and audit of the pooled fund arrangements and the host partner shall appoint an officer of theirs ("the pool manager") to be responsible for:

- Managing the pooled fund on their behalf
- Submitting to the partners' quarterly reports, and an annual return, about the income of, and expenditure from, the pooled fund and other information by which the partners can monitor the effectiveness of the pooled fund arrangements.

3.13 The partners may agree that an officer of either may exercise both the NHS functions and health-related functions which are the subject of the pooled fund arrangements.

Financial Arrangements

3.14 The contributions in 2015/16 to the pooled fund will be circa £21.5 million by the CCG and £2.5 million by Walsall Council (see Appendix 2). Circa £9 million of the CCG contribution to the pooled fund is a direct contribution to the Council budget for SC&I services and does not transfer as a delegated responsibility. The remainder of the CCG funding is current expenditure that forms part of block contracts between the CCG and NHS providers, with other providers such as care homes, or for primary care services, or for social care services such as reablement.

3.15 Legal advice was to establish a separate pooled fund for the BCF which must be hosted by either Walsall Council or Walsall CCG. In order for further work to progress, there was a need for the Health and Well Being Board to make a recommendation to the Governing Body of the CCG and to Walsall Council Cabinet on the hosting arrangements for the pooled fund. The following considerations were applied:

- whichever agency hosts the pooled fund will need to be make the necessary arrangements for robust accountability to the other party of the way that the funds are being used. In the case of funding for in-house Council services and funding for services currently within CCG block contracts with NHS providers this will mean clear and transparent reporting of activity levels and performance against the Better Care Fund metrics;

- the principle of adopting pre-existing contractual arrangements should guide whichever agency hosts the pooled fund in 2015/16. This means that funding that is currently within CCG contracts and Walsall Council contracts for services should continue to be channelled via those agencies and be used as specified in the plan for the Better Care Fund;

- the Joint Commissioning Committee should continue to provide the detailed governance and monitoring oversight reporting to the Health and Well-Being Board under revised terms of reference to take this into account;

- over the next few years it would be the intention to add more of CCG and Council budgets in to the pooled fund. Work is underway to identify elements of the SC&I Directorate budget of Walsall Council and parts of the CCG budget that can be aligned to the eight work-streams of the BCF;

- whichever agency hosts the pooled fund will need the necessary additional capacity for financial management and reporting of the funds. This may be based upon a principle of joint working between the current finance teams rather than specific joint appointments of finance staff;

- regardless of the hosting arrangements, there will also be additional work on procurement and contract management. One example of this is that there are currently no formal agreements with service specifications for Council provided services which will be funded by the Better Care Fund (e.g. reablement service, and some elements of assessment and care management);

- the legal agreements will need to set out the terms and conditions for risk sharing of financial over (or under)-spends within the pooled budget for the Better Care Fund. These are largely standard clauses drawn from national guidance, and will be a continuation of previous arrangements for local joint funding. In year reporting on the pooled budget for the Better Care Fund will need to provide an accurate forecast of projected over or under spends and identify how these will be allocated.

3.16 In considering all of the above, the Health and Well Being Board has recommended that the Council should be the host for the pooled budget for the Better Care Fund. This is in line with the role of the Health and Well Being Board

as having been constituted as part of the Committee structure of the Council. The Health and Well Being Board is forwarding this recommendation to the Cabinet of Walsall Council, and to the Governing Body of Walsall CCG during March 2105.

3.17 A joint risk register has been developed as part of the arrangements for the Better Care Fund. Risks include the risk of non-achievement of targets resulting in higher than planned expenditure on service delivery e.g. emergency admissions to hospital and/or care home placements; a breakdown in relationships between partner agencies; and greater risk to patient safety resulting from the drive to reduce hospital admissions and/or care home placements.

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4.0 Conclusion

4.1 The major focus of attention on the Better Care Fund to date has been upon obtaining the approval status needed in time for implementation from April 2015. Now that this has been achieved, attention can switch to operationalisation of the plans for integration of the health and social care system as a means of easing the pressure on the acute part of the system, and improving the quality of service and outcomes for the people of Walsall.

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Better Care Fund Work-streams

1.0 Integration of Community Services

Objective: To enable people to remain well and at home as long as possible

Main elements of this work-stream:

- Redesign community health services to align with primary care localities
- A single point of access for referrals
- Rapid response referral process and 24/7 response
- Alignment of social care teams with primary care localities
- Alignment of older people mental health teams to primary care localities
- Multi-disciplinary assessment and case management across primary, community, mental health and social care teams at locality level
- Risk stratification and case management of people most vulnerable to emergency admission to hospital
- Identifying ‘frequent flyers’ and working to prevent further admissions
- LES for GP case management review of over 75’s on patient list
- Greater utilisation of assistive technology to prevent emergency admission and care home placement
- Promoting a ‘clinical wrap around’ approach for those most vulnerable patients, including those residing in nursing and residential care settings and preventing avoidable hospital admissions.
- Additional community nurse capacity to support nursing homes
- Additional community nurse capacity to support residential homes
- Providing specialist advice and treatment in liaison with other service providers, and professionals (e.g. therapy services) for patients with complex needs utilising appropriate referral pathways
- Establishing effective links with the continuing care team supporting nursing assessments and on-going intervention
- Adopting the Gold Standards Framework for Palliative Care and utilising appropriate pathways for end of life care

2.0 Transitional Care Pathways

Objective: Swift return home following episode of bedded care

Main elements of this work-stream:

- Improve patient/service user flow on discharge from Walsall Manor Hospital by implementing EDD and S2 and S5 referrals
- Reduce the number and length of stay of complex patient/service users on the Clinically Stable List
- Intermediate Care beds – Hollybank Unit
- Intermediate Care beds – Richmond Hall block contract
- Intermediate Care beds – Spot Purchase
- Discharge to Assess beds
- Frail Elderly Pathway - promote home with care and independence at home
- GP Medical cover to transitional care pathways
- Ward 2 ex Swift Unit
- Provide an environment where patient/service users can make informed decisions about their long term support needs

3.0 Assistive Technology

Objective: To support people to remain at home as long as possible via the use of assistive technology

Main elements of this scheme:

- Joint Telehealth Care Programme
- Joint Telecare Programme
- Integrated Community Equipment Service
- Independent Living Centre (ILC)
- Programme of Major Adaptations to Housing

4.0 Dementia Care Services

Objective: To improve awareness of the condition and promote confidence in individuals with dementia and families to remain at home as long as possible

Main elements of this scheme:

- Increase the rate of diagnosis of dementia by GP's
- Provide dementia support workers in the community
- Dementia Friendly Communities Programme (Sunflower scheme) to improve awareness/confidence
- Specialised training for health and social care workforce

- Specialist secondary care older people mental health team
- Re-design assessment and treatment pathway in DWMHT Memory Clinic
- Encourage growth and promote the voluntary sector and social enterprise to fill in gaps in the pathway
- Support to care homes

5.0 Mental Health Services

Objective: To support people with acute mental illness to remain at home as long as possible and to support people with acute mental illness to return home from hospital

Main elements of this scheme:

- Community Crisis Response and Home Treatment teams
- Psychiatric Liaison in A&E
- Drug & Alcohol Worker in A&E
- Early intervention services i.e. Early Intervention in Psychosis; IAPT; Eating Disorder Service
- Street Triage emergency response Car

6.0 Support to Carers

Objective: To support carers to continue in their caring role at home and to support carers during hospital discharge

Main elements of this scheme:

- Information and advice services
- Face to face contact services
- Emotional support from other carers
- Carers Personal budgets scheme
- Carers assessments
- Carers hub
- Carers emergency response service
- Holiday or short breaks grant scheme
- Asian Carers Support Group
- Service User Empowerment

7.0 Long Term Social Care – Community and Residential

Objective: To provide high quality social care services

Main elements of this scheme:

- Implement Joint Framework contract for care home placements
- Implement Joint Framework contract for home care and supported living services
- Joint Framework contract for Direct Payment Support Services
- Roll out personalisation for mental health services
- Personal budgets for continuing health care
- Quality Improvement Programme
- Quality Improvement Board
- Joint funded Contract Management Team

8.0 Voluntary and Community Sector Impact on Hospital Flows

Objective: To support patients discharged from hospital via the voluntary sector

Main elements of this scheme:

- Age UK Information and Advice
- Home from Hospital Service
- Frail Elderly Sitting Service
- Voluntary sector pilot in South East Locality with GP's to support frail elderly patients.
- Support to Walsall Disability Forum

Appendix 2

Better Care Fund - Financial Schemes 2014/15 and 2015/16

Scheme Name	Area of Spend	Commissioner	Provider	Source of Funding	2014/15 (£000)	2015/16 (£000)
1.0 - Integration of Community Services						
LCS payment to GP's per head of OP aged 75+	Community Health	CCG	Private Sector	Additional CCG Contribution	1,328	1,328
Community Nursing In reach team; Single point of access; FEP Out of Hours A&E; Enhanced case management approach in nursing and residential care; evening & night service	Community Health	CCG	NHS Community Provider	Additional CCG Contribution	409	820
Personal Health Budgets Pilot scheme	Community Health	Local Authority	Local Authority	CCG Minimum Contribution	22	22
2.0 - Transitional Care Pathways - Non bed based						
Development of Intermediate Care service; OT posts to support Intermediate; Short term assessment, reablement and response service; CCG funding for Hollybank House; £760k Protecting social care (7 posts and reablement demand)	Social Care	Local Authority	Local Authority	CCG Minimum Contribution	3,525	3,629

Rapid Response Team within Service Level Agreement with Walsall Healthcare NHS Trust; Wrap around Team within Service Level Agreement with Walsall Healthcare NHS Trust; Frail Elderly Pathway	Community Health	NHS England	NHS Community Provider	CCG Minimum Contribution	1,593	1,593
Stroke Non bed based Home Care	Community Health	NHS England	Local Authority	CCG Minimum Contribution	80	80
The Stroke Association; Walsall Cardiac Rehabilitation Trust	Community Health	NHS England	Charity/Voluntary Sector	CCG Minimum Contribution	382	382
2.0 - Transitional Care Pathways - Bed based						
Bed Based Reablement (Hollybank); Integrated Discharge Team; Social workers to support provision of reablement beds wihtin care homes	Social Care	Local Authority	Local Authority	CCG Minimum Contribution	1,301	1,541
Reablement beds within care homes	Social Care	Local Authority	Private Sector	CCG Minimum Contribution	-	1,560
Swift Unit	Community Health	Local Authority	NHS Acute	CCG Minimum Contribution	1,800	-
Stroke support funding; End of divisionary beds; Spot purchase of Intermediate Care Residential Placements; ICT beds at Richmond Hall Nursing Home	Community Health	NHS England	Private Sector	CCG Minimum Contribution	1,402	1,402
CCG Funding for Hollybank House (bed)	Community Health	NHS England	Local Authority	CCG Minimum Contribution	378	534
Blakenall Doctors Phoenix (Medical Cover to ICT Beds); Intermediate Care LES	Primary Care	NHS England	Private Sector	CCG Minimum Contribution	44	44

Intermediate Care Provision within Service Level Agreement with Walsall Healthcare NHS Trust	Community Health	NHS England	NHS Community Provider	CCG Minimum Contribution	2,029	2,029
3.0 - Assistive Technology						
Integrated Community Equipment Store (Adults and Childrens)	Community Health	Joint	NHS Community Provider	CCG Minimum Contribution	1,909	1,909
Independent Living Centre	Social Care	Local Authority	Local Authority	CCG Minimum Contribution	73	73
Disabled Facilities Capital Grant	Community Health	Local Authority	Private Sector	Local Authority Social Services	1,390	1,632
Social Care Capital Grant	Social Care	Local Authority	Local Authority	Local Authority Social Services	786	797
4.0 - Dementia Care Services						
Dementia support workers (based in Manor Hospital), Dementia advisors (Information & Advice), 6 dementia cafes	Other	Local Authority	Charity/Voluntary Sector	CCG Minimum Contribution	150	220
5.0 - Mental Health Services						
Psychiatric Liaison Team (Adults)	Mental Health	NHS England	NHS Mental Health	CCG Minimum Contribution	153	153
Psychiatric Liaison Team (Adults)	Mental Health	NHS England	NHS Mental Health	Additional CCG Contribution	58	58
Psychiatric Liaison Team (OP)	Mental Health	NHS England	NHS Community Provider	CCG Minimum Contribution	308	308
6.0 - Support to Carers						
Support to Carers	Community Health	Local Authority	Private Sector	CCG Minimum Contribution	450	450

7.0 - Long Term Social Care - Community and Residential						
Short term Care Home Placements - saving 2014/15	Social Care	Local Authority	Private Sector	CCG Minimum Contribution	1,193	1,193
Social Care Savings proposal 2015/16	Social Care	Local Authority	Local Authority	CCG Minimum Contribution	-	1,000
8.0 - Voluntary and Community Sector Impact on Hospital Flows						
Age Concern (Information and Advice); Walsall Disability Forum	Other	Local Authority	Charity/Voluntary Sector	CCG Minimum Contribution	90	90
Home from Hospital & reablement; FEPP sitting service	Community Health	Local Authority	Private Sector	CCG Minimum Contribution	150	80
Contingency						
Potential risk of unachieved reduction in admissions	Acute	CCG	CCG	CCG Minimum Contribution	-	1,050
Total					**21,002**	**23,977**