

WIRRAL COUNCIL

HEALTH AND WELLBEING BOARD

13 FEBRUARY 2014

SUBJECT:	HEALTH AND SOCIAL CARE INTEGRATION. THE BETTER CARE FUND 2014 SUBMISSION & SECTION 256 OUTPUTS FOR 2013
WARD/S AFFECTED:	'ALL'
REPORT OF:	DIRECTOR OF ADULT SOCIAL SERVICES CHIEF CLINICAL OFFICER CCG

1.0 EXECUTIVE SUMMARY

- 1.1 The purpose of this report is to provide an update with regard to the Better Care Fund submission put together on behalf of Wirral Council and Wirral Clinical Commissioning Group.
- 1.2 The report also presents information relating to the former arrangements for section 256 transfer for social care in the form of an outputs report
- 1.3 In relation to performance a baseline assessment has been developed along with a new performance dashboard template.
- 1.4 The dashboard has been developed in order to monitor progress against key areas of activity that are critical to performance related elements of the Better care Fund from 2015

2.0 BACKGROUND AND KEY ISSUES

- 2.1 The Better Care Fund (BCF) is explicitly intended to facilitate the integration of Health and social Care systems at a local level. The health and Wellbeing Board has a critical role in influencing and monitoring progress in relation to integration, it has a key role in signing of submissions.
- 2.2 NHS Wirral Clinical Commissioning Group (CCG) and Wirral Borough Council are required to submit a final "Better Care Fund" 2 year plan to the Cheshire Warrington and Wirral Local Area Team (LAT), approved by the Wirral Health and Wellbeing Board by 4 April 2014 (second cut), explaining how they intend to use this fund to improve local services. The timescale for the submission of the first draft of the report 15 February 2014 (first cut)
- 2.3 The March Health and Wellbeing Board will be used for sign off of the final return, with the first draft being submitted in February 2014. Running in parallel this will also go to the 13 March 2014 Cabinet for approval and the CCG Governing Body.
- 2.4 The former model for integrating the integrated arrangements for health and social care were dealt with through separate streams, reablement and carers funds paid to the CCG and a specific social care transfer for improved health outcomes (the section 256 agreement) these arrangements are superseded by the Better Care Fund. An outputs report for the transfer is presented as appendix 3 to this report.

3.0 RELEVANT RISKS

3.1 The Better Care Fund brings both opportunity and risk. There are opportunities for efficiency working across health and social care organisations, however there are newly shared risks in relation to performance and spend. In addition the better care Fund has a performance related element from 2015. A risk share model has been developed through the Strategic Commissioning Board and is presented in Appendix 1.

4.0 OTHER OPTIONS CONSIDERED

4.1 Contingency arrangements are to be further developed.

5.0 CONSULTATION

5.1 Public stakeholder event 12 February 2014 to commence a broader more in depth consultation process over time as part of the broader strategic development of Vision 2018

6.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

6.1 Voluntary, community and faith organisations are key stakeholders in the development of Vision 2018

7.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS

7.1 For 2014/14 The total joint resource available will be circa £15 million (exact resource to be confirmed by finance directors).

7.2 From 2015/16 the total resource available will be circa £30 million (exact resource to be confirmed by finance directors).

7.3 The plan for 2015/16 includes rolling over investment from 2014/15 however there is a commitment that these investments will be reviewed to ensure effective utilisation of resource in 2015/16.

8.0 LEGAL IMPLICATIONS

8.1 The section 256 is a formal legal agreement. A similar model will be required to set out formal agreements for pooled funding setting out specific risk share agreements.

9.0 EQUALITIES IMPLICATIONS

9.1 None specified overview report only. Consideration of EIA will be given to specific service proposals.

10.0 RECOMMENDATION/S

- 10.1 It is recommended that the better care Fund draft submission is approved for submission to the Local Area Team
- 10.2 It is recommended that the performance baseline 2013 and dashboard for 2014 is noted
- 10.3 It is recommended that the outputs relating to the section 256 transfer for 2013/2014 are approved for submission to the Area team for final payment transfer.

11.0 REASON/S FOR RECOMMENDATION/S

- 11.1 The draft submission is a critical part of shaping the full submission for the Better care Fund 2014 on.
- 11.2 System performance will be a critical element of the new Better care Fund. This presents potential financial risk
- 11.3 The health and Well Being Board originally signed of the section 256 transfer for 2013 to 2014. The final report of outputs is critical to securing the final quarter's payment.

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APPENDICES

Appendix 1
Better Care Fund summary document, giving more detail of use-age and key issues.

Appendix 2
Better Care Fund draft submission template.

Appendix 3
Performance baseline 2013 and proposed dashboard 2014 (TABLED)

Appendix 4
Section 256 Outputs for 2013