

NHS WIRRAL CCG and WIRRAL COUNCIL**Better Care Fund 2014 - 2016****Background**

1. The Better Care Fund (BCF) is explicitly intended to integrate Health and social Care systems at a local level.
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).
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.

Introduction

4. This paper sets out a summary of the draft BCF submission to the Cheshire Warrington and Wirral Local Area Team with the full draft return added as an appendix for approval.

Better Care Fund

5. The Better Care Fund submission for Wirral concerns a pooled resource across health care, social care and public health for both 2014/15 and 2015/16.
6. In 2014/15 this will be managed via a section 256 agreement between all parties.
7. In 2015/16 a formal pooled budget will need to be agreed between all parties through a section 75 agreement.
8. The financial summary set out later in this document for both financial years provide a high level view of where this resource will be spent, including some spend on existing services and a proportion of new investment.
9. This financial allocation across services has been agreed by the Wirral Joint Strategic Commissioning Group.

Joint Commissioning & Redesign 2014/15

10. In addition to the BCF schemes, it has also been agreed that Wirral Council and NHS Wirral CCG should assess existing services where joint commissioning could provide better outcomes and value for money.
11. With this aim in mind the following areas are recommended for redesign and review during 2014/15:
 - Community Equipment Service
 - Assistive technology and telehealth

- Carers
- 3rd sector services
- Falls
- Self care / self management
- Signposting, information and advice services
- Drugs and alcohol services
- Mental health / dementia services
- Discharge team
- Potential for joint call centre
- Care bill modelling and impact, including provider capacity in the community
- Full modelling of 7 day services including pathway design and costing
- Preparation for use of disabled facilities grant and social care capital grant
- IT / NHS number implementation
- HR consultation for 7 day working
- Workforce / culture shift across organisations
- Public and provider engagement

Performance & Financial Modelling

12. Completion of performance and financial modelling and target setting will need to take place prior to April 2014 and this detailed work is underway.

Performance & Financial Reporting

13. Setting up regular performance and financial reporting into the Joint Strategic Commissioning Group will be vital to ensure progress towards outcomes in preparation for 2015/16. Systems need to be in place to escalate emerging risks and variance from trajectory.
14. A task and finish group has been set up on a fortnightly basis to oversee the work plan development and implementation.

Financial Contingency and Risk Share

15. The Joint Strategic Commissioning Group has discussed and agreed the following principles in relation to financial contingency and risk share:
 - Wirral Council and Wirral CCG agree that the plan needs to take into account the performance related element of the £28 million (£7 million) in 2015/16 (25% of total BCF)
 - Wirral Council and Wirral CCG will agree a financial contingency (risk share) in the event that outcomes are not met (further details are needed from LAT on how this performance related element will work)
 - Wirral Council and Wirral CCG will take financial responsibility for any under performance against agreed outcomes on a 50% - 50% basis
 - Wirral Council and Wirral CCG agree to take responsibility for any over performance on PBR expenditure in 2015/16 on a 50% - 50% basis

- Wirral Council and Wirral CCG agree to take responsibility for any over performance on the community care budget in 2015/16 on a 50-50% basis
- Wirral Council and Wirral CCG agree that any surplus from an under performance is shared equally on a 50% - 50% basis and reinvested on priority areas based on outcomes required.
- Wirral Council and Wirral CCG agree that some existing expenditure for both organisations will be badged against the BCF
- Wirral Council and Wirral CCG need to demonstrate agreement of the BCF plan with major providers
- Wirral Council and Wirral CCG agree that the preparatory contractual and financial work for agreement of a pooled budget in 2015/16 needs to take place throughout 2014/15
- Wirral Council and Wirral CCG agree that substantial preparatory work for 2015/16 will need to be undertaken in terms of performance and financial modelling, service redesign, cultural shift and progress towards goals in 2014/15
- Wirral Council and Wirral CCG agree that an operational task and finish group needs to be established to oversee this work with immediate effect, linking into the wider Vision 2018 work and reporting to the Joint Strategic Commissioning Group
- Wirral Council and Wirral CCG need to decide which organisation holds the pooled budget
- Wirral Council and Wirral CCG need to agree outcomes and propose baselines and stretch targets for 2014/15 and 2015/16
- Wirral Council and Wirral CCG need to assess the likelihood of meeting financial and outcome targets in 2014/15 and 2015/16 and plan accordingly
- Wirral Council and Wirral CCG need to model the impact of the loss of resource to acute, community and social care services
- The risk share split may be altered depending on the balance of investment in health and social care in 2015/16

Contingency Arrangements

16. The Joint Strategic Commissioning Group has agreed that there will need to be a “best case scenario” and a “worst case scenario”.
17. “Worst case scenario” will entail the retention of a sum within the pooled budget for use as a contingency fund, equating to 2.5% of the total fund in 2015/16.
18. Under “Worst case scenario” the number of schemes that can be badged against the BCF and/or new schemes will be limited initially. Schemes that have been excluded for this could be approved later in 2015/16 depending on the performance against outcomes. The sum retained could also be used as a pump priming fund, if it was released later in the year.
19. Definition of performance thresholds to release funding for further investment in “worst case scenario” will need to be determined by financial pay-for-performance sum in 2015/16 (£7

million in latest guidance for Wirral). Contingency will need to be linked to performance metrics (as advised by LAT).

20. "Worst case scenario" will consist of a more cautious approach and investment in new initiatives may be delayed. This will need to be balanced with the need to invest to deliver the required outcomes.

Financial summary 2014/15

21. The following is a summary of the proposed expenditure against the better care fund in 2014/15.

22. The total joint resource available will be circa £15 million (exact resource to be confirmed by finance directors).

23. This will be invested across the following areas (supporting existing expenditure):

- Step Up and Step Down Care (including intermediate care and reablement)
- Community equipment
- Protecting social care services
- Mental health and dementia
- Assistive technology
- Carers
- Falls services

24. £ 2 million of the total budget will be invested in transformation in the following areas:

- 7 day working in primary care, community care and social care (including the integrated discharge team and care arranging team)
- Admission avoidance schemes
- Early intervention and prevention

Financial summary 2015/16

25. The following is a summary of the proposed expenditure against the better care fund in 2015/16.

26. The total resource available will be circa £30 million (exact resource to be confirmed by finance directors).

27. 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.

28. In addition the following areas have been prioritised for investment in 2015/16:

- Additional funding for 7 days in primary care, community, social care, admission prevention (including Integrated Care Coordination Teams), planned care and extended access
- Admission prevention schemes (including care homes support schemes, homeless services, urgent care community centres and possible additional step up / step down capacity)
- Mental health (including dementia shared care and early onset service)

- Early intervention and prevention (including third sector investment)

Recommendations

29. This report is a first draft; a second draft will be submitted to the March Health and Wellbeing Board.

30. The Health and Wellbeing Board is asked to:

- Approve the first draft Better Care Fund submission to the Cheshire Warrington and Wirral Local Area Team

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See: Better Care Fund draft submission template