

Background:

As part of the two year BCF agreement the Shropshire HWBB agreed that 17/18 would be used to review the BCF to ensure that it was being used to its full capacity to support Shropshire people, and to ensure that the system was using its resources as efficiently as possible. This review was timely with a new leadership team at Shropshire CCG, it provided a chance to reset joint commissioning principles and to develop relationships.

Additionally, the HWBB is keen to continually improve the BCF to support system planning and the development of integrated services that demonstrate the BCF priorities:

- Prevention – keeping people well and self-sufficient in the first place
- Admission Avoidance – when people are not so well, how can we improve their health in the community
- Delayed Transfers and system flow - using the 8 High Impact Model

Agreed principles for the review:

- Ensure delivery of BCF priorities, national conditions and improvements in integration;
- Update the Section 75 Partnership Agreement to better reflect Shropshire system;
- Joint decision making and relationship development;
- Aspire to better understand how the BCF schemes are delivering value for money and delivering against the three priorities;
- If appropriate reduce the number of schemes and ensure that the full spend on each scheme from both Shropshire CCG (SCCG) and Shropshire Council (SC), so that each scheme could be better monitored for delivery and effectiveness.

BCF development process and methodology:

In alignment with the national programme, the BCF had provisional sign-off in September 2017 and full sign-off in November 2017. Following which a subgroup of the Health and Wellbeing Joint Commissioning Group embarked on a programme to update the BCF. This involved:

- Establishment of a BCF working group;
- Development of agreed principles for updating the BCF and process (above);
- Workshop to understand impact and effectiveness of the BCF schemes;
- Additional work was requested of scheme leads to provide the following information:
 - Do the schemes of the BCF address the BCF and system priorities?
 - Do the schemes provide value for money?
 - Do the schemes connect appropriately to wider system planning and delivery? If not, is there anything in place to address this?
- Review and development of the section 75 Partnership Agreement;
- Review and update of the Joint Commissioning Group Terms of Reference;

The BCF was reviewed by identifying the schemes that were commissioned by 1)SC, 2)SCCG and 3)those that were commissioned or delivered by SC with SCCG funds. Significant focus was placed on working



through the third grouping – schemes delivered or commissioned by SC on behalf of SCCG. These can be found in Appendix A, which includes evidence of effectiveness and rationale for continuing to jointly fund the scheme. The schemes are also found in the BCF planning template.

Progress:

- Winter/ Spring 2018 detailed action plan developed to update the BCF;
- Spring/ Summer 2018 the Joint Commissioning Group agreed the consolidation of schemes;
- Summer 2018 the HWBB agreed the section 75 Partnership Agreement, including renewed ToR for Joint Commissioning Group;
- Updated BCF Planning template (attached).

Governance

BCF Working Group – Joint Commissioning Group – HWBB. The BCF is governed as part of the CCG and SC governing bodies (Boards and Cabinet). Please see the updated Joint Commissioning Terms of Reference attached as Appendix B.

Highlights from the Review Findings

The BCF Planning template, attached, provides the detail of each scheme, funder, amount and confirmation of status (continuing in 18/19 or not); appendix A below provides detail of each scheme that is funded by the CCG and delivered or commissioned by Shropshire Council and Table 1 on this page describes highlights of the review and rationale for the continuation or discontinuation of schemes as part of the BCF.

Table 1: highlights from the updated BCF planning template

| Funding Source | Prevention | Admission Avoidance | Delayed Transfers/ discharge |
|------------------------------------|---|--|---|
| CCG funded and commissioned | Planning template schemes 54ai and 54 k - A review of all of the VCSE grant funded schemes resulted in a shift to the development of contracts where the scheme was considered working well to prevent ill health. 54ai and k were not renewed as a grant or contract. | Planning template schemes 21 and 22 - Although these posts have remained vacant over the last year, and therefore these schemes have been removed, there has been greater investment in schemes 51 and 87 - Integrated Community services has received additional investment across the BCF to ensure a continued and increased focus on | Planning template schemes 35 and 47 - Intermediate Care Beds – SCCG and partners are working to develop the community offer of support for people – programme called Care Closer to Home. This programme is looking at the range of care needs in Shropshire Communities. As such these specific programmes have been discontinued in advance of full programme delivery. Funds have been added to - Significant additional funds have instead been added into schemes 64 and 54f |



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| | | performance and development in this area. | |
| SC funded and commissioned or delivered | <p>Planning template schemes 70 and 86</p> <ul style="list-style-type: none"> - These schemes have been removed from the BCF for 18/19. The work is continuing and considered an important component of prevention in health and care, but they will make way for the Joint Commissioning decisions on other prevention activity in the system including schemes 4, 16 and 23. <p>Planning template schemes 54 +</p> <ul style="list-style-type: none"> - Continued focus on supporting children and families | <p>Planning template scheme 65a, 66, and 34</p> <ul style="list-style-type: none"> - Agreed that while these schemes will continue they do not need the oversight of joint commissioning at this time | <p>Planning template schemes 1, 19b, 36</p> <ul style="list-style-type: none"> - ICS and integrated care planning – agreed to include the whole ICS budget in the BCF, and renewed focus on integrated services (details can also be found in Appendix A below) |
| SC delivered or commissioned on behalf of the CCG | See Appendix A | See Appendix A | See Appendix A |

Conclusion:

A significant amount of effort has gone into understanding impact of the BCF schemes and into developing joint working to ensure the continued development of integrated services, and the development of robust monitoring processes to ensure value for money and good outcomes for people in Shropshire. There is more work to do, but the new section 75 agreement and Joint Commissioning Terms of Reference, will support continued positive progress.



Appendix A

BCF Pooled Fund Schemes - 2018/19

Services commissioned by Shropshire Council
with CCG funding

| Ref | Scheme Name | Scheme Type | Area of Spend | Commissioner | Cost that Shropshire Council will Incur in 2018/19 | Suggested 2018/19 BCF Scheme Value (CCG Funding) £ | Description of Expenditure | Evidence of Improvements to Health and Overall Impact on NHS | High Level Scheme Category |
|-----|---|----------------------------|---------------|--------------|--|--|--|---|----------------------------|
| 1 | Maximising Independence: Hospital Discharge/Admission Avoidance | Intermediate Care Services | Acute | Tanya Miles | 2,509,960 | 1,996,681 | Hospital discharge purchasing + Short term support purchasing + Admin short term support | There has been improved performance in all target areas, particularly in delayed transfers of care. There has been a 93% reduction in delays attributed to ASC when compared to January 2017. In actual terms, delays attributable to ASC in April 2017 was 5.00 per 100,000, reduced to 0.6 in Jan 2018. Overall DTOC total has reduced from 11.6 per 100, 000 in April 2017 to 5.7 in Jan 2018. The number of discharges across all hospitals has increased significantly. The number of weekly discharges across all hospitals at April 2017 was 40-50 compared to March 2018 at 60 -70. | Hospital Discharge |
| 36 | START | Integrated Care Planning | Social Care | Tanya Miles | 955,500 | 800,000 | START North, Central and South | START is a very successful hospital discharge and admission avoidance reablement service. In March 2018 the team supported 63% of all people who used the service back to independence with no need for any ongoing formal services. This success rate is being achieved on a monthly basis by the service. Compare this to March 2018's performance by external providers where only 18% of people returned to independence with no ongoing formal services being provided, and it is clear to see START is a valuable resource. Out of all people supported by START in March 2018, only 13% went on to need long term formal support at the end of the 6 week reablement period compared to 43% needing ongoing long term support who were supported in the external market. Hospital readmission numbers for individuals being supported by START is low month on month, with only 4% of individuals in March 2018 needing to return to hospital compared with 18% of individuals who were supported by providers from the external market. These figures are being achieved on average on a monthly basis with Shropshire Council now considering expanding the START service to support greater numbers of individuals to achieve | Admission Avoidance |



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|---------|----------------------------------|-----------------------------------|-------------|--------------------|-----------|-----------|---|--|------------------------|
| | | | | | | | | more positive outcomes. | |
| 19 b | Integrated Community Service | Integrated Care Planning | Social Care | Tanya Miles | 1,894,720 | 1,500,000 | ICS North, Central and South + Management of hospital interface | As per scheme 1 | Hospital Discharge |
| 4 | Carers Support | Carers' Services | Social Care | Michelle Davies | 544,249 | 507,550 | Cheshire West, Wirral and Shropshire Crossroads contract + social work time + Carers and Engagement Lead post | Providing advice, support and respite for carers. This service directly improves the health of carers who access it, reducing anxiety and stress for carers, knowing they have support and are able to get a planned or unplanned break from their caring role. This in turn maintains the health of those individuals they are caring for, as the carers are supported to continue to care for them at home, thus reducing the admissions to hospital that may be the result of carer breakdown and deterioration in the health of the individual as a direct result. | Admission Avoidance |
| 5 | Telecare | Assistive Technologies | Social Care | Laura Fisher | 731,071 | 731,071 | Telecare + assistive technology + vision and technology training + VISS + Disability Living Centre (ILP) + Community Council sensory resource SLA | Providing technology and communication support to those with a disability enables them to continue to live as independently as possible in their own home - technology and support to ensure that they are taking their medication, attending relevant health appointments and accessing other local health resources means they can maintain their health and manage their disability in the community without requiring hospital admission. If they were not able to access this technology and support services they could become lonely and isolated and their health would deteriorate. The likely outcome would be admission to hospital in order for their condition to be managed. | Admission Avoidance |
| 7 | Enhancing Prevention Services | Care Navigation / Coordination | Social Care | Michelle Davies | 791,724 | 600,000 | Age Concern prevention contract + Community Council preventative services contract + Oswestry Community Action grant + Let's Talk Local | These services play a vital role in helping older and/or vulnerable people to prevent or delay the loss of their independence, and in turn their health problems, which may otherwise result in unplanned hospital admissions. By receiving this support in their local community, individuals are able to access services to meet their health needs - GP appointments, pharmacy, accessing prescriptions. These organisations are also able to monitor the health of the individuals they support and arrange early intervention if they see signs of deterioration, enabling the individuals to remain at home and receive the right treatment without the need for hospital admission. | Prevention |



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|------|---|--------------------------------|---------------|-----------------|-----------|---------|--|---|---------------------|
| 16 | MH, LD & Children's Respite / Carers | Carers' Services | Mental Health | Michelle Davies | 1,089,090 | 500,000 | Barleyfields contract (supports carers) + Havenbrook respite home | By providing respite beds at Barleyfields, it enables carers who support individuals with a learning disability who have complex physical needs, to continue to provide care at home to them on an ongoing basis and manage their conditions, including medication management, meeting their nutritional and hygiene needs. Providing this service prevents carer breakdown which could otherwise result in hospital admission of the individual. | Admission Avoidance |
| 23 | Prevention and Advice (Care Act responsibilities) | Care Navigation / Coordination | Social Care | Michelle Davies | 964,704 | 790,000 | Citizens Advice Shropshire + Age Concern volunteering and day centres grant + North Shrewsbury Friendly Neighbours grant + Shropshire Mind grant + Royal Voluntary Service grant + Stroke Association grant + Designs in Mind grant + The Stretton Mayfair Trust grant + SIAS contract + POhWER contract + A4U grant + Shropshire Choices Support post + After Adoption contract | These services enable individuals to access advice and support to address issues that may prevent them from maintaining their independence in community. If they did not receive this support and this could result in a deterioration in their physical health. For example, benefits support and advocacy enables individuals to continue to manage their finances and could prevent malnutrition through lack of money to buy food, or fuel poverty resulting in illnesses such as the flu or serious chest infections. Befriending services ensure that an individuals social isolation is reduced, they are supported to maintain routine, including meeting their nutritional and medication needs. Providing places for individuals to meet peers and learn new skills is vital in enabling them to maintain good mental and physical health, paid staff and volunteers can detect a change in someone's health and provide support, advice and make appropriate referrals, to prevent any further deterioration that may otherwise lead to hospital admission. Specific services, in particular the Stroke Association, support individuals and their carers to identify their needs post discharge and achieve their outcomes, reducing readmissions to hospital by improving their physical well being. | Prevention |
| 54 b | Mental Health (Enable) | Care Navigation / Coordination | Mental Health | Michelle Davies | 324,740 | 54,000 | | Shropshire CCG and Shropshire Council both currently fund Shropshire's IPS mental health employment service through Enable, which is a supported employment service. Enable is part of Shropshire Council's Adult Social Care services and provides an IPS service in all areas of Shropshire. Enable has provided a mental health employment service since 1994, and in 2009 became an IPS Centre of Excellence after it became the first service in the UK to be Fidelity Reviewed. Enable supports over 50% of individuals they work with to achieve sustainable paid employment. | Prevention |



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|-----------|--|---|-------------|------------------|------------|-----------|-------------------------------|---|------------|
| 54d | Enhance - Early Help/ Children & Families | Primary Prevention / Early Intervention | Social Care | Marion Versluijs | 410,000 | 250,000 | Enhance contract | Targeted support for EHWB; reduced referrals to specialist mental health services and emergency health services. Can also act as step down from specialist mental health services. | Prevention |
| 54e | Autism support (AWM) / Children & Families | Primary Prevention / Early Intervention | Social Care | Marion Versluijs | 99,671 | 50,000 | Autism West Midlands contract | Targeted support for EHWB; reduced referrals to specialist neurodevelopment services and emergency health services. Can also act as step down from specialist mental health services. | Prevention |
| Sub Total | | | | | 10,315,429 | 7,779,302 | | | |

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Admission
£2,538,621 Avoidance
£3,496,681 Hospital Discharge
£1,744,000 Prevention



Appendix B – Joint Commissioning Group Terms of Reference

2. JOINT COMMISSIONING GROUP:

As part of the HWBB, the CCG's Governing Body and the Council resolve to establish a joint committee of both statutory bodies; known as the JCG.

The JCG is established in accordance with the CCG's Constitution, Standing Orders and Scheme of Reservation & Delegation; and the Council's delegated authority under its Constitution

The JCG will report into the HWBB having oversight of the deployment of the Pooled Fund "Better Care Fund" (BCF) and is aligned to the delivery of the HWBB vision and aims set out above.

2.1. Purpose

The JCG is the committee responsible for developing, delivering and monitoring the Better Care Fund (BCF) schemes;

The JCG shall provide assurance to the HWBB Delivery Group and the HWBB (and governing bodies of the CCG and the Council's Cabinet as needed) on the BCF.

The JCG is established to ensure services commissioned using the pooled fund are in line with the delivery principles of the Shropshire BCF.

The JCG provides oversight for the development and delivery of the joint funded BCF; and shall ensure that commissioned services;

- are in line with the needs of the local population and the strategic objectives of the CCG and the Council;
- include services and service changes to ensure financial balance;
- are evidence based; inclusive of national and local requirements.

The JCG shall make recommendations to the HWBB and the governing bodies on the schemes, programmes of work, and funding to deliver the vision and aims of the Shropshire BCF.

The JCG will report to the HWBB Delivery Group which maintains strategic oversight of constituent organisational plans to ensure they deliver the vision and aims of a whole system approach to improving population health, overseen by the HWBB

2.2 Responsibilities

- Oversee and recommend to the HWBB the development of a commissioning strategy for the Shropshire BCF.
- Lead on the development, delivery and implementation of the BCF Programme, ensuring financial and performance monitoring; reporting to the HWBB



- Oversee development of the annual BCF Plan and commissioning intentions for the BCF Pooled Fund, ensuring delivery of national and local requirements together with systems objectives for the commissioning and delivery of health and social care.
- Manage the Better Care Fund Assurance Framework, ensuring any areas of concern are reported to the CCG's Governing Body, the Council and the HWBB, along with mitigating actions.
- Oversee the contribution to the JSNA, making recommendations as appropriate to the respective statutory bodies, ensuring that the outcomes are reflected in the BCF priorities for its commissioning and decommissioning of health or social care services.
- Inform and make recommendations to the CCG Governing Body and the Council; on joint commissioning arrangements within the BCF, ensuring that these arrangements are effective
- Initiate service reviews where it is felt that services do not provide sufficient quality and value for money.
- Ensure continuous improvement to joint working, integration, the pooled budget and developing delegated authority and decision making.
- Manage and review the development of health and social care pathways that support the systems' vision promoting independence clinical quality and safety making recommendations as appropriate.
- Manage and review the development of new schemes, reviewing appropriate business cases to ensure all necessary evidence is provided to support effective decision making, and provide recommendations to the CCG Governing Body and the Council, as appropriate
- Manage and review investment and disinvestment prioritisation processes on behalf of the CCG and the Council, evaluate outcomes of pilot schemes as appropriate.
- Ensure robust arrangements exist for local patient and public involvement, demonstrating that patients and stakeholders have been engaged appropriately.
- Ensure that CCG and Council policies and procedures are followed, including governance arrangements as set out in any schemes of delegation, prime financial policies and standing orders.
- Ensure that equality and diversity is proactively considered and promoted as part of the committee's business and its decision making.

2.3. Membership of the Joint Commissioning Group:

The membership of the JCG will be as follows:

- Head of Adult Services, SC
- Director of Contracting and Performance, CCG
- Director of Delivery and Performance, CCG
- Director of Finance, CCG
- Senior Finance Lead, SC
- Better Care Fund Manager – Joint Post



- Lead for Admissions Avoidance, CCG or SC
- Lead for Delayed Transfers, CCG or SC
- Lead for Prevention, SC

- 1 Membership will be reviewed regularly to adjust for changes as required by the purpose of the JCG.
- 2 Members who cannot attend should only send a named deputy if approved by the Chair or Vice Chair of the JCG. Deputies will have the decision-making and voting rights of the person he/she is representing.
- 3 A decision put to a vote at the meeting shall be determined by a majority of the votes of members and deputies present. In the case of an equal vote, the Chair of the JCG shall have a second and casting vote.

3. Meeting Arrangements:

Co-Chair – Meetings will be operated by a co-chair arrangement, one from the Council and one from the CCG; to be elected annually.

Notice of Meetings – Shropshire Together will provide administration

Meeting Frequency – monthly

Agenda and Papers – Partners are encouraged to provide agenda items and papers for the JCG; and papers will be provided to the group at least 2 days in advance.

Review of the Terms of Reference – annually

Minutes – meeting shall be recorded

4. Quorum

A minimum of six members; 3 from CCG and 3 from the Council, will constitute a quorum, so long as this includes either the Chair or Vice Chair.

A decision put to a vote at the meeting shall be determined by a majority of the votes of members and deputies present. In the case of an equal vote, the Chair of the JCG shall have a second and casting vote.

5. Governance

Financial probity is through this Section 75 agreement and SFIs/SFOs of the CCG and the Council.

The JCG will report to the HWBB and the governing bodies as required.

The JCG will make recommendations to all partner groups as needed.

The JCG will have oversight of how and where services are contracted for/ provided



The CCG and the Council will be required to provide proof of commitment to joint working schemes, services and programme of work

The JCG will provide regular reports on key issues to the Healthy and Wellbeing Delivery Group, HWBB, CCG Governing Body and the Council for final decision making and to provide assurance in key areas.

6. Conduct of the JCG

- The JCG shall conduct itself in accordance with the HWBB principles.
- The JCG shall conduct its business in accordance with national guidance, relevant codes of practice including the Nolan Principles and the Conflict of Interest policy.

7. Equality Statement

- The CCG and the Council are committed to promoting equality in all responsibilities – as commissioners and providers of services, as a partner in the local economy and as an employer.
- All sub-committees of the CCG and the Council have duties ensuring that all users and potential users of services and employees are treated fairly and respectfully with regard to the protected characteristics of age, disability, gender, reassignment, marriage or civil partnership, pregnancy and maternity, race, religion, sex and sexual orientation.

