Manchester City Council
Report for Resolution

Report to: Resources and Governance Scrutiny Committee - 13 October 2016

Subject: Greater Manchester Transformation Fund

Report of: City Treasurer and Joint Director Health and Social Care Integration

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Summary

The report provides an overview of the Greater Manchester Transformation Fund and outlines Manchester's approach to bidding for investment funding.

Recommendations

The Committee is asked to note the contents of the report.

Wards Affected: All

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Background documents (available for public inspection):

1.0 Introduction and Purpose

1.1. To provide an overview of the Greater Manchester (GM) Transformation Fund including purpose, resources, criteria and governance arrangements.

1.2. To outline Manchester's approach to bidding for investment funding.

2.0. The GM Transformation Fund - Overview

2.1 The Devolution Agreement of November 2014 established the principle of a transformation fund for health and social care. In February 2015 it was agreed that GM would bring forward a Strategic Plan, based upon the Five Year Forward View, which would set out how GM would achieve clinical and financial sustainability during a five year period. Within the overall transformation resources for the period there is a direct allocation of £450m to GM, representing a 'fair share' of available transformation budgets over the five year period. The GM Strategic Partnership Board will oversee the deployment of this funding, known as the GM Transformation Fund, to deliver the major change programme set out in the GM Strategic Plan.

2.2 The resources within the fund are one-off and are phased 2016-21, as outlined in the table below:

	2016/17 £m	2017/18 £m	2018/19 £m	2019/20 £m	2020/21 £m	Total £m
Transformation Fund	60	120	150	70	50	450

2.3 The objectives of the Fund are to deliver the following, across the ten GM localities:

- Delivering improvements in clinical sustainability;
- Securing the activity and productivity shifts required to close the financial gap; and
- Ensuring localities are well placed to manage the future health needs of their populations.

2.4 The Fund has to be invested in those change programmes that can demonstrate they make a significant contribution to achieving our goal of clinical and financial sustainability, schemes should be credible and aligned to the GM strategic plan, i.e. structured into five transformation initiatives that lie at the heart of GM's strategic plan:

- Radical upgrade in population health prevention;
- Transforming care in localities;
- Standardising acute hospital care;
- Standardisation of clinical support and back office functions; and
- Enabling better care.

2.5 The criteria for the fund are detailed in the table below.

Deliver the GM vision	• The initiatives supported by the fund must be aligned with the transformation initiatives and the broader vision for health and social care reform in GM • The initiatives supported by the fund need to contribute to the GM Public Sector Reform programme
Enable transformational change	• The fund must drive forward shifts in activity and productivity required to close locality gaps • The fund should deliver initiatives that lead to lasting transformational change, as opposed to temporary or "business as usual" activities • The fund must support change at pace – allowing progress to happen quickly with a shift from planning to implementation
Consolidate resources	• The fund should be used to support scalable integration across health and social care boundaries, organisational boundaries and localities across Greater Manchester • The fund should support organisations to remove waste and target resources to the front line
Secure value for money	• The initiatives supported by the fund must deliver a high rate of return within the CSR period – and should benchmark well in relation to ambition and replacement costs. • The fund should be managed and governed efficiently with a commercial discipline, which is underpinned by transparency, fairness and accountability
Facilitate learning for others	• The fund should support innovative initiatives which are evidence-based and take account of proven best-practice in their design • The fund should seek to build an evidence base of what works and support the open sharing of this information to build a culture of learning

2.6 The basis for any investment proposal into the Transformation Fund is a robust locality plan which all key partners within a locality are signed up to. Localities have been developing their plans since June 2015 and they outline strategic intent and how that will be implemented. The principal requirement for localities is that the locality plan must show how, at a strategic level, clinical and financial sustainability will be achieved by 2020/21. The plan should also outline how the more specific proposals will drawdown investment and produce a specific return on that investment which will support achieving financial sustainability. The investment bid must demonstrate the shift in commissioned activity at a local level from the acute sector into the community, enabling a reduction of acute activity for the cohorts covered in the plans.

3.0. The GM Transformation Fund – Governance and Investment Bids

3.1 The GM Transformation Fund became 'open for business' April 2016. There was no expectation all localities would apply by a fixed date but rather an invitation to apply when each locality was ready to do so.

3.2 The GM Strategic Partnership Board has delegated responsibility for execution of the Transformation Fund to the Strategic Partnership Board Executive who defines the conditions upon which the award of Transformation Fund is subject, and confirm these via an Investment Agreement with the locality.

3.3 The evaluation of a bid will result in an Investment Agreement. This is a short document that, on funding award, will form the agreement between GM and a locality. The agreement will set out:

- Who the parties to the agreement are
- What the specific scheme is
- What it is expected to deliver (financials and non-financials) and by when
- Key milestones for delivery
- Expected reductions in demand
- Improvements in outputs, outcomes, prevalence and impacts (specific metrics)
- Expected decommissioning of existing resources and how resources will transfer between different organisations
- Ways the impact will be tracked and evaluated over time
- Expected changes in productivity
- Conditions of the agreement will be formed of expected outcomes from the financial modelling and the agreement will state that if a locality fails to meet the conditions GM reserves the right to review its funding

4.0 Manchester's Approach

4.1 The scale of ambition and challenge contained within Manchester's Locality Plan – A Healthier Manchester – reflects the complexity of a health and care system that has evolved over time to a point where it is neither coherent in terms of how it meets the needs of the local population, or efficient in terms of the effective deployment of resources. The current system of health and care commissioning and delivery presents unacceptable differences in terms of quality, outcomes, patient/citizen experiences and cost. As a consequence the Locality Plan seeks to offer a comprehensive approach to addressing the health and care needs of the population as a whole, and therefore requires a transformation programme that establishes a coherent single system to address those needs.

4.2 Total funding available to the health and care economy in Manchester in 2016/17 is currently £1.137bn and taking account of changes in the funding levels of the organisations (3 Clinical Commissioning Groups and City Council) will increase to £1.204bn by 2020/21, however the cost base of existing 'as is' contracts, taking into account inflationary pressures and demographic projections, will increase proportionately more to £1.338bn, as a consequence there is a funding gap that will increase to £134m over 2016-21.

4.3 In order to make our health and care system clinically and financially sustainable significant changes are proposed. Through the development of the **Single Hospital Service** we are pursuing a merger of 2 Foundation Trusts (UHSM and CMFT) with the addition of a major service from a third Trust (NMGH). We are intending to merge the 3 Clinical Commissioning Groups along with the commissioning functions of the City Council for adult social care and public health into a **Single Commissioning Function** from April 2017. Finally, we have significant ambitions to scale up activity, through strengthened early intervention and prevention, as well as more pro-active

targeting of services to residents with both rising risk and high needs, in our developing integrated care models to be delivered through the **Local Care Organisation**.

4.4 Throughout this scale of system change our focus will remain on our residents ensuring we deliver improvements in their health and well being, improvements in service standards, supported self reliance and the sustainable financing of our single health and care system.

4.5 Manchester is unique in its complexity, embracing four commissioning organisations, three acute trusts, a mental health provider, social care providers and 91 GP practices, alongside the wider offerings in primary care and the voluntary and community sector. For these reasons Manchester's approach to transformation continues to evolve at pace, and will require significant investment to enable this change. Manchester has taken a two stage approach to investment planning, as follows:

Submission date	Content
June 16	An initial investment proposition was submitted to support the commencement of the implementation of the single hospital service review and immediate requirements for 2016/17.
October 16	An investment proposition to support the wider implementation plan, covering five GM themes: ▪ Radical upgrade in population health prevention, ▪ Standardising community care, ▪ Standardising acute hospital care, ▪ Standardising clinical support and back office services ▪ Enabling better care. The proposal covers the implementation of: ▪ Manchester's integrated community model of prevention and care. Delivered at a neighbourhood level, this model involves clinically led multidisciplinary teams working with local communities, the voluntary and community sector, and providers of domiciliary and residential services. ▪ The single hospital service, identifying/refining investment requirements into 2017/18 and 2018/19 ▪ The single commissioning system for the city.

4.6 Phase 1 Submission:

The evaluation of the June submission has resulted in an award of **£2.946m** to support the development of the Single Hospital Service Programme, specifically in the award of initial funding for the core programme team and external specialist advice required to progress the case to the Competition and

Mergers Authority (CMA). Some conditions are attached to the award, and steps are now being taken to finalise the Investment Agreement for this award.

4.7 Phase 2 Submission:

The phase 2 investment proposition is scheduled for submission 7th October 2016. The approach is to seek significant financial support in the following context:

- Given the scale of the Transformation Programme for Manchester and the different trajectories of each of the 3 programmes ('3 pillars'), it is difficult to be precise over the quantum and phasing of the associated costs and benefits, that will inform the investment ask;
- As a consequence the Manchester's proposal seeks agreement from GM to earmark significant investment over 4 years from the Transformation Fund;
- This earmarked funding will be reviewed and released in accordance with a robust gateway approach;
- It is expected that the investment gateway approach will be overseen by a newly formed Board; and
- As the Transformation Programme progresses the future costs, benefits and programme plans of the '3 pillars' and their inter-dependencies will become more certain.

4.8 The forthcoming budget reports to the Executive in October will include a Locality Plan financial report which proposes the approach to be taken across the health and care organisations in Manchester to close the 'do nothing' funding gap of £134m that will materialise by 2021. It details the financial steps required to close that gap, the radical transformation of the health and care system required to achieve this and the critical importance of the Transformation Fund.

4.9 A report will be presented to the next meeting of the Health and Wellbeing Board (2nd November) outlining Manchester's approach to investment and proposing the establishment of the Manchester Transformation Fund Accountability Board and a supporting Finance Executive.

5.0 Conclusions

5.1 As part of the devolution agreement, from April 2016, GM has taken control of £6bn of public money to run health and social care throughout the region. GM agreed with NHS England the establishment of a Transformation Fund of £450m to drive the transformation changes in health and social care required to address the financial gap.

5.2 Locality investment bids are required to demonstrate they make a significant contribution to achieving clinical and financial sustainability and schemes should be aligned to the GM strategic plan, i.e. structured into five transformation initiatives that lie at the heart of GM's strategic plan.

5.3 Manchester has devoted significant energy and capacity in developing investment proposals and a significant investment proposition has been submitted, building on the interim submission made in June. The outcome of the evaluation is awaited and should be known before the end of October to mid November.

6.0 Recommendations

6.1. The Committee is invited to discuss the content of report.

Manchester City Council
Report for Resolution

Report to: Resources and Governance Scrutiny Committee - 13 October 2016

Subject: Better Care Fund

Report of: City Treasurer
Chief Financial Officer (North, South and Central Clinical Commissioning Groups)
Joint Director Health and Social Care Integration

Summary

The purpose of this report is to provide the Committee with an overview of the Better Care Fund, planning requirements, resources and spending plans and links to Manchester's recently submitted bid to the Greater Manchester Transformation Fund.

Recommendations

The Committee is asked to note the contents of the report.

Wards Affected: All

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Background documents (available for public inspection):

Reports to the Health and Wellbeing Board covering the Better Care Fund.

1.0 Introduction and Purpose

1.1 To provide an overview of the Better Care Fund (BCF) including purpose, resources, planning and monitoring requirements and governance arrangements.

1.2 To outline the BCF spending plan for 2016/17, the individual locality schemes and to provide information on which of them are proposed to roll out city wide as part of the Greater Manchester Transformation Fund bid.

1.3 To briefly look ahead to the Improved BCF announced in the 2015 Spending Review.

2.0` The Better Care Fund – Overview and Governance

2.1 The Better Care Fund (BCF) was established by Government in 2015/16 to identify funds across local areas to support the integration of health and social care. All local authorities and their partner Clinical Commissioning Groups are required to pool their allocations and to prepare a delivery plan to implement specific national conditions in relation to integration. The arrangements are intended to be an enabler and forerunner to a far wider level of integration of health and social care required to achieve long term financial sustainability and which for Greater Manchester is detailed within the Devolution settlement and Locality Plan.

2.2 A Section 75 agreement is the mechanism used to establish a pooled fund. Section 75 of the National Health Service 2006 Act gives powers to local authorities and health bodies to establish and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise of prescribed local authority functions and prescribed National Health Service functions. The Section 75 agreement forms the governance framework and includes decision making responsibilities, reporting arrangements, dispute resolution and finance rules including permitted expenditure and risk sharing.

2.3 A Section 75 agreement between the three Manchester Clinical Commissioning Groups and the City Council for a pooled fund was established in 2015/16 reflecting minimum mandated BCF resources of £42m. The Clinical Commissioning Groups and City Council agreed to expand the scope of resources from 2016/17 to also include budgets covering 'One Team', i.e. adult community health (neighbourhood teams) and community assessment and support services (integrated intermediate care and reablement). This increased the value of the integrated health and care revenue pooled fund to £80m.

2.4 The Health and Wellbeing Board is responsible for the strategic direction of the BCF and overseeing the development of the plan and monitoring arrangements. In practice, in order to meet the national reporting deadlines, key responsibilities have been delegated to the Joint Director Health and Social Care Integration.

2.5 Partners agreed the City Council would act as host for the pooled fund when it was established from 1 April 2015. This is currently largely an administrative role,

with key responsibilities for reporting to national teams, regulators and Health and Wellbeing Board about plans and spending information.

2.6 The Clinical Commissioning Group Boards have delegated responsibility for the development of and allocation of funding to individual BCF schemes. Similarly, the City Council makes decisions about what services are funded through 'protection of social care' and care act funding of circa £14m, in addition to deployment of disabled facilities capital grant resources (refer to Section 3 below).

3.0. Resources

3.1 NHS England and the Department for Communities and Local Government prescribe 'minimum mandated' Better Care Fund (BCF) sums within Clinical Commissioning Group funding allocations and Council grants to individual geographies. It is possible for Clinical Commissioning Groups to contribute to more than one Health and Wellbeing Board locality e.g. to reflect substantial 'cross boundary' patient flows, but in practice, all three Manchester Clinical Commissioning Groups contribute all of their minimum sums fully towards the Manchester Health and Wellbeing Board locality.

3.2 When the BCF was established in 2015/16, it essentially brought together funding which was already being transferred to Council's from NHS England to protect social care, together with a requirement for Clinical Commissioning Groups to 'free up' and ring fence funding from their financial settlement, including a requirement to transfer a mandated sum to Councils in relation to implementation of the Care Act. As a result, the BCF was not seen as additional 'new money'.

3.3 Whilst all of the services supported through BCF resources are reported upon in aggregate form, each service is commissioned directly by each partner, i.e. not 'lead commissioned' through the City Council. This means that for transactional efficiency purposes, each partner retains the cash resources relevant to its spending plans. Accordingly, the Council only receives income related to the protection of social care and the Care Act, on a quarterly basis from the Clinical Commissioning Groups. Similarly, the Council's own capital grant resources are also administered directly.

3.4 For 2016/17, funding allocations are based on a mixture of the Clinical Commissioning Groups allocations formula, the social care formula, and a specific distribution formula for the Disabled Facilities Grant.

3.5 The resource statement 2015-17 is shown in the table below. From 2016/17, NHS England has implemented a further sub ring fence in that a proportion of the area's allocation is to be invested in NHS commissioned out-of-hospital services after including provision for a local risk sharing agreement (further information provided at 4.5 below).

	2015/16 £000s	2016/17 £000s	Movement £000s
Revenue funding from Clinical Commissioning Groups	23,940	13,658	-10,282
Revenue funding from Clinical Commissioning Groups ring-fenced for NHS out of hospital commissioned services/ risk share		10,965	10,965
Revenue funding from Clinical Commissioning Groups ring-fenced for Care Act Implementation	1,479	1,533	54
Revenue funding from Clinical Commissioning Groups to maintain provision of social care services	12,219	12,430	211
Revenue	**37,638**	**38,586**	**948**
Disabled Facilities Capital Grant	2,967	5,746	2,779
Social Care Capital	1,485	0	-1,485
Total	**42,090**	**44,332**	**2,242**

3.6 Revenue resources have increased in 2016/17 by £0.948m. The social care capital grant has ceased in 2016/17. The disabled facilities capital grant has increased significantly with national conditions strengthened requiring more involvement of local housing representatives in developing and agreeing plans. Refer to Section 5 relating to application of funds across the partners.

4.0. Planning and Monitoring Requirements

4.1 Partners are required to develop a joint spending plan that is approved by the Health and Wellbeing Board and NHS England, including:

- a short, jointly agreed narrative plan including details of how they are addressing the national conditions;
- confirmed funding contributions from each partner organisation;
- a scheme level spending plan; and
- quarterly plan figures for eight national metrics.

4.2 The high level narrative plans also need to demonstrate that partners have collectively agreed the following:

- the local vision for health and social care services – showing how services will be transformed to implement the vision of the Five Year Forward View and moving towards integrated health and social care services by 2020, and the role the Better Care Fund plan in 2016/17 plays in that context;
- an evidence base supporting the case for change;
- a coordinated and integrated plan of action for delivering that change;
- a clear articulation of how they plan to meet each national condition; and
- an agreed approach to financial risk sharing and contingency.

4.3 The policy framework includes national metrics for measuring progress of integration (unchanged from 2015/16) covering:

- Non-elective admissions (General and Acute);
- Admissions to residential and care homes;
- Effectiveness of reablement; and
- Delayed transfers of care.

4.4 Finally, there are also eight national conditions, the last two of which were introduced from 2016/17:

(i) that a Plan should be signed off by the Health and Wellbeing Board and by the City Council and Clinical Commissioning Groups;

(ii) demonstration of how Manchester will maintain provision of social care services in 2016/17;

(iii) confirmation of agreement on how plans will support progress on meeting the 2020 standards for seven-day services, to prevent unnecessary non-elective admissions and support timely discharge;

(iv) better data sharing between health and social care, based on the NHS number;

(v) a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional;

(vi) agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans;

(vii) that a proportion of Manchester's allocation is invested in NHS commissioned out-of-hospital services, or retained pending release as part of a local risk sharing agreement; and

(viii) agreement on a local action plan to reduce delayed transfers of care.

4.5. Condition vii) – Ring-fenced funding and non-elective admission reductions

There is a national payment for performance element within the Better Care Fund whereby an amount of funding is set aside, equivalent to the value of the target for a 3.5% reduction in non-elective admissions, into a risk reserve. The Clinical Commissioning Groups retain this funding and, subject to actual performance against the target, contribute the funding to the pool to the extent that the target is delivered. If the target is not delivered, the Clinical Commissioning Groups will use the funding to reimburse acute hospital providers for the cost of the non-elective admissions.

In respect of non-elective admissions, Manchester's outturn performance to 31 December 2015 to reduce admissions by 3.5% against 2014 levels was not

delivered. The aspiration in Manchester remains to reduce unplanned admissions by 20% by 2020/21. However, in view of the 2015 outturn, it was considered imprudent to release the proportion of funding held by the Clinical Commissioning Groups in 2015/16 as a non-elective risk reserve (£3.2m), for investment in new or alternative out of hospital services. In line with 2016/17 guidance, Health and Wellbeing Board therefore approved to retain the non-elective risk reserve at £3.2m in 2016/17 to protect resources to pay for non-elective admissions, in the event that planned deflections are not delivered.

4.6 There is no national assurance process for Plans in 2016/17. Instead regional teams (and for Manchester, the Greater Manchester Devolution Team) will work with the Better Care Support Team to provide assurance to the national Integration Partnership Board that high quality plans are in place which meet national policy requirements and have robust risk-sharing agreements where appropriate. Manchester's Plan has been approved.

4.7 The Better Care Fund guidance requires monitoring reports to be submitted to NHS England at five points in the year. The performance template covers:

- Budget arrangements;
- National conditions;
- Non elective and payment for performance;
- Income and expenditure;
- National / local metrics;
- New Integration metrics and;
- Understanding Support Needs.

4.8 The Health and Wellbeing Board has delegated approval to submit returns to the Joint Director Health and Social Care Integration. The City Council co-ordinates completion of the return and provides a quarterly retrospective report to Health and Wellbeing Board.

5.0. Detailed Spending Plans - Revenue

5.1. The revenue spending plan (£38.586m) breaks down into three components:

(i) Protection of social care (£12.430m) and care act responsibilities (£1.533m). A significant proportion of the former was received 2012-15 direct from NHS England prior to the creation of the Better Care Fund (BCF) in 2015/16 and was deployed into the base budget at the time to ensure the Adult Social Care cash limit budget could sustain the requirement to fund clients meeting eligibility criteria, offsetting the impact of resource reductions to the City Council and demographic pressures, and on other pressures;

(ii) The non-elective risk reserve, detailed at 4.5 above (£3.248m); and

(iii) A Local Development Fund of schemes that support service innovation and change to the health and social care system (£21.375m).

5.2 The governance arrangements for the Local Development Fund is a delegated system with responsibility for individual scheme development and funding allocations delegated from Health and Wellbeing Board to Clinical Commissioning Groups at a locality level. Partners are required to prepare business cases (using templates and methodology set out in the Section 75 agreement) to access funding to support specific new projects and initiatives within approved schemes and new delivery models. Each business case is evaluated based on the following criteria:

- Affordability both now and in the future (if recurrent) and represents value for money for the health economy
- To the extent it clearly addresses the performance related pay metrics
- Targets agreed priority population groups
- Supports hospital activity shift targets
- Reflects a partnership approach in the service delivery model
- Supports delivery of the broader metrics within the agreed performance framework
- Meets national conditions

5.3 A summary of services and schemes funded through BCF resources in 2016/17 is provided at Appendix A. Health and Wellbeing Board at their March meeting agreed in principle to roll forward 2015/16 spending priorities to 2016/17. The spending plan supports the strategic plan approved by the Health and Wellbeing Board in March 2016 and reports submitted to NHS England and other external parties since April.

5.4 The Clinical Commissioning Groups and City Council are facing unprecedented financial pressures. The Manchester Locality Plan reflects the scale of the pressures across health and care partners from 2016/17 to 2020/21, with the total gap, as reported to the Health and Wellbeing Board, estimated to be £134m.

5.5 Accordingly, all services – whether funded through minimum mandated sums or wider health and care resources – are under pressure as rising demand and cost inflation increase more rapidly than sources of income.

5.6 The Clinical Commissioning Groups deploy sums relevant to their overall responsibilities, including supporting the integration agenda. In practice, and as shown in Appendix 1, this means that in some parts of the city, more 'core' community health services are funded through resources whilst in other parts – most notably in North Manchester due to its differing financial position – there has been more scope for piloting new approaches to service delivery. Indeed, many examples of North's pilots are now proposed for wider roll-out, supported by experiential learning and evaluation, through the Greater Manchester Transformation Fund (see Section 6).

5.7 Where BCF resources are applied to key health and care community services, these are incorporated, through the expanded pool in 2016/17, within the 'One Team' integration programme and are, therefore, supporting innovation and transformation via the wider Manchester Locality Plan. Historic community health and care services will evolve through the envisaged 'Local Care Organisation' and implementation of

revised operating models, to become integrated health and care neighbourhood teams.

6.0. GM Transformation Fund

6.1 A bid has now finalised and was submitted to the Greater Manchester Transformation Fund for the Manchester Locality (see report elsewhere on the Scrutiny agenda) in October 2016.

6.2 As outlined in Section 5, included within the bid is an ambition to see a number of Better Care Fund schemes rolled out city wide as part of the ambition set out in the Locality Plan to deliver integrated and accessible out of hospital services through community based health, primary and social care services within neighbourhoods. Introduction of Greater Manchester Transformation Fund resources will enable faster implementation of modern and proven alternatives to hospital based care, scaling up the learning derived from earlier pilots in the north of the city. The following are key schemes, although remain subject to prioritisation processes and confirmation of funding:

- Expansion of the Crisis Response Service in North Manchester;
- Roll out of an innovative end of life model in North Manchester - rated as 'excellent' by the Care Quality Commission in its recent inspection report;
- The Community Assessment and Support Service piloted in North Manchester;
- Housing Options for Older People expansion of pilot in North Manchester Clinical Commissioning Group; and
- Enhanced Home from Hospital Service – discharge support service which is a scale up of North pilot for Care and Repair, safe and effective discharge.

7.0. Looking Ahead 2017/18

7.1 The 2015 Spending Review confirmed that the Better Care Fund (BCF) remains a key government tool in supporting integration of health and social care across the country. The existing BCF remains in place and will be subject to an updated policy framework and will continue to be directed at localities via Clinical Commissioning Groups.

7.2 The Social Care element of the 2015 Spending Review also announced:

(i) the freedom for local authorities to implement a 2% Council Tax precept for social care which gives those local authorities with responsibility for social care the ability to raise additional income to spend exclusively on adult social care (Manchester approximately £2.5m per annum); and

(ii) £1.5bn of additional funding for an improved BCF which will be allocated to local authorities. The provisional allocations for the improved BCF for Manchester are £3.3m for 2017/18, £14.8m for 2018/19 and £24.4m for 2019/20. Whilst announced as additional funding, £800m of the national £1.5bn BCF total is actually met from

savings in New Homes Bonus funding. The profile is significantly back loaded and is too little too late when set against the demographic and other pressures facing social care.

7.3 The announcements were included within the overall budget report that went to the Executive in July 2016 and it was proposed the funding supports the social care budget and this will be included in the development of the next Medium Term Financial Plan.

7.4 2017/18 will be undoubtedly a very significant year in the integration of health and social care as the detailed ambitions in the Locality Plan move ahead and specifically the planned progress on the implementation of a Single Hospital Service, Single Commissioning Function and Local Care Organisation. A critical enabler is Manchester's bid to the Greater Manchester Transformation Fund. Further information updating on the Transformation Fund is provided elsewhere on the agenda. Also of importance will be the significant expansion of the pooled budget between the City Council and the Clinical Commissioning Groups, the ambition for which is set out in the Locality Plan, and proposals will be outlined in forthcoming budget reports for 2017-20.

8.0. Conclusions

8.1 The Better Care Fund (BCF) has led to a significant national increase in pooling of budgets across health and social care and the Government continues to see the BCF as a key tool in driving integration. Manchester receives £38.586m revenue and £5.746m capital resources.

8.2 The BCF plan for 2016/17 has been approved by the regional BCF Support Team. Schemes have been rolled over from 2015/16 to 2016/17 and funding within the non-elective risk reserve maintained. Monitoring arrangements are being undertaken in accordance with the national guidance and the submissions to NHS England are reported periodically to Health and Wellbeing Board.

8.3 It is planned to roll out a number of schemes city wide as part of the strategy outlined in the Locality Plan to invest in community based services and they are included within the Greater Manchester Transformation Fund bid.

8.4 Following the introduction of the Council Tax social care precept in 2016/17, from 2017/18, an Improved BCF will be implemented, bringing additional resources to the City Council albeit not all new funding due to the changes to New Homes Bonus funding detailed above. The intention is to protect social care and that this will be reflected in the development of the next Medium Term Financial Plan. Further detail is expected in the 2016 financial settlement.

8.5 2017/18 will be a critical year in the journey towards full health and social care integration as our strategic planning moves to the large scale implementation of organisation and system wide change. The bid to the Greater Manchester Transformation Fund is expected to provide significant resources to enable transformation which in turn provides the confidence on the deliverability of clinical

and financial sustainability for health and social care in Manchester, fulfilling our commitment under devolution.

9.0. Recommendations

9.1. The Committee is invited to discuss the content of report.

Appendix A – List of approved schemes for Better Care Fund (BCF) 2016/17

BCF Scheme	Scheme Description	Council 16/17 Budget	Central 16/17 Budget	North 16/17 Budget	South 16/17 Budget	Total 16/17 Budget
Neighbourhood Teams (North Manchester Integrated Neighbourhood Care (NMINC), South's Enhanced Neighbourhood Teams (ENTs) and Central's Practice Integrated Care Teams (PICT))	The neighbourhood team model has been developed to identify, proactively care plan and case manage patients in the moderate to very high risk groups. The ENTs provide a new multidisciplinary model of enhanced and expanded out of hospital care which will be provided by a range of service providers including the voluntary sector.		201,069	1,240,497	4,189,253	5,630,819
Active Case Management Service	Service to support patients with long term conditions in the Community in their own home • Cares for patients with complex needs through co-ordination at a complex health and social care multi-disciplinary team level • Prevents unnecessary hospital admissions especially via A&E / non elective admissions		518,356	0	646,609	1,164,965
Alternatives to Transfer / Complex Community Response	New referral pathway where paramedics refer patient to go to GP instead of being transferred to A&E. GP will then decide whether to visit patient or for paramedics to continue with A&E transfer		260,000	0	0	260,000

BCF Scheme	Scheme Description	Council 16/17 Budget	Central 16/17 Budget	North 16/17 Budget	South 16/17 Budget	Total 16/17 Budget
Crisis Response	The Crisis Response Service is a multi-disciplinary team that cares for people in their own homes for up to 72 hours when in social or health crisis		0	613,265	0	613,265
Deep Vein Thrombosis (DVT)	The aim of the Deep Vein Thrombosis (DVT) Community Pathway is to improve the quality of care and experience for patients who present to GPs with suspected DVT.		0	0	47,928	47,928
Minor Ailments	The pharmacy will provide advice and support to people on the management of minor ailments, including where necessary, the supply of medicines for the treatment of the minor ailment, for those people who would have otherwise gone to their GP or other healthcare provider for a prescription.		0	0	40,000	40,000
Care Homes Primary Care	A multi-disciplinary service which will provides residential and nursing home residents with the appropriate level of support that they require.		356,000	0	0	356,000
Carers Centre	Supports patients following discharge to adapt home for specific needs. Examples of which includes handles for support within the home, adaptions in the home for wheelchair use and bathroom alterations to support the patient		28,312	29,012	0	57,324

BCF Scheme	Scheme Description	Council 16/17 Budget	Central 16/17 Budget	North 16/17 Budget	South 16/17 Budget	Total 16/17 Budget
Community Food and Nutrition pilot	Training and Mentorship Support in Nutrition (TAMSIN) programme for the 40 nursing and residential homes in North Manchester in order to reduce the prevalence and risk of malnutrition, the resultant emergency admissions, inappropriate prescribing of nutritional supplements, and to support dignity in care.		0	68,008	0	68,008
Complex Discharge Team and Liaison	• A model aimed at proactively identifying and managing cases that would result in unnecessary long length of stay in a hospital setting. • The Team independently review cases that have complicated factors to develop and carry out a safe, timely and effective discharge plan		155,483	228,555	194,439	578,477
Navigator Service	• Assists patients who are medically fit to be discharged from hospital but unable to return home for various reasons including mobility problems, experience falls or regular attendance at hospital with long term conditions • Aim is to ensure patients are supported and safe when discharged from hospital		0	232,366	0	232,366

BCF Scheme	Scheme Description	Council 16/17 Budget	Central 16/17 Budget	North 16/17 Budget	South 16/17 Budget	Total 16/17 Budget
Stroke Early Supported Discharge Pilot	The redesign of the community stroke service to deliver Early Supported Discharge (ESD) and 6 month stroke reviews. In addition, stroke patients were not offered 6 months reviews, something which NICE guidance requires.		0	223,674	0	223,674
Electronic Palliative Care Co-ordination Systems (EPaCCS)	Design, development and production of EPaCCS by Graph-net. This will ensure that key information about an individual's preferences for care at the end of life are recorded and accessed by a range of services providing that person's care.		59,000	0	0	59,000
Palliative Care	Increase capacity and capability in the community palliative care service to address the city's geographical imbalance of services, the lack of a hospice in North Manchester and reduce the high incidence of people dying in a place they did not wish for.		0	486,173	0	486,173
Heart failure (Population Coverage)	Funding a community heart failure nurse to improve identification and optimisation of patients diagnosed with left ventricular systolic dysfunction (LVSD) heart failure		50,000	0	0	50,000

BCF Scheme	Scheme Description	Council 16/17 Budget	Central 16/17 Budget	North 16/17 Budget	South 16/17 Budget	Total 16/17 Budget
Integrated Care for Chronic Obstructive Pulmonary Disorder (COPD)	Integrated pathway between GPs, Active Case Management and the COPD team for patients with COPD to ensure management of patients with COPD are optimised and any exacerbations managed properly in order to support them remain at home.		184,830	0	0	184,830
Integrated Care for End of life	Additional capacity to the district nursing service to support patients at the end of their life in residential care homes Support patients to live well during the last year of life and to enable them to be supported to die at home and carers get the support they need.		136,350	0	0	136,350
Intermediate Care Assessment and Treatment Team (ICATT) and Home Care	ICATT provides an urgent community response to patients who are medically stable but require health and social care support. In partnership with City Council. There is a guaranteed response time of 24 hours		575,700	0	0	575,700
Support for Intermediate Care & Continuing Care Beds	• To provide additional intermediate care beds to add capacity and to increase the range of patients who can be managed in intermediate care • Increase the proportion of patients stepped up to intermediate care • Reduce the number of patients admitted to long term social care		3,666,344	3,443,831	1,085,917	8,196,092

BCF Scheme	Scheme Description	Council 16/17 Budget	Central 16/17 Budget	North 16/17 Budget	South 16/17 Budget	Total 16/17 Budget
Intravenous (IV) Therapy in the Community	Enable early discharge from secondary care for patients who can receive IV therapies delivered safely in the community		330,270	274,732	0	605,002
Leg Circulation Business Case	The service is a nurse led specialist service providing tissue viability care to all registered homeless patients in North Manchester. The leg ulcer service provides three x 4 hour clinics per week on a "drop in" basis and is located at The Urban Village Practice, Ancoats .		0	18,200	0	18,200
Home From Hospital	• Personalised support to over 60's who fall outside the scope of reablement and social care that may be at risk of re-admission • Service ensure vulnerable and isolated patients are provided with practical discharge support resulting in a reduction of over 60 re-admission		7,439	7,855	0	15,294
Manchester Equipment and Adaptation Partnership (MEAP) & Non-Stock Health Equipment	Additional equipment requirements to enable a quicker discharge from hospital		243,210	246,756	0	489,966
Homeless Drop-In Service - Manchester Pathway (MPATH)	In reach specialist service to homeless patients in Manchester Royal Infirmary – to expedite discharge and then secure GP practice registration for homeless patients		133,000	179,000	0	312,000

BCF Scheme	Scheme Description	Council 16/17 Budget	Central 16/17 Budget	North 16/17 Budget	South 16/17 Budget	Total 16/17 Budget
Nursing Home	Management of medical care of nursing home patients, preventing inappropriate hospital admissions and reducing the length of stay		5,637	5,776	277,854	289,267
Uncommitted resource	These resources are presently uncommitted. Each CCG had assumed £50k contributions would be required for the Living Longer, Living Better programme costs in 2016/17. As these costs are being managed through different funding streams, £50k per CCG has been released in year. North Manchester had a small underspend in 2015/16. This, plus a share of substantial growth, is now reflected within North's position. The CCGs are reviewing their planned use of this resource in 2016/17 in line with their responsibilities and integration priorities.		100,000	534,300	50,000	684,300
Non Elective Risk Reserve	The risk reserve mitigates shortfalls on performance against the challenging non-elective admission reduction target of 3.5%		1,113,000	1,165,000	970,000	3,248,000
Care Act Funding	Funding to cover changes in the legislation relating to eligibility, carers, advocacy and safeguarding.	1,533,000				1,533,000

BCF Scheme	Scheme Description	Council 16/17 Budget	Central 16/17 Budget	North 16/17 Budget	South 16/17 Budget	Total 16/17 Budget
Social Care Funding	Protection of Adult Social Care budgets:					0
	a) community equipment and adaptations	305,000				305,000
	b) telecare	102,000				102,000
	c) integrated crisis and rapid response	814,000				814,000
	d) maintaining eligibility criteria	7,759,000				7,759,000
	e) re-ablement services	1,017,000				1,017,000
	f) bed-based intermediate care services	509,000				509,000
	g) early supported hospital discharge schemes	509,000				509,000
	h) social worker establishment	1,415,000				1,415,000
Grand Total		**13,963,000**	**8,124,000**	**8,997,000**	**7,502,000**	**38,586,000**