Better Care Fund Assurance Review

Draft plan review 14/2/2014

Name of HWB: Stockton-On-Tees

Local Authority Name / Code: Stockton-On-Tees Borough Council (E06000004)

CCG(s) Name / Code: Hartlepool & Stockton-On-Tees CCG (00K)

Assurance Criteria	Assurance Commentary	Actions/areas to address
General		
1. Is there a single plan covering all relevant organisations in the HWB area?	Yes Hartlepool and Stockton (HAST) CCG also covers Hartlepool Borough Council area and a separate plan has been developed for the Hartlepool area.	.
2. Has the plan been signed off by an appropriate person from each organisation?	This first draft of the plan has not been signed off but the anticipated signatories are the Chief Exec of Stockton-On-Tees Borough Council, the Chief Officer of HAST CCG and the Chair of the Health and Wellbeing Board.	
3. Does the plan clarify how any boundary differences have been handled?	Not applicable The BCF plan has been developed under the umbrella of the North Tees Partnership Board. It uses the Momentum programme as the blueprint for the BCF plans.	
4. Does the plan provide adequate evidence of provider engagement?	Detailed evidence provided re provider engagement, governance arrangements and involvement of partners, including FTs. Explicit reference to the integration of BCF as part of contract meetings with providers and underpinning the commissioning intentions for 2014/15. North Tees and Hartlepool FT and Tees, Esk and Wear Valley FT are both members of the North of Tees Partnership Board. In addition the Council regularly engages with social care providers and the CCG actively engages with providers and voluntary sector organisations. The voluntary sector is also represented on the HWB.	In the next version of the plan, it would be helpful to understand the key issues arising from the engagement and how these have been addressed.

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	Formal contract meetings with all Acute, Community and mental health providers have explicitly considered the implications in terms of commissioning intentions and contract principles.	
5. Does the plan provide adequate evidence of patient and public engagement?	The LA and the CCG have an active engagement programme and have set up mechanisms for feedback in a range of areas. The CCG has undertaken engagement work on A Call to Action. The plan notes that additional engagement is planned during the development and implementation of the BCF	In the next version of the plan, it would be helpful to understand the engagement that has been carried out and key issues arising from the engagement and how these have been addressed.
6. Are the governance arrangements clear?	The governance mechanism for the BCF will be the North of Tees Partnership board which will provide updates to all parties including the HWB. Updates will be provided to LA lead members and the Council's Adult services Committee as the constitutional forum for key decision making and will provide the forum for challenge and monitoring success. CCG will be kept appraised of the developments and the progress of all plans.	How will the proposed structure support performance / risk management, lines of accountability and escalation? Terms of reference for the North of Tees Partnership
<u>Vision and Schemes</u>		
7. Is the vision consistent with that of wider CCG strategic plans?	Provision of high level strategic vision indicates alignment to the vision of the better care fund and to the Momentum: Pathways to Healthcare programme strategy which is in place across the North of Tees. Strong emphasis on integration and support people to be independent as much as possible.	Evidence of alignment through the development of the whole economy strategic plan.
8. Are the schemes and service changes well described?	The planned service changes are focussed on seven key areas and in each case the plan sets out how the BCF will be used. A high level time line for the next year sets out how the changes will be taken forward in the short term. Joint work programme underpinned by five key principles, and an emphasis on a number of key outcomes.	Detailed operational plan including specific actions to be undertaken with a timeline for delivery supported by metrics for improvement.
9. Are the implications for the acute sector and other existing services adequately addressed?	The plan recognises the scale of the challenge and notes that the main focus of the proposed changes is the proactive	Additional work will be needed to provide quantified impact of the

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They should include an assessment of future capacity and workforce requirements across the system.	management of those at high risk of intervention to reduce admission. No workforce requirement / planning across the system. Plans need to demonstrate impact on Acute provider capacity reductions and implications for LHE / planning unit in relation to transitional support and long term impact on FT. Essential that impact on the acute provider is confirmed and aligned to the Momentum new hospital business case.	planned schemes at each provider, together with an assessment of the workforce implications Additional work needed to identify potential double running costs and residual fixed costs for acute and MH providers that result from material activity reductions.
10. Is it clear that the plan will not have a negative impact on the level and quality of mental health services?	Impact on mental health services has not been assessed.	Additional work will be needed to provide quantified impact of the planned schemes at each provider, together with an assessment of the workforce implications Additional work needed to identify potential double running costs and residual fixed costs for acute and MH providers that result from material activity reductions.
<u>National Conditions</u>		
11. Does the plan provide evidence of: • How the changes will protect the level of social care services?	The plan does not state that national eligibility criteria will be protected. No reference to the impact of changing demography/increases in the population aged over 85 years old.	Further clarity required regarding the schemes in the current spend going forward and the scope for increased efficiencies through transformation and greater integration. Modelling of capacity required to meet the increasing demands of the ageing population.
12. Does the plan provide evidence of:	The plan notes an intention to support greater 24/7 working	Greater clarity regarding provision of

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• How the changes will support the development of seven-day health and social care services?	and 7 day working is one of the enabling schemes set out in the plan with a vision of enhanced arrangements being in place by April 2015.	7 day services to support discharge within each proposed initiative.
13. Does the plan provide evidence of: • How they will use the NHS number as the basis of information sharing?	The plan notes that NHS number is used by health services as the primary identifier and the council are planning to adopt it as the primary identifier by April 2015.	NHS Number plan for implementation and how it is to be used in operational service delivery.
14. Does the plan provide evidence of: • How the changes will ensure joint assessment arrangements and provide for accountable lead professionals?	The overall plans include plans for joint assessments to be extended to people with complex health needs.	How will joint assessments be undertaken in a standardised manner? Outline governance arrangements for new ways of working.
15. Does the plan provide evidence of: • Agreement on the consequential impact of changes in the acute sector?	This is not addressed in any detail; though the plan does acknowledge the need for significant reduction in acute spend.	Detail is required regarding the consequential impact of the planned changes on individual providers: in terms of resource and activity reduction, timeline and step change in infrastructure (beds, workforce etc.).
Risk		
16. Does the plan include a clear risk mitigation plan, covering the impact on existing NHS and social care delivery and the steps that will be taken if activity volumes do not change as planned	Ten high level risks identified with risk rating and mitigation actions. No reference to contingency planning if the initiatives do not deliver the planned impact or unable to recruit additional staff as required. No explanation in plan how the NHS constitution standards and the quality and safety of services will be maintained If the activity does not reduce as planned.	Clear risk mitigation plan required. Review the risks identified and ensure that they are fully reflective of their extent and impact with more detailed mitigating actions. Have risks associated with workforce and estates been considered.
Finance		

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17. Does the plan include at least the minimum required amount to be pooled?	Yes – plan identifies as follows : 14/15 minimum BCF £848 15/16 minimum BCF £14.351m and planned spend of £14.551m What the plans do not articulate at this stage are detailed areas of activity reductions and associated savings in relation to Acute & MH contracts	Next stage plans require more indication of impact on providers in terms of savings from investments in BCF schemes
18. Is there a contingency plan for the possibility of targets not being met?	Appendix 2 identifies a range of mitigating schemes and financial measures	
<u>Outcomes and Metrics</u>		
General comments	Some detail provided against each metric describing the expected outcome and benefit; additional detail regarding alignment to planned schemes would be welcome. Would recommend reviewing level of ambition to levels suggested by the national statistical significance calculator where appropriate.	
19. Is there a realistic level of ambition for each of the national metrics: • admissions to residential and care homes;	National BCF statistical significance calculator used – 90% confidence level selected. Plan for this metric is a 10.7% reduction. A reduction of approximately 13% is suggested by the national statistical significance calculator to provide sufficient assurance that 'real' improvement has been made.	Query level of ambition
20. Is there a realistic level of ambition for each of the national metrics: • effectiveness of reablement;	National BCF statistical significance calculator used – 85% confidence level selected. Plan for this metric is a 6.9% increase.	Query level of ambition

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	An increase of approximately 10.7% is suggested by the national statistical significance calculator to provide sufficient assurance that 'real' improvement has been made. Suggest level of ambition to be considered	
21. Is there a realistic level of ambition for each of the national metrics: • delayed transfers of care;	National BCF statistical significance calculator used – 90% confidence level selected. Plan for this metric is a 14.8% reduction. A reduction of approximately 17% is suggested by the national statistical significance calculator to provide sufficient assurance that 'real' improvement has been made. Note the metric has been recorded as a rate per month	Query level of ambition
22. Is there a realistic level of ambition for each of the national metrics: • avoidable emergency admissions	No evidence of national BCF statistical significance calculator being used. Baseline set on 12 month period Plan for this metric is a 1.3% reduction. A reduction of approximately 5.4% is suggested by the national statistical significance calculator to provide sufficient assurance that 'real' improvement has been made. Suggest level of ambition to be reviewed	Query level of ambition Suggest representing baseline and ambition as a rate per month to allow direct comparison
23. Is there a realistic level of ambition for each of the national metrics: • patient / service user experience.	National metric pending	Query whether a local metric has been considered.
24. Is the chosen local metric taken from the national menu? If not, is it technically robust?	Chosen metric from the national menu; estimated diagnosis rate for people with dementia (Outcomes Framework 2.6i)	Query absence of baseline and ambition

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	Level of ambition should show signs of progress towards the national recommendation of 67% by Mar-15 (Everyone Counts 14/15 pg. 58)	

Overall comments and other issues e.g. workforce

This is an initial draft of the BCF plan and additional work will be needed to further develop the plan before the April submission but the detail of the planned changes are the associated timeline are welcomed. The plan describes the overarching strategic approach the key principles, the outcomes being sought and the 7 schemes which will help deliver the vision and outcomes. This extends to some commentary for each of the 7 schemes and some headline milestones and timescales, which provides a helpful insight into the plans being developed, whilst acknowledging that a more detailed programme and project plans are required for the next iteration.

Areas to consider include:

- Further consideration of the impact of the proposed changes including how the local provider infrastructure will change and the associated impacts on workforce
- Lack of reference to primary care and the implications for individual practices
- Clarity in relation to how the plan will deliver better outcomes for patients
- Further detail regarding the impact, translation to operational planning and delivery timescales
- Governance arrangements including accountability, performance and project management
- Ensure alignment with the strategic plan and CCGs operational plans
- Risks need to be further developed and a contingency plan developed
- The activity and financial impact on providers need to be further developed and evidence provided that these have been shared with the FT and transitional and long term impacts identified

Assurance review	
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