

AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

28 AUGUST 2014

REPORT OF: CORPORATE DIRECTOR OF CHILDREN, EDUCATION & SOCIAL CARE AND CHIEF OFFICER, NHS HARTLEPOOL & STOCKTON ON TEES CCG

BETTER CARE FUND

SUMMARY

This paper provides Health and Wellbeing Board with an overview of the new information requirements for the Better Care Fund (BCF) and changes to the assurance process and timeline. The paper also includes the updated Stockton-on-Tees BCF plan for discussion, approval and sign-off.

RECOMMENDATIONS

It is recommended that Health and Wellbeing Board:

- Notes the changes resulting from the revised BCF guidance
- Notes the revised assurance process and timeline;
- Reviews, discussed and signs off the updated BCF planning templates, in order for them to be submitted to the NHS Local Area Team and National BCF Task Force by 19th September 2014;
- Propose and sign off the performance pot based on the Boards level of ambition for reducing emergency admissions;
- Agrees a process for ensuring that, if required, the BCF plans can be updated following this meeting to ensure that a final version can be submitted on 19th September. It is recommended that the Health & Wellbeing Board gives delegated authority to the Corporate Director of Children, Education and Social Care and Chief Officer, NHS Hartlepool & Stockton-on-Tees CCG with consultation with the Health and Wellbeing Board Chair to make necessary changes, to the attached BCF planning templates, that are required prior to submission.

BACKGROUND

The paper that was presented to Health and Wellbeing Board in July 2014 provided a summary of the proposed national changes to the Better Care Fund. Organisations have now received formal correspondence outlining these changes. The Department of Health and Local Government Association sent out a letter to all Health and Wellbeing Board Chairs on 25th July 2014, which set out the assurance requirements and timeline for redrafting local BCF plans by 19th September and included the revised planning and technical guidance and planning templates. This correspondence has already been circulated to the Health and Wellbeing Board.

Revised Assurance Process & Timeline:

NHS England Local Area Teams and Local Government regional leads will work with local areas to strengthen their BCF plans prior to submission on 19th September 2014. Providing regular progress updates to the national BCF Task Force (at the assurance checkpoints – see below).

- NHS England (AT) BCF Checkpoint 1 – 7th August
- NHS England (AT) BCF Checkpoint 2- 26th August
- Stockton Health and Wellbeing Board – 28th August
- NHS England (AT) BCF Checkpoint 3 - 11th September
- NHS England (AT) BCF submission 19th September

Once the BCF plans have been submitted, there will be an intensive two-week desktop review of plans, focused on:

1. Overall review of narrative of plan
2. Analytical review of data, trends and targets
3. Financial review of calculations and financial projections

The combination of the feedback from Area Team and Local Government regional peers, and the outcome of the desktop review, will form the basis of the assurance process ahead of plans being recommended to Simon Stevens, Sir Bob Kerslake and Ministers for sign-off.

Revised Planning and Technical Guidance:

The revised BCF planning guidance and technical guidance documents set out what has changed in more detail. In summary, the previous £1bn Payment for Performance framework has been revised so that the proportion of the £1bn that is now linked to performance is dependent solely on an area's scale of ambition in setting a planned level of reduction in total emergency admissions (i.e. general and acute non-elective activity). The national planning assumption is that this will be in the region of a 3.5% reduction against the baseline detailed in the technical guidance. If this is achieved, it would equate to a national payment for performance pool of c.£300m. The remaining c.£700m would be available up front in 2015/16 to be invested in NHS commissioned out-of-hospital services. The Stockton Health and Wellbeing Board are now required to propose and sign off their own performance pot based on their level of ambition for reducing emergency admissions.

The BCF project team have reviewed the revised planning and technical guidance and have benchmarked the BCF plan that was signed off by the Health and Wellbeing Boards in April 2014 against what a 'good' plan should look like which was described within the guidance. The table in Appendix 1 summarises the key changes in the BCF Part 1 and Part 2 planning templates compared to the previous version signed off by the Health and Wellbeing Board in April 2014.

Revised BCF plan

The revised BCF plan (Part 1 and 2) is attached as Appendix 2 and 3. Health and Wellbeing Board are asked to review and sign off the revised plan. This includes agreeing the performance pot for the Stockton-on-Tees Better Care Fund.

FINANCIAL AND LEGAL IMPLICATIONS

Following the revised guidance a proportion of the national £1bn is to be held back by the CCG and linked to a reduction in total emergency admissions. The expected minimum target reduction in total emergency admissions is 3.5% for all Health and Wellbeing Board areas. If the locally set target is achieved then all of the funding linked to performance will be released to the Health and Wellbeing Board to spend on BCF activities. If the target is not achieved, then the CCG will retain the money proportional to performance, to be spent by the CCG in consultation with the Health and Wellbeing Board. Based on the activity trajectories included in the CCG's 2 year operational plan which have been included into Part 2 of the BCF plan, this creates a performance pot of £1,313k which is calculated from the projected reduction in activity of 881 (4.3% reduction) and costing this up at the national average cost of a non-elective admission of £1,490. The money will be released from the CCG into the pooled budget on a quarterly basis, depending on performance.

To manage the process of the funds being held back, the implementation of the BCF plan will have to be phased in to ensure that the funds will be available. Stockton Borough Council and NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group have agreed to operate the main schemes on a pilot basis thereby minimising risk of non-delivery and adding flexibility. Each individual scheme will need to be evaluated and reviewed throughout the year to identify if they are adding value, this is also the case of existing services with possible disinvestment if necessary. Both CCG's and Local Authorities already have set contingencies within their financial plans which may be required should schemes not achieve agreed outcomes.

RISK ASSESSMENT

The BCF requires partners to develop a shared risk register and have an agreed approach to managing and sharing risk. An initial risk assessment has been undertaken as part of the Part 1 BCF plan (see appendix 2). The agreed BCF governance arrangements describe how risks will be managed throughout implementation. The BCF Plan also identifies proposed contingency arrangements in the event that the expected reductions in emergency admissions are not achieved.

COMMUNITY STRATEGY IMPLICATIONS

The BCF plans support delivery on the Stockton-on-Tees Community Strategy and Joint Health and Wellbeing Strategy. Making a significant contribution to a number of the key themes including; healthier communities and adults; helping people to remain independent; improved access to integrated health and social care services and promoting healthy living. The BCF plan also focuses on older adults, one of the key supporting themes in the community strategy.

CONSULTATION

The BCF plan has been jointly developed and agreed with key stakeholders from the LA, CCG, primary care and community, acute and mental health service providers. The plan has also been informed by a range of engagement activities, involving service users, carers, families and the public, that were already underway focusing on a range of local health and social care services.

There has not yet been any formal consultation relating specifically to the BCF plans, however it is recognised that further engagement and consultation activities will be required throughout the implementation of the BCF plan and a detailed communication and engagement plan will be developed to support implementation.

Jane Humphreys, Corporate Director of Children, Education & Social Care, Stockton on Tees Borough Council

Telephone No: 01642 527036

Email Address: jane.humphreys@stockton.gov.uk

Ali Wilson, Chief Officer, NHS Hartlepool and Stockton on Tees CCG

Telephone No: 01642 745014

Email Address: awilson18@nhs.net

Appendix 1: Summary of the key changes in the revised planning templates resulting from the revised planning and technical guidance

Revised BCF Template Part 1

Section	Changes required
1. Summary of Plan	No significant changes
2. Vision for health and social care services	Additional information required in relation to scheme detail
3. Case for change	<ul style="list-style-type: none"> i. More detail of plan data using risk stratification to identify population to benefit from BCF plans. ii. Bespoke narrative to the local area required.
4. Plan of action	Further detail required on key milestones and interdependencies
4d. Planned BCF Schemes (Annex 1 within technical guidance)	New detailed template for each scheme required
5a. Risk log	New risks to be highlighted in view of funding of BCF and performance pay.
5b. Financial risk sharing and contingency	Financial Leads to review previous risk sharing and contingency arrangements in light of BCF funding changes
6. Alignment <ul style="list-style-type: none"> a. with other initiatives related to care and support underway in local area b. with existing 2 year and 5 year strategic plans, as well and local government planning documents c. plans for co-commissioning 	Plan update on CCG plans for co-commissioning to be included in plans.
7a. Protecting social care services	Review of existing narrative required. <ul style="list-style-type: none"> i. Needs additional narrative to confirm that local proportion of the £135m for the implementation of the new Care Act is identified from the additional £1.9bn funding from the NHS. ii. Further information required on new duties resulting from care and support reform set out in the Care Act are met. iii. Further narrative required as to the extent the LA's budget affected against what was originally forecast with the original BCF plan.

7b. 7 day services to support discharge	Review – likely to be no change
7c. Data sharing	To be revised in light of Integrated Digital Care Fund application.
7d. Joint Assessment	<ul style="list-style-type: none"> i. Review against guidance ii. Additional narrative required to describe the joint process in place to assess risk, plan care and allocate a lead. iii. Additional narrative required in relation to individuals at high risk who already have a joint care plan in place
8. Engagement <ul style="list-style-type: none"> a. Patient, service user and public engagement b. Service provider engagement 	<p>Additional narrative required of future plans for engagement</p> <p>Need additional narrative to evidence provider engagement including; FT (Annex 2 of the guidance) Primary Care VCS</p>

Revised BCF Template Part 2

Key Changes required
<ul style="list-style-type: none"> • Further detail of project plans including a detailed breakdown of the proposed budget showing where in the system the funding will be spent (e.g. social care, acute, community care, mental health)
<ul style="list-style-type: none"> • Updated risk log including impact of pay for performance where local areas do not achieve their target reduction in emergency Alignment with CCG plans for primary co-commissioning
<ul style="list-style-type: none"> • Identification of the expected financial benefits broken down by proposed Better Care Fund initiative, including details of the change in performance metrics which drives the benefit, which organisation the benefit will fall to, how the benefit has been calculated and how it will be tracked
<ul style="list-style-type: none"> • More detailed trajectories for the performance indicators – including an annual trajectory of planned changes in permanent admissions to residential care and effectiveness of reablement
<ul style="list-style-type: none"> • No national patient/service user metric agreed to be developed locally or use of existing
<ul style="list-style-type: none"> • Requirement for Health and Well Being Boards to propose and sign off their own performance pot based on their level of ambition for reducing emergency admissions which will be allocated a portion of the £1 billion performance money in the fund in accordance with the level of performance against this ambition.
<ul style="list-style-type: none"> • Future projections for the ongoing impact and investment required to maintain or implement BCF changes beyond 2015/16