MEETING DATE:	9 October 2014	NHS North Lincolnshire Clinical Commissioning Group **REPORT TO THE** **CLINICAL COMMISSIONING GROUP** **GOVERNING BODY**
AGENDA ITEM NUMBER:	Item 6.3	
AUTHOR: **JOB TITLE:** **DEPARTMENT:**	Caroline Briggs Director of Commissioning North Lincolnshire CCG	

BETTER CARE FUND UPDATE

PURPOSE/ACTION REQUIRED:	To receive and note the update and support the actions taken
CONSULTATION AND/OR INVOLVEMENT PROCESS:	The plan has been developed in partnership between the CCG, North Lincolnshire Council, Northern Lincolnshire and Goole Foundation Trust and Rotherham and South Humber Foundation Trust. The framework for the plan and its submission were supported by the Health and Wellbeing Board (HWBB) at their meeting on the 17 September, with delegation to the CCG Chief Officer, Council Chief Executive and the Chair of the HWBB to agree the final submission on the 19th September. The development of the plan has been supported by the Joint Board Health and Social Care (Frail and Frail Elderly)
FREEDOM OF INFORMATION:	*Is this document releasable under FOI at this time? If not why not? (decision making guide being developed)* **Public**

1. PURPOSE OF THE REPORT:

To update the CCG Governing Body on the development of the revised Better Care Fund plan which was submitted on the 19 September, following the issuing of revised guidance on the 25 July 2014 by NHS England and the Local Government Association.

This reflected that unplanned admissions are the biggest driver of cost in the health service that the BCF can affect. As such Ministers required that plans be revisited to demonstrate clearly how total emergency admissions will reduce as a consequence of the BCF plan changes. A reduction in emergency admissions was seen as a clear indicator of the effectiveness of local health and care services in working better together, to support people's health and independence in the community.

The Governing Body are asked to note the information in the attached paper regarding the changes required by the guidance, the local impacts and the next stages re assurance.

As indicated the outcome of the approval process will not be known until after the Governing Body meeting. The full BCF plan will be published on the HWWB and CCG websites following the initial assurance process.

2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:

Continue to improve the quality of services	**x**
Reduce unwarranted variations in services	
Deliver the best outcomes for every patient	**x**
Improve patient experience	**x**
Reduce the inequalities gap in North Lincolnshire	**x**

3. ASSURANCES TO THE CLINICAL COMMISSIONING GROUP

The BCF plans are subject to a national assurance process as set out in the attached report. We will not have the outcome of that assurance process until after the Governing Body meeting.

4. IMPACT ON RISK ASSURANCE FRAMEWORK:

Yes	**x**	**No**	

The BCF plan contains a clear risk section and is supported by a risk register. Those risks directly related to the CCG will be added to the CCG's risk register.

5. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:

Yes		**No**	**x**

Consideration of this plan doesn't have an impact on sustainability however the vision described in it is about reducing the visits to hospital and providing more support in the community which will support increased sustainability.

6. LEGAL IMPLICATIONS:

Yes	**x**	**No**	

A section 75 partnership agreement will be required to support the delivery of this plan. This will be developed in advance of the 1 April 2015.

7. RESOURCE IMPLICATIONS:

Yes	**x**	**No**	

The development of the plan has drawn on significant staffing resource from the CCG. The plan reflects the identified BCF allocation in the CCG's resource allocation. The plan contains a resource identified as a performance fund which is tied to delivery of a reduction in emergency admissions. In line with the guidance if a reduction is achieved the resource is released by the CCG into the BCF pooled budget, if it is not it is retained by the CCG to fund the activity at Northern Lincolnshire and Goole Foundation Trust.

8. EQUALITY IMPACT ASSESSMENT:

Yes		**No**	**x**

An EIA to be completed as part of the plan is not a requirement of the BCF template; however EIA's will be carried out on specific projects as required.

9. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:

Yes	x	No	

The development of the plan has drawn on the engagement undertaken as part of the Experience Led Commissioning work re Keeping Well and the engagement as part of Healthy Lives Healthy Futures.

Does this paper need to be forwarded on to another Committee Group?
No.

10. RECOMMENDATIONS:

The CCG is asked to: -

- Receive and note the update
- Support the actions taken

Better Care Fund Update

1. Background

The CCG Governing Body, on the 13th February, received and supported the draft plan developed for the BCF by the CCG and Council for consideration by the Health and Wellbeing Board at their extraordinary meeting on the 14th February 2014.

The final plan was submitted to NHS England in April. This was then expected to be subject to a national assurance process to provide sign off and approval to implement. The plan became an integral part of the North Lincolnshire 5 year Strategic Plan agreed by the Governing Body on the 12th June 2014.

On the 25 July 2014, revised guidance on the BCF was issued by NHS England and the Local Government Association. This reflected that unplanned admissions are the biggest driver of cost in the health service that the BCF can affect. As such Ministers required that plans be revisited to demonstrate clearly how total emergency admissions will reduce as a consequence of the BCF plan changes. A reduction in emergency admissions was seen as a clear indicator of the effectiveness of local health and care services in working better together, to support people's health and independence in the community. The guidance also highlighted that the protection of social care also remains a top priority and a vital requirement on the BCF, both in securing better outcomes for local populations as well as reducing the demand on hospital services. Plans were required to be resubmitted plans by the 19 September 2014 with new templates issued for completion.

2. Changes in guidance

The substantive change in policy is that, of the national £1.9bn additional NHS contribution to the Better Care Fund, £1bn will remain within the BCF but will now be either commissioned by the NHS on out-of-hospital services or be linked to a reduction in total emergency admissions. This is intended to ensure that the risk of failure for the NHS in reducing emergency admissions is mitigated and CCGs are effectively compensated for unplanned non elective activity. The key changes are:-

- The £1bn proportion of the BCF will replace what was originally the 'pay for performance' fund linked to the production of a plan and delivery against national and local metrics. No payment will now be linked to these metrics, although Health and Wellbeing Boards will be expected to continue to set levels of ambition for these within their plans. 'Total emergency admissions' replaces the original metric of 'avoidable emergency admissions
- Health and Wellbeing Boards are invited to agree a target reduction in total emergency admissions. The funding corresponding to any reduction forms one element of the pay for performance fund. The outstanding balance will be spent by CCGs on 'NHS commissioned out-of-hospital services' as part of the BCF plan.
- For the proportion of the national £1bn funds linked to a reduction in total emergency admissions, money will be released from the CCG into the pooled budget on a quarterly basis, depending on performance.
- 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
- The expected minimum target reduction in total emergency admissions will be 3.5% for all Health and Wellbeing Board areas. All areas can set more ambitious targets should they wish, and the amount of funding linked to performance will increase accordingly.

- All plans will be expected to clarify the level of protection of social care from the £1.9bn NHS additional contribution to the BCF, including that at least £135m has been identified for implementation of the Care Act
- Every Health and Wellbeing Board was asked to sign off and resubmit their Better Care Fund Plan by 19 September. A support and assurance process has been established so that the Chief Executive of NHS England (as the accounting officer of the BCF) and Ministers can be confident that the plans are affordable and deliverable in 2015/16.

The Health and Wellbeing Board on the 17th September received an earlier version of this update paper and an update on the progress with the plan revision, in order to support the delegation of the completion of the final plan and submission on the 19th September.

3. North Lincolnshire Context and Impacts

The plan as submitted in April clearly set out the vision for North Lincolnshire for Better Care particularly focused on the frail and frail elderly. This vision is well supported by all partners and its delivery is being taken forward through a multi-agency Frail and Frail Elderly Implementation Group reporting to the Joint Board for Health and Social Care (Frail and Frail Elderly) and the Integrated Working Partnership.

The original plan set out the priority areas for focus and investment reflecting

Wellbeing offer
7 day social work and hospital social work team
Care homes liaison
Rapid response
Locality teams and care management

Since submission in April focus has been on developing the detailed proposals in relation to each of these and identifying the impacts, on reducing emergency hospital admissions, we would expect the changes to have and identifying how we will measure and monitor going forward.

The priority areas identified were focused on preventing admissions but also supporting the discharge and re-ablement support for people who do need to be in hospital to support them returning to independence

The plan required a significant impact on reducing those receiving hospital based care, in order to support the redistribution of resources across health and social care to support increased self-care and support at home and in the community. In light of the new guidance the local target for reducing total admissions needed to be set within the revised BCF plan. Nationally a minimum of 3.5% is required; however in setting the original plan the target was set in relation to Avoidable Emergency admissions. The target agreed was a 5.39% reduction in 2014/15 with a 22% reduction over 14/15 and 15/16 reflected in the strategic plan.
That translates into a 16.1% local target against Total Emergency Admissions to be delivered in calendar year 2015.

This would translate to a performance fund for North Lincolnshire of £4.1m which will be released into the pooled budget in line with delivery against the target. If it is not achieved then the resource will sit with NLCCG in order to fund the activity with North Lincolnshire and Goole Hospitals. A risk share has been agreed in principle across all organisations to support the delivery.

In order to achieve this level of reduction all partners needed to be confident in the deliverability and impact of the proposed schemes in 2015 and to consider the resulting impact on capacity as part of the Healthy Lives Healthy Futures Programme.

4. Template changes

The revised templates included a number of new requirements and detail which were not part of the original plan templates these included

- A requirement for the Acute Trust to provide their view on the plans and the impact on them.
- Further detail on the protection of social care services, including the new duties resulting from the Care Act. The template includes the total amount from BCF that has been allocated for the protection of social care services; the total level of resource that will be dedicated to carer-specific support and the nature of that support; confirmation that at least the local proportion of the £135m has been identified for implementation of the new Care Act duties and the financial impact on local authority's budgets resulting from changes to the BCF policy since April 2014.

5. Assurance and Approval Process

NHS England has also been running an assurance process as plans developed.

- Checkpoint 1, 'temperature check' was undertaken by Area Teams (AT) 7th August to ascertain the level of local confidence and inform the development of the national support packages. This was a light touch approach by the AT following local dialogue
- Checkpoint 2 template was a local assessment submitted to the Area Team on 28th August, following discussion and agreement by the Joint Board. The template asked for an overall assessment 'Are you more or less confident that you will have a plan in place that meet the 6 national conditions?' An assessment of 'less confident' was submitted based on the CCG financial outlook for 2014/15 and 2015/6; the risk of delivery of high enough reductions in emergency admissions to secure the BCF pool and in turn releasing the resources required. In light of the overall risk across the system we are collectively reviewing the use of all resources to ensure they are or will deliver the impacts from the BCF to release the full performance.
    - This informed the level of support from the BCF National Support Team.
    - A total of 5 days support was offered and accepted to help finalise the BCF plans.
- Checkpoint 3 was submitted on 11th September to Area Teams.
- Nationally Consistent Assurance Review Process (NCAR) (following submission of plans on 19th September). This will include an individual assessment of each plan including a pre-scheduled meeting with HWBB leadership to discuss it.

The North Lincolnshire meeting to support the assessment takes place on the 1 October; however the outcome of that assessment process will not be announced until the end of October.

The outcome of the assurance process will be that plans will be

Approved
The aim is for all plans to have reached this standard by April.
Approved with Support
This means that overall the review team and the moderation panel have confidence in the plan. However, there may be some items of evidence or information that will need to be submitted to

provide full assurance. The team will want to review these before your plan can be fully approved. Areas in this category will be assigned a relationship manager from the task force to agree a plan to provide the further information identified through the process – this will be a straightforward and light-touch process and we would aim for all HWBs in this category to be fully approved before December.

Approved subject to Conditions

If the plan is approved subject to conditions, it means there are some substantial issues or risks without enough demonstration of how these will be mitigated. Areas in this category will not be able to progress to implementation for the aspects of their plan affected by the conditions placed on them. They will be assigned a relationship manager who will work with the local team to agree an action plan to address areas of weakness identified, access available support and agree the level of resubmission required to secure removal of conditions. The aim is to have these areas fully approved before January.

Not Approved

Areas in this category will not be given approval for their plan, and will not be able to progress to implementation until their plan is approved. They will be assigned a relationship manager and will be required to work closely with them to agree an action plan that will ensure they submit a fully revised plan in January so they are approved in time to begin implementation. Areas in this category will receive more intensive support to help them improve their plan. These areas will be required to resubmit a full plan for a further assessment process at the end of January.

6. Next steps

As identified above the outcome of the assurance process will be notified by the end of October 2014.

Partners continue to work together on taking forward the areas agreed for further work across all partners, these include

- Strengthening the approach to programme management and delivery, supported by the recent appointment of a Frail and Frail Elderly Programme Director
- Revised shared governance arrangements to include Northern Lincolnshire and Goole Foundation Trust and Rotherham, Doncaster and South Humber Foundation Trust
- Development of whole system leadership
- Further develop the detailed implementation plans and investment and saving profiles
- Working up the detail around pooled budgets, risk sharing arrangements and associated governance including section 75 agreements