

AGENDA ITEM 5.

**NHS SOUTHEND CCG GOVERNING BODY MEETING IN PUBLIC
27TH NOVEMBER 2014**

BETTER CARE FUND UPDATE

Date of the meeting	27 th November 2014
Author	Nick Faint, Programme Manager, Southend Borough Council
Sponsoring Board Member	Melanie Craig, Chief Operating Officer, Southend CCG Simon Leftley, Corporate Director, Department for People
Purpose of Report	To update CCG Governing Body regarding the Better Care Fund plan
Recommendation	The Governing Body is asked to Note the paper.
Reason for inclusion in Part II	N/A
Stakeholder Engagement	N/A
Previous GB / Committee/s, Dates	N/A

Monitoring and Assurance Summary

This report links to the following Assurance Domains	<ul style="list-style-type: none"> • Quality • Equality and Diversity • Engagement • Outcomes ✓ • Governance ✓ • Partnership-Working ✓ • Leadership 		
I confirm that I have considered the implications of this report on each of the matters below, as indicated:	Yes [e.g. ✓]	Any action required?	
		Yes Detail in report	No
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework / Risk Register	✓		✓
Budgetary Impact			
Legal / Regulatory	✓		✓
People / Staff			
Financial / Value for Money / Sustainability	✓		✓
Information Management & Technology			
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓

Initials: NF

1. Introduction

1.1. A Better Care Fund plan (BCF) was submitted to the Department of Health (DoH) on 14th April 2014. A subsequent update to the plan was submitted on 27th June 2014. On a national basis the DoH requested that Health and Wellbeing Boards (HWB) resubmit BCF plans on 19th September 2014. Southend CCGs Governing Body signed off the submission on 26th September 2014.

1.2. The Governing Body is asked to note that the;

1.2.1. Southend BCF plan is Approved with support;

1.2.2. actions being taken so that the plan is ready for implementation on 1st April 2015; and

1.2.3. Governance arrangements to assure implementation is currently subject to review

2. Background

2.1. The Government's intention is for health and social care commissioning and delivery to be integrated between the NHS and local government. This was outlined with the publication of 'Integrated Care and Support; Our Shared Commitment'. Subsequently, guidance was issued between October 2013 and December 2013 on the Integration Transformation Fund (ITF) latterly renamed the Better Care Fund (BCF). The shared commitment requires areas to achieve integration within 5 years and for CCGs to have developed five year plans by June 2014.

2.2. The integration approach in Southend is being driven by a strategic alliance, governed via the Joint Executive Group (JEG), with the overarching aim of ensuring "that Southend is the healthiest town in England by 2020 for all residents from birth to old age". The alliance is comprised of:

- Southend on Sea Borough Council
- Southend Clinical Commissioning Group
- Southend University Hospital NHS Foundation Trust
- South Essex Partnership University NHS Foundation Trust

The JEG, additionally, provide assurance that the Southend approach to integration is aligned to activity across Essex

2.3. The initial Southend BCF submission, approved by the HWB on 26th March 2014, represents a medium term plan covering a year of preparation (2014-15) and a year of delivery (2015-16). The Fund is pooled and created from existing funding streams.

2.4. There is no prescriptive blue print for implementation, however guidance issued on the 17th October 2013 encouraged Local Authorities and CCGs to

"create a shared plan for the totality of health and social care activity and expenditure that will have benefits way beyond the effective use of the mandated pooled fund. We encourage Health and Wellbeing Boards to extend the scope of the plan and pooled budgets."

- 2.5. The key aims of the BCF are set out by Government and performance will be measured against these objectives.
- 2.6. The key aims are:
- Protection for social care services.
 - Seven day working across health and social care to support hospital discharge and avoid hospital admission.
 - Data sharing.
 - Joint planning and assessments.
 - Identification of a lead accountable professional for joint packages of care.
 - Agreement on impact on the acute sector.
- 2.7. The Southend fund allocation is £687k for 14/15 and £12,772k for 15/16 of which £3,358k is subject to pay-for-performance measures.
- 2.8. During the summer of 2014 the DoH announced that resubmissions from HWBs' were required. The date set for plans to be submitted was 19th September 2014. The key changes to the requirements were;
- 2.8.1. Revised submission to focus on activity for 2015 / 2016;
- 2.8.2. A pay for performance element was introduced which targeted the reduction in Total Emergency Admissions; and
- 2.8.3. A renewed emphasis on protecting social services
- 2.9. Southend successfully submitted the revised BCF plan on 19th September 2014, in accordance with national guidance.
- 2.10. A summary of Southend's submission (revised for activity in 2015 / 2016) can be found at **Appendix 1**.

3. Report

- 3.1. Following Southend's submission on 19th September 2014 the DoH co-ordinated an assurance process to assess submissions.
- 3.2. Southend's plan was reviewed by a team from KPMG. The review focused on the risks to delivery. The Southend team (representatives from both Southend CCG and the council) were engaged in the review process and provided with the opportunity to respond and inform the assessment process.
- The Local Area Team (LAT) from NHS England was provided with the opportunity to inform the review process through both comment and moderation.
- 3.3. The assessment process was concluded during the course of October 2014 and culminated in a national process of moderation. Plans were divided into the following categories;
- 3.3.1. **Approved**. Plan is approved and is able to progress to implementation.
- 3.3.2. **Approved with support**. Plan is approved, with areas required to address the risks highlighted through the assurance process. Plans can move to implementation and any further assurance required transferred to Local Area Teams responsibility.

- 3.3.3. **Approved with conditions.** Plan is approved, with areas required to address strict conditions that were highlighted through the assurance process. Better Care Advisors, allocated from the DoH, are to work with areas to develop an action plan and to progress the resubmission of further details as required.
- 3.3.4. **Not approved.** Plan is not approved and a resubmission is required.
- 3.4. On 29th October 2014 Southend's HWB was informed that the Southend Plan was 'Approved with Support'. See Appendix 2.
- 3.5. From 151 BCF plans submitted; 6 were 'Approved'; 91 were 'Approved with Support'; 49 were 'Approved with Conditions'; and 5 were 'Not Approved'.
- 3.6. As part of the 'Approved with support' process Southend has considered the risks highlighted through the assurance process and has developed an 'action plan'. For a list of the risks identified through the assurance process refer to Appendix 3.

The key outcome from the assurance process noted that there was a need to develop the engagement with the Provider market for Southend.

- 3.7. Since the submission the Southend BCF team, which consists of representatives from the CCG and the council, have continued to develop an implementation plan.
- 3.8. The development of the implementation plan is underway, will review and include the items noted in Section 3.9.
- 3.9. The implementation plan is currently subject to approval, it includes the following;
- 3.9.1. **Programme of delivery;** key milestones have been developed for each of the schemes which will monitor and track delivery whilst working to implementation for 1st April 2015. Detailed tasks have been developed behind each key milestone. Once approved the programme of delivery will be regularly reported to the JEG;
- 3.9.2. **Risk log and mitigation;** the risk log builds on the work submitted as part of the plan. The development of the risks and mitigations has focused on contingency planning to address issues of non-delivery whilst schemes are operational, i.e. post 1st April 2015;
- 3.9.3. **Ownership for delivery;** schemes have been allocated ownership to either the CCG or the council and joint, where appropriate;
- 3.9.4. **The regular reporting and impact of the BCF plan** in terms of improved outcomes and potential for developing efficiency savings; a 'dashboard' is being developed that will regularly monitor the progress and impact of each of the scheme. The dashboard will be reported to the JEG on a monthly basis;
- 3.9.5. **Interdependencies;** schemes have been analysed and an interdependency log has been developed; and
- 3.9.6. **Provider engagement and engagement with clinical leads;** proposal are being considered to enable the timely engagement with both providers and clinicians.

3.10. The investment noted in para 2.7 has been signed off by both the HWB and CCG Governing Body. Currently, no additional funding has been identified as being required. Any future identified additional funding will be subject to the appropriate sign off process.

4. Conclusion / Recommendation

4.1. The CCG Governing Body is asked to note the progress made to prepare for implementation and assure the relevant bodies that the desired outcomes will be regularly monitored and reported.

Author's name and Title : Nick Faint, Programme Manager

Date : 19th November 2014

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Southend On Sea

Better Care Fund Summary

Southend's vision is to create a health and social care economy in which the population can access optimal care and enable urgent care to be delivered with maximum efficiency and effectiveness. In achieving this vision we aim to adopt a system wide view and understand impacts across all key constituents.

We want to build on our current successes in integrated care delivery to ensure that our prevention offer and self-management options are fully developed and optimised and where longer term care or support is needed it is provided around the service user/patient.

We are using the BCF to protect social care services and work as strategic partners to re-model our urgent care and community provision with a focus on out of hospital care. Pressure on A&E along with predicted growth in demand above the national average mean that in Southend we are focusing on how to deliver care and support through more integrated and coherent pathways to better serve the people of Southend.

A summary of our BCF schemes with benefits is outlined below.

001 – Protect Social Services through Independent living (£4.781m).

This investment funds a range of existing social care services including integrated assessment and support teams which are the core component of the GP hub development.

- Protects social care services
- Contributes to the achievement of 3.5% total hospital admission reductions
- Contributes to the achievement of 11.5% reduction in residential admissions. (£514k total benefit)
- Contributes to the achievement of reduction in the numbers of people requiring large care packages, (longer term support) £494k benefit.

002 – End of Life, Palliative Care & Community Services (£3m).

This scheme focuses on improving end of life care for people with a terminal illness as well as developing systems to better identify people with long term conditions who require palliative care.

- Reduces unnecessary hospital admissions for people requiring palliative care (£300k benefit)
- Improves identification of people with LTCs requiring palliative care

003 – Prevention including intermediate Care, Primary Care and transforming the Emergency Pathway (£3.051m); Reablement (£1.431m).

This scheme includes development of the Community Recovery and Independence pathway to improve out of hospital care options and the development of a discharge to assess scheme to optimise care planning following discharge from hospital.

The reablement scheme protects existing reablement funding to support decreases in the need for longer term support through utilisation of the Single Point of Referral, (SPOR) and continued access to safe and timely hospital discharge.

- Contributes to the reduction in total hospital admissions target of 3.5% via a reduction in ambulatory care demand. (£360K benefit)

004 – Integrated Care through the GP Hub (£50k)

This scheme continues to invest in the piloting of the GP hub which is the key area of focus for developing improved alternatives out of hospital care.

- Supports improved community pathways to prevent A&E attendance
- Contributes to the achievement of reduction in total hospital admissions of 3.5% (£350k benefit)

005 – Infrastructure to support integrated working (£0.459m)

This scheme funds the development of ICT to assist with new capital requirements under the Care Act and the further development of telecare and Extra Care schemes which require capital investment.

- Contributes to the implementation of the Care Act capital costs.
- Supports achievement of benefits in other schemes through the development of integrated initiatives such as use of telecare and ICT.

Total investment

£12.772m

Total financial benefit

£2.018m

By using best evidence and the latest available data we believe that our BCF investments outlined above will deliver improved health and wellbeing benefits for residents and well as the financial benefits identified above.

APPENDICES

Appendix 1	 002 Southend Part 1 19.09.14_Summary (i Southend BCF Plan – Summary
Appendix 2	 Southend-on-Sea.pd f Assurance outcome letter
Appendix 3	 Southend-on-Sea.xls x Action Plan