

NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING
JOINT WORKING WITH THE LOCAL AUTHORITIES

Date of the meeting	18/05/2016
Authors	Miriam Maddison, Programme Director – Health and Social Care Integration Hannah Morris, Joint Commissioning Finance and Performance Manager
Sponsoring GB member	Dr K Kirkham, Assistant Clinical Chair
Purpose of Report	This report provides an update to the Governing Body on joint working with the local authorities including the Better Care Fund.
Recommendation	The Governing Body is asked to note the report.
Stakeholder Engagement	Stakeholder engagement is an integral part of each of the joint workstreams and the Better Care Fund.
Previous GB / Committee/s, Dates	Previous updates on Better Together and the Better Care Fund have been provided to every GB meeting

Monitoring and Assurance Summary

This report links to the following Strategic Principles	<ul style="list-style-type: none"> • Services designed around people • Preventing ill health and reducing inequalities • Sustainable healthcare services • Care closer to home 		
	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	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

Initials : MM

1. Introduction

- 1.1 This report summarises progress in joint working with local authorities and agreeing the new Better Care Fund (BCF) plan for 2016/17 and its proposed scope.
- 1.2 Better integration of health and social care is essential in improving person centred care. It also has a financial imperative with potential economies arising from closer working and removal of organisational, cultural and sector barriers.
- 1.3 The Sustainability and Transformation Plan (STP) must also cover better integration with local authority services, including, but not limited to, prevention and social care, reflecting local agreed health and wellbeing strategies.
- 1.4 Furthermore, the Government's mandate to NHS England requires better integration of health and social care in every area of the country, with an agreed plan to be in place by March 2017.

2. Beyond Better Together

- 2.1 Although the Better Together Programme Management Office closed on 31 March 2016, there continues to be a strong commitment to partnership working and all partners will continue on their journey towards this, building on the successes of the Better Together programme so far.
- 2.2 The Partnership will continue to work together to create person-centred, prevention-oriented support, enabling the outcomes expressed in National Voices and Making it Real. The partnership focused initially on older people with significant long-term health and care support needs and is now expanding the programme to include new cohorts, such as those with a learning disability or mental health need, to create a unified model of health and care across the Bournemouth, Dorset and Poole area.
- 2.3 The Partnership's strength in delivering transformation is in the formal commitment from the top of the eight organisations, underpinned by a common set of shared values and principles, focussed on better outcomes for the person. With a strong and inclusive relationship with the Health and Wellbeing Boards, the Partnership has the ability to influence other public, independent, and voluntary organisations, including them in the integrated commissioning and delivery model.
- 2.4 It was reported at the last Governing Body meeting that it had been agreed to bring the existing Better Together Sponsor Board and the Chief Executives Reference Group for the Clinical Services Review into one single System Leadership Team (SLT). That group will be responsible for the development and delivery of the Sustainability and Transformation Plan.

- 2.5 Appendix 1 to this report sets out the role of the SLT in more detail together with a systems leadership map and an example of how governance would work in practice.
- 2.6 The Programme Director – Health and Social Care Integration has been contracted to support the partnership until 31st March 2017. The permanent joint team is growing with the appointment of a Joint Commissioning Manager from 1 June 2016 to work with the Joint Finance and Performance Manager already in post.

3. Better Care Fund

Background and 16/17 schemes

- 3.1 The Health and Wellbeing Boards have oversight of the BCF and are accountable for its delivery. The Joint Commissioning Board (Adults) for the pan Dorset area is responsible for the implementation of the BCF plan and for managing performance.
- 3.2 In 2016/17 the plan is being seen as the year 1 joint operational plan for the new Sustainability and Transformation Plan (STP) and is being aligned with the content and governance of the STP.
- 3.3 The final 2016/17 Better Care Fund plan was submitted by the deadline of 3rd May 2016. The plan is currently undergoing a final assurance process by NHS England during which it will be approved, approved with support or rejected with requests for further work with external supervision.
- 3.4 An assurance checkpoint at the end of March 2016 assessed the first draft BCF as 'approved with support'. The narrative plan was assessed as 'exemplar in many respects with a clear strategic context and a high degree of confidence in its delivery.' The elements of the plan that needed more work have been addressed by the planning team for the final submission.
- 3.5 The scope of the 16/17 BCF plan is very similar to 2015/16 but includes the addition of a new pooled budget to meet the needs of adults with complex learning disabilities.
- 3.6 The key performance indicators remain the same but target setting has been much more within local control.
- 3.7 The pooled budget for the Better Care Fund has been created from funding for existing activity and is not new/additional funding within the health and social care system. Consequently the focus of the BCF is to change existing activity to improve effectiveness. The BCF plan for 16/17 contains twelve schemes:
 - Integrated Community Equipment Service;
 - Reablement;
 - Early Help;

- Carers;
- Accessible Homes;
- Integrated Locality Teams;
- Support to safeguarding
- Mental health and support for dementia
- Maintaining independence
- Integrated crisis and rapid response services
- Early supported hospital discharge schemes
- Moving on from hospital living for adults with complex learning disabilities

3.8 It is important to note that a wide range of activities impact on the achievement of two of the nationally required BCF key performance indicators – a reduction in emergency admissions and a reduction in delayed transfers of care. These activities are over and above those covered by the BCF schemes and include other work on urgent and emergency care that is co-ordinated by the Systems Resilience Group, led by the Dorset Clinical Commissioning Group. It is a national policy requirement for each health and social care community to have a systems resilience group to co-ordinate work on urgent care. All of the commissioning partners who have agreed the BCF are members of the Joint Commissioning Board and the Systems Resilience Group (SRG). In 16/17 we have worked to be much clearer about the role of the SRG in relation to the BCF as part of our efforts to improve planning and delivery of performance improvement.

3.9 A strong theme in the BCF is information sharing. Work on the Dorset Information Sharing Charter (DISC) and the Dorset Care Record (DCR) is progressing well and both will form part of our BCF performance reporting. The DCR procurement process has reached the stage of identifying a preferred supplier and the full business case is being considered for decision through each partner's governance processes before final decision and contract award at the end of June 2016.

16/17 funding and financial risks

- 3.10 The BCF involves a total pooled budget between the Clinical Commissioning Group (CCG) and the 3 Local Authorities of £74.6m for 16/17, an increase from the £61.27m for 2015/16.
- 3.11 Within this financial envelope the CCG has met and exceeded the minimum contribution of £50.388m required from the NHS in to the fund by £12.986m.

- 3.12 As part of the BCF, the CCG is required to support the protection of adult social care services. This has been achieved in terms of their minimum contribution through the social care grant, uplift on that grant and funding support for the ongoing implementation of the Care Act.
- 3.13 However, in 15/16 the CCG was able to make an additional, discretionary level of funding available to support adult social care. In 16/17, due to very significant financial pressures the CCG has had to reduce this additional contribution by £1m. This means that there will be a reduction in social care activity that supports the aims of the fund. Each Council is preparing plans for early May 2016 to quantify the impact.
- 3.14 In 2016/17 there is no financial risk share arrangement. There is however an agreed gain share arrangement between the CCG and 3 LAs. The gain share assumes that a saving of £1m can be made in the Continuing Health Care (CHC) budget. This would then be split 50:50 between the CCG and 3 LAs effectively adding a further £500k, if the target is achieved, in to the BCF for the LAs. Work to analyse care markets led by staff from Bournemouth Borough Council, on behalf of all the commissioning partners, suggests the £1m saving should be achievable and detailed plans are being developed for the Joint Commissioning Board's May meeting.

Key Performance Indicators

- 3.15 As previously reported to the Governing Body, achievement of the BCF key performance targets in 2015/16 was very challenging. Appendix 2 shows forecast performance for the full 2015/16 year against the national BCF metrics. Bournemouth and Poole Health and Wellbeing Board is meeting two of the five targets for which performance can currently be measured - estimated diagnosis rate for people with dementia and admissions to residential homes. Dorset HWB is not forecast to meet any of the five targets for which performance can currently be measured for the year.
- 3.16 The 16/17 plan maintains the same KPIs but there has been more control for the local system to set targets in each category. Target setting has been done in the context of the actual performance in 15/16 and benchmarking with other communities. Targets aim to be stretching but realistic.
- 3.17 The focus to deliver reductions in both non elective admissions to hospital and delayed transfers of care continues in the 16/17 plan. A detailed review of delayed transfers of care has been undertaken and a new improvement plan agreed between the partners. Differential targets have been set across the area reflecting the scale of the challenge for different parts of the system.

Finalising the BCF for 2016/17

- 3.18 A national assurance checkpoint at the end of March 2016, involving NHS England and the Local Government Association, assessed our first draft BCF as 'approved with support'. The narrative plan was assessed as 'exemplar in many respects with a clear strategic context and a high degree of confidence in its delivery.' The elements of the plan that needed more work have been addressed by the planning team for the final submission.

- 3.19 The final BCF plan was signed off in line with the delegated authorities from the HWBs in late April and submitted nationally on 3rd May 2016. The narrative is attached as appendix 3.
- 3.20 Final assurance feedback from NHS England is expected at the end of May. At this point the plan will be approved, approved with support or rejected with requests for further work with external supervision.

4. Conclusion

- 4.1 The STP provides the strategic context for the ongoing work on health and social care integration across Dorset, Bournemouth and Poole. The legacy arrangements from Better Together are being taken forward in this context. The 16/17 BCF seeks to build on those legacy arrangements.

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Date : 4th May 2016

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APPENDICES	
Appendix 1	Systems Leadership Team role and map
Appendix 2	BCF 2015-16 forecast performance for the year
Appendix 3	BCF 16/17 Narrative Plan