Agenda item 8
Attachment 05

NHS
Surrey Downs
Clinical Commissioning Group

Title of paper:	**Submission of the Better Care Plan**

Meeting:	Governing Body
Date:	10th October 2014
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Exec Leads:	Karen Parsons, Chief Operating Officer Mathew Knight, Chief Finance Officer

Purpose	To Agree	
	To Discuss	
	To Note	✓

Development

The submission has been made following work that has been undertaken by the Local Joint Commissioning Group (LJCG) and the development of the Surrey Wide Plan under the leadership and governance of the Surrey Better Care Fund Board, which reports to the Surrey Health and Wellbeing Board.

The Better Care Fund submission was made on the 19th September 2014.

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Executive Summary and Key Issues

The Government announced a national £3.8 billion pooled budget for health and social care services shared between the NHS and local authorities, to deliver better outcomes and greater efficiencies through more integrated services for older and disabled people'. This is set against the context of a reduction in overall local government expenditure, building on the current NHS transfer to social care services of £1 billion.

The Better Care Fund (BCF) 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 with the expectation that monies are reallocated over the two year period to achieve the key objectives of the Better Care Fund.

The key aims of the Better Care Fund 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

The BCF is not a new financial allocation, but a transfer of money from the NHS to Local Authorities that may already be committed to existing services. The funding must be used to support adult social care services, which also have a health benefit.

The funding can be used to support existing or new services or transformation programmes where such programmes are of benefit to the wider health and social care system where positive outcomes for service users have been identified.

£25 million of Surrey wide funding has been identified for the protection of social care services in 2015/16 and will come from future existing allocations and will be released subject to clear delivery plans, achievement of outcomes and will require the development of a risk sharing arrangement. The CCG will need to make a contribution of £6.3 million in 2015/16 as part of the Surrey wide fund for protecting social care services.

Surrey Downs will need to make an overall £16.4m contribution in 2015/16 with £4.8m from the CCG which will be retained within health to commissioning 'Out of hospital' services. The fund includes an element of potential contribution towards achievement of a 1% reduction in non-elective admissions. This latter element of £ 400k will only be released to the fund if the 1% reduction is achieved.

All areas were expected to set a minimum target reduction for 'total emergency admissions' at 3.5%. Locally a target reduction of reducing non-elective admissions by 1% has been agreed with NHS England.

The CCG's Local Joint Commissioning Groups in Surrey has developed a number of local priority joint Better Care Fund schemes are outlined in Annex 3 of the Surrey submission and cover:

- The establishment of Primary Care Networks and Community Medical Teams
- Improving the Continuing Care assessment process
- Developing and implementing an improved and Integrated discharge Pathway
- Developing Integrated multi-disciplinary teams including enhanced rapid response, intermediate care and reablement services

The impact on the Surrey Downs CCG raises a further significant financial challenge to the CCG in 2015/16 and will add to the overall QIPP challenge that will need to be achieved as part of its revised financial targets for 2015/6.

Further work will be undertaken during October to ensure the alignment of identified cross-surrey BCF work streams and each LJCG's local priority initiatives.

A number of risks and implementation issues have been identified which will need mitigating as part of developing CCG's overall operating plan strategy for 2015/16.

Recommendation(s):

The Governing body is asked to;

- Note the submission of the Better Care Fund Plan
- Note the risks and next steps
- Receive a further update in December on the development of the Plan and local implementation progress

Attachments:

Appendix 1 Summary Financial profile of the Better Care Fund

Surrey Better Care Fund submission template (19th September 2014)

Implications for wider governance

Quality and patient safety

Each local initiative will need to be further assessed for the overall impact on quality to ensure benefits realisation of agreed quality outcomes.

Patient and Public Engagement

The impact of implementing the BCF will be communicated as part of the CCGs overall patient and public engagement activities and specific schemes will need further dialogue and engagement with client groups to ensure appropriate consultation as well as involvement in the development and implementation of priority schemes.

Equality Duty

An equality impact assessment has not been undertaken but the plans will be included within the CCG's revised Integrated Operating Plan for 2015/16 which will be subject to a future assessment.

Finance and resources

The plan identifies a number of financial risks which will need to be managed as part of the CCG's overall financial strategy.

Workforce

The implementation of agreed surrey wide works programmes will require the development of revised individual provider workforce strategies as well as a Surrey wide workforce strategy.

Information Governance

The BCF identifies proposals to improve data sharing across health and social care.

Conflicts of interest

No direct conflicts of interests have been identified although specific projects will need assessing individually in due course.

Communications Plan

The BCF will be incorporated into the CCG's wide existing communications planning

and activities.

Legal or compliance issues

The Guidance for the Better Care Funds confirms that the Fund will be allocated to local areas where it will be put into pooled budgets under Section 75 NHS Act 2006 (“Section 75 Agreements”).

Risk and Assurance

A number of risks have been identified which will be assessed and any significant risks will be added to the CCGs Risk register and Board Assurance Framework.

The Surrey BCF submission will be subject to an assurance process by NHS England.

NHS
Surrey Downs
Clinical Commissioning Group

Surrey Downs CCG

Submission of the Surrey Better Care Plan (BCF)

10th October 2014

1 Purpose

1.1. The purpose of the report is to advise the Governing Body on the plans to deliver schemes in the Better Care Fund for 2015/16, and to advise Governing Body members of the final national submission of the Better Care Fund template (Appendix A)

1.2. The report follows work that has been undertaken by the Local Joint Commissioning Group and the development of the Surrey Wide Plan under the leadership and governance of the Surrey Better Care Fund Board, which reports to the Surrey Health and Wellbeing Board

1.3. The date for the Better Care Fund submission was 19 September 2014. The submission has been made subject to Health and Wellbeing approval.

2. Background and Context

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 and guidance issued between October 2013 and December 2013 on the Integration Transformation Fund (ITF) latterly renamed the Better Care Fund (BCF).

2.2. The Better Care Fund 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 with the expectation that monies are reallocated over the two year period to achieve the key objectives of the Better Care Fund.

2.3. There is no prescriptive blue print for implementation, however guidance issued on the 17th October 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."

2.4. The key aims of the Better Care Fund are set out by Government and performance will be measured against these objectives.

2.5. 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.

2.6. The LGA/NHS England released revised planning guidance to all Health and Wellbeing Boards on 25 July 2014 in respect of BCF Plans. This guidance acknowledged that all local authorities, in partnership with their local CCGs are required to submit revised BCF plans by 19 September 2014.

3. Financial Context

3.1 The Government announced a national £3.8 billion pooled budget for health and social care services shared between the NHS and local authorities, to deliver better outcomes and greater efficiencies through more integrated services for older and disabled people'. This is set against the context of a reduction in overall local government expenditure, building on the current NHS transfer to social care services of £1 billion.

3.2 The guidance acknowledged a change in policy in that, of the £1.9bn additional NHS contribution to the BCF, £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.

3.3 The £1bn proportion of the BCF will replace what was originally the 'pay for performance' fund linked to delivery against national and local metrics. No payment will now be linked to these metrics although local areas set levels of ambition for these within their plans.

3.4 All areas were expected to set a minimum target reduction for 'total emergency admissions' at 3.5%. Locally a target reduction of reducing non-elective admissions by 1% has been agreed with NHS England.

3.5 It is important to clarify that this money is not a new financial allocation, but a transfer of money from the NHS to Local Authorities that may already be committed to existing services. The funding must be used to support adult social care services, which also have a health benefit.

3.6 The funding can be used to support existing or new services or transformation programmes where such programmes are of benefit to the wider health and social care system where positive outcomes for service users have been identified.

3.7 The table below summarises the agreed Health and Wellbeing Board Revenue Expenditure Plan.

Total Revenue	**Surrey Wide £'m**	**Surrey Downs CCG £'m**
Protection of Adult Social Care	25.0	6.3
Health Commissioned 'out of hospital' services	17.5	4.4
P4P Metric -Performance related	1.5	0.4
Continuing Investment in Health and Social Care (Whole Systems Partnership Fund)	16.5	4.1
Funding for Carers	2.5	0.6
Funding for the Care Act	2.5	0.6
Total	**65.5**	**16.4**

Of the £16.4m contribution from the CCG, £4.8m will be retained within health.

3.8 Local schemes and spending plans will support the commitment to protect social care by ensuring that:

- Any contribution towards £25m is dependent upon clear implementation plans (with related impact assessments) agreed locally before end November 2014 and agreed risk share (to be agreed by end November 2014) against delivery of agreed metrics. If partners do not agree that plans produce the appropriate improved outcomes then a third party will be asked to arbitrate
- An assumption that the Whole System Partnership Fund (existing Section 256 agreement) ceases from 1 April 2015 and then services are explicitly renegotiated at local CCG level
- A named social care lead with decision making authority and a dedicated finance lead to be part of each LJCG

- £25m payment would not be received as lump sum on 1 April 2015 and may be by 1/12th payment per month

3.9 Any underspend on Whole Systems Partnership projects that do not roll forward post March 2015 may, by agreement, be attributed to the £25 million protection of social care savings contribution.

3.10 The release of the £1.5m (£0.4m for the CCG) performance element into the BCF fund in 2015/16 will be dependent on achievement of an overall annual 1% reduction of non-elective activity in Q4 2014/15 and Q1 to Q3 in 2015/16.

3.11 £17.5m (£4.4m for the CCG) will be retained within health and will be spent by CCGs on 'NHS commissioned out-of hospital services' as part of the BCF plan.

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3.12 Money will be released from the CCG into a pooled budget on a quarterly basis, depending on performance and paid in arrears. These payments start in May 2015.

4. Schemes within the Better Care Fund

4.1 Each of the Local Joint Commissioning Groups in Surrey has developed local joint Better Care Fund schemes which are included in Annex 1 in the BCF template

4.2 The CCGs local schemes which have been developed with Social Care and providers are:

- The establishment of Primary Care Networks and Community Medical Teams
- Improving the Continuing Care assessment process
- Developing and implementing an improved and Integrated discharge Pathway
- Developing Integrated multi-disciplinary teams including enhanced rapid response, intermediate care and reablement services

4.3 In addition, and in recognition of the scale of change and delivery of benefits at the pace needed in the Surrey health and social care system, we have looked beyond these existing local joint plans to identify other services and funding streams amenable to integration and transformation in the future.

4.4 Surrey wide plans have subsequently been outlined through a 'hot house' process of which the outputs are described in Annex 3 of the Surrey submission

4.5 Through the 'hothouse process', £466 m of total spend was considered as the total pool available to consider potential savings. As a result of the process annualised potential savings of £29m were identified with a contribution of £15m from health and £14m from social care. The savings impact for 2015/2016 has been estimated at £14m in total with a contribution of £10m from health and £4m from social care.

4.5 The 'hot house' focused upon elderly frail services (65yr+ including dementia), identified as the services with the most significant shared interest, the largest spend and thus opportunity to deliver benefits.

4.6 The schemes cover the following range of initiatives:

- Development of Integrated teams (Total teams)
- Whole System Demand Management focusing in reducing non-elective admissions focusing on nursing, residential and home based care
- Developing an integrated Framework for commissioning targeted Voluntary services (Mission 90)
- Developing Crisis response services linked to tele care that's respond to social care emergencies and or non-injury fall (Call for back-up)

4.7 The preliminary schemes make up an enhanced Better Care Fund plan. These schemes are not in the scope of the agreed Surrey BCF pooled fund at this stage, but are described in Annex 3 of the plan to indicate our ambition for the future.

4.8 These schemes provide the potential for scaling up the benefits described in the local joint plans, delivering additional benefits and protecting adult social care services.

4.9 Over the next two months work will be taken forward on a local level to join up the local plans and the Surrey wide plans.

5. Risks and Issues

5.1 Surrey faces significant challenges through increased demand for support caused by demographic changes, major reductions in local authority funding and the need to establish financially and operationally sustainable health and social care. This will require a shift in investment from acute to community and primary care services.

5.2 The impact on the Surrey Downs CCG raises a further significant financial challenge to the CCG in 2015/16 and will add to the overall QIPP challenge that will need to be achieved as part of its revised financial targets for 2015/6.

5.3 A clear risk share arrangement will need to be put in place for those schemes identified in relation to the delivery of the BCF schemes.

5.4 The Better Care Fund does provide an opportunity to pool resources; in particular around community based services in order create an environment which demonstrates best value from redefined joint investment in future models of community services focused on improving services for the frail elderly.

5.5 The CCG will need to work with social care specifically to maximize the current health contribution to those initiatives currently provided through Whole systems partnership funding. As this will cease from the 1st April 2015, existing local services will need to be

reviewed and renegotiated locally to effectively maximize future spend and where appropriate contribute to the CCG's savings target.

5.6 The impact of putting in place the BCF schemes will need to be carefully managed so as to reduce the operational and financial risk to all organisations as consequence of putting in place revised models of service delivery.

5.7 The Guidance for the Better Care Funds confirms that the Fund will be allocated to local areas where it will be put into pooled budgets under Section 75 NHS Act 2006 ("Section 75 Agreements").

5.8 Section 75 agreements allow for NHS bodies and local authorities to enter into partnership arrangements for a number of specified purposes including pooled fund arrangements, the exercise by NHS bodies of local health related functions, the exercise by local authorities of NHS functions and the provision of staff, goods and services or making of payments.

5.9 The CCG will need to work closely with Local Authority partners to ensure that proposed initiatives that seek to maximize the commissioning levers around whole system demand management for nursing, residential and home based care dovetail with existing operational development plans for Continuing Care services which are hosted by the CCG.

5.10 It will be important to ensure that any cross-surrey development work does not slow the pace of implementation of local BCF schemes which are in process and will be overseen by the LJCG.

6. Next steps

6.1 The Surrey BCF submission will now undergo an assurance process with NHS England. The final categorisation of the BCF plans will be determined by the quality of the plan, its inherent level of risk and level of mitigations, and the applicability to the local context. The National Consistent Assurance Review process will rate plans on a scale from High Quality / Low Risk to Low Quality / High Risk

6.2 The submissions will receive a categorization of the following;

- Approved
- Approved with support
- Approved with conditions
- Not approved

7. Recommendations

7.1 The Governing body is asked to;

- Note the submission of the Better Care Fund Plan
- Note the risks and next steps
- Receive a further update in December on the development of the Plan and local implementation progress

Appendix 1

Summary Financial Profile of Better Care Fund

Data for BCF Return	Surrey HWB Total	East Surrey	Guildford and Waverley	North West Surrey	Surrey Heath	Surrey Downs	Windsor, Ascot and Maidenhead	Northeast Hampshire and Farnham
		14.35%	**17.15%**	**30.25%**	**8.40%**	**25.04%**	**0.82%**	**3.97%**
Protection of Adult Social Care	25,000	3,588	4,288	7,563	2,100	6,261	207	993
Care Act Revenue	2,563	368	440	775	215	642	21	102
Carers	2,463	353	422	745	207	617	20	99
Subtotal - Adult Social Care and Carers	**30,026**	**4,309**	**5,150**	**9,083**	**2,522**	**7,520**	**248**	**1,194**
Health Commissioned out of hospital services	17,468	2,507	2,996	5,284	1,468	4,374	144	695
P4P Metric	1,455	209	250	440	122	365	12	57
Subtotal - Health Commissioned Service	**18,923**	**2,716**	**3,246**	**5,724**	**1,590**	**4,739**	**156**	**752**
Continuing Investment in Health and Social Care	16,526	2,372	2,834	5,001	1,389	4,139	136	655
Total Revenue	**65,475**	**9,397**	**11,230**	**19,808**	**5,501**	**16,398**	**540**	**2,601**
Disabled Facilities Grant	3,723	534	639	1,126	313	932	31	148
Care Act Capital	946	136	162	286	79	237	8	38
ASC Capital	1,278	183	219	387	107	320	11	51
Total Capital	**5,947**	**853**	**1,020**	**1,799**	**499**	**1,489**	**50**	**237**
Total BCF	**71,422**	**10,250**	**12,250**	**21,607**	**6,000**	**17,887**	**590**	**2,838**