

Report of the Interim Director of Adult and Community Services and the Chief Clinical Officer of the Airedale, Wharfedale and Craven, and Chief Officer Bradford City and Bradford Districts Clinical Commissioning Groups to the meeting of Health and Wellbeing Board to be held on 6th April 2016.

Subject:

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Working Better Together – A Whole System for Health and Social Care

Summary statement:

A progress update on work across the health and care system to “create a sustainable health and care economy that supports people to be healthy, well and independent” (Bradford District and Craven Five Year Forward View).

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Portfolio:

Health and Social Care

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Overview & Scrutiny Area:

Health and Social Care



1. SUMMARY

The report provides a progress update on work across the health and care system to “create a sustainable health and care economy that supports people to be healthy, well and independent” (Bradford District and Craven Five Year Forward View). It also includes an update on progress to develop the Learning Disability Transforming Care Plan for the District and details of the Better Care Fund for 2016/17 which continues to be part of the alignment of resources across the health and care system to support integration.

2. BACKGROUND

The Health and Wellbeing Board signed off the Bradford District and Craven Five Year Forward View in July 2014 and has received a number of reports during 2015 on working together to develop a whole system approach to health and social care.

The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the Better Care Fund. It allows for the mandate to NHS England to include specific requirements relating to the establishment and use of an integration fund. The Better Care Fund is a financial incentive for the integration of health and social care. It requires Clinical Commissioning Groups and local authorities to look to pool budgets and to agree an integrated spending plan for how they will use their Better Care Fund allocation. Current health and care approaches have evolved to respond reactively to changes in an individual's health or ability to look after themselves, and they often do not meet people's expectations for person-centred co-ordinated care.

Greater integration is seen as a potential way to use resources more efficiently, in particular by reducing avoidable hospital admissions and facilitating early discharge. The Health and Wellbeing Board signed off the Better Care Fund for 2015/16 in February 2015 and has received quarterly submissions to NHS England accordingly during the course of 2015/16 (following sign off out of committee).

The Health and Wellbeing Board resolved in February 2016 to receive further updates on work being progressed across the health and care system.

3. DELIVERY OF THE FIVE YEAR FORWARD VIEW

3.1 Sustainability and Transformation Plan

Bradford health and care partners continue to work together to “create a sustainable health and care economy that supports people to be healthy, well and independent” (Bradford District and Craven Five Year Forward View).

Our working together continues under the umbrella of the Sustainability and Transformation Plan (STP) – a place-based*, multi-year plan built around the needs of



local populations. NHS planning guidance requires a plan for the years 2016/17 – 2020/21 which will clearly articulate our gaps; health and wellbeing, care and quality, finance and efficiency (referred to as the triple aim) along with our priorities to address these.

The planning guidance is backed up by £560 billion nationally of NHS funding, including a new Sustainability and Transformation Fund which will support financial balance, the delivery of the national Five Year Forward View, and enable new investment in key priorities.

At a minimum the STP will describe:

- a local cross-partner prevention plan;
- increased investment in the out-of-hospital sector, including how to deliver primary care at scale;
- local ambitions to deliver seven day services;
- plans for implementing new models of care with partners;
- collective action on quality improvement;
- collective action on key national clinical priorities e.g. improving cancer outcomes increasing investment in mental health services and parity of esteem;
- these and other changes must ensure the local system returns to financial balance;
- strategic commitment to engagement at all levels, informed by the 'six principles'.

Health and care partners made an initial submission of the Bradford District and Craven STP in March 2016 detailing governance arrangements, preliminary analysis of the health and wellbeing, care and quality, finance and efficiency (triple aim) gaps and emerging priorities. This is being further enhanced ahead of a 'checkpoint' submission in April 2016 followed by the final submission in July 2016. Throughout July NHS England along with NHS Improvement and Public Health England will assess each STP. Plans of the highest standard will gain access to transformation funding from April 2017.

NHS England has determined that the footprint for planning will be West Yorkshire and that Rob Webster, recently appointed as Chief Executive of South West Yorkshire Partnership NHS Foundation Trust, will be the STP lead for West Yorkshire. Prior to this announcement the West Yorkshire health and care community had been developing an approach that saw six STPs reflecting each local HWB footprint together with an umbrella STP for those areas that should be planned for at a West Yorkshire population level. These are currently specialised services, cancer, stroke and urgent and emergency care (including some aspects of mental health). Rob Webster has confirmed that this approach continues and he subscribes to the view that it is local transformation that will be key to future sustainability. So we continue to develop our local STP and as far as we are aware will continue to submit this plan in line with NHS England's planning process.

*place-based 'systems of care' are those where collaboration between NHS organisations and other services takes place to address the challenges and improve the health of the populations they serve.



3.2 Governance

In order to achieve an agreed STP and to subsequently oversee its delivery the Integration and Change Board (ICB) discussed, and are working towards, a revised governance structure. As part of our STP we will be describing how our joint transformational programmes will aid closing of the triple aim gaps. As such these programmes will report directly to the Sustainability and Transformation Board, which in turn reports to ICB. A visual representation of the governance structure is attached at Appendix A.

To facilitate the coordinated delivery of both our transformational programmes and enabling programmes ICB agreed to invest in a shared portfolio management office (PMO). The PMO will work with and be accountable to ICB for the delivery of our interdependent portfolio.

3.3 Transforming Care for people with Learning Disabilities

‘Transforming Care for people with learning disabilities – next steps’ is a national programme of work developed following the Winterbourne View Concordat. Stephen Bubb author of this report states that ‘Over the past few years people with learning disabilities and/or autism have heard much talk but seen too little action’. The programme therefore focuses on improving services for people with learning disabilities and/or autism, who display behaviour that challenges, including those with a mental health condition. This will drive system-wide change and enable more people to live in the community, with the right support, and close to home.

The programme endorses the view that children, young people and adults with a learning disability and/or autism have the right to the same opportunities as anyone else to live satisfying and valued lives, and to be treated with dignity and respect. They should have a home within their community, be able to develop and maintain relationships, and get the support they need to live healthy, safe and rewarding lives.

3.3.1 Lead responsibilities and areas of focus

Delivery of the programme within Bradford District is a collaborative working across health and social care. Helen Hirst, Chief Officer Bradford City and Districts Clinical Commissioning Groups (CCGs) is the lead Senior Responsible Officer (SRO) with the Local Authority responsible for the deputy SRO role through Bernard Lanigan, Acting Strategic Director – Adult and Community Services. As the lead provider for Learning Disabilities clinical support services Bradford District NHS Foundation Trust plays a key role in the delivery of the agenda. The work undertaken as part of the Transforming Care programme will align with the Children and Young People (CYP) Programme to ensure that a whole system approach is adopted across all age service provision.

As part of developing the Bradford Learning Disability Transforming Care plan, we will develop a communication strategy to engage and involve families and people with learning disabilities and/or autism in this process.

The Local Authority with involvement from the CCG is establishing a commissioning



framework for residential and nursing provision that will support the delivery of this work and to give people choice of provider to meet their needs. The aim is to develop the market place for specialist providers who can provide support to people within a 'Step up/Step down model. The Local Authority is also working closely with housing developers and providers to increase the choice of housing options for people with complex needs.

The local programme is a 3 year delivery programme (2016 – 2019) focused on three key areas.

1. Reshaping current provision of services to reduce dependency on in patient provision to support people with complex behaviour presentations.
2. Developing the provider market with specialist providers to support people with complex presentations in the community
3. Promoting mainstream health provision for people with Learning Disabilities

To date the following work has started:

- Programme Management Board established.
- Delivery plan, risk log, communication plan (to ensure all stakeholders engaged) being developed
- Financial analysis of out of area costs – to be produced by NHS England - Specialist Commissioning.
- Awaiting advice from NHS England as to the number of in-patient beds required per million of population for our area.
- Review of provider contracts from both CCG and LA commissioning to ensure delivery of the transformation agenda
- Work on use of personal Health Budgets.

3.4 Better Care Fund

In 2016-17, NHS England set the following conditions, which local areas will need to meet to access the BCF Funding:

- A requirement that the Better Care Fund is transferred into one or more pooled funds established under section 75 of the NHS Act 2006
- A requirement that Health and Wellbeing Boards jointly agree plans for how the money will be spent, with plans signed-off by the relevant local authority and Clinical Commissioning Group(s)
- A requirement that plans are approved by NHS England in consultation with DH and DCLG (as set out in section 3 below)
- A requirement that a proportion of the areas allocation will be subject to a new condition around NHS commissioned out of hospital services, which may include a wide range of services including social care.

NHS England also require that Better Care Fund plans demonstrate how the area will meet the following national conditions:

- Plans to be jointly agreed;
- Maintain provision of social care services;
- Agreement for the delivery of 7-day services across health and social care to



prevent unnecessary non-elective (physical and mental health) admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate;

- Better data sharing between health and social care, based on the NHS number;
- Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional;
- Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans;
- Agreement to invest in NHS commissioned out-of-hospital services, which may include a wide range of services including social care;
- Agreement on local action plan to reduce delayed transfers of care

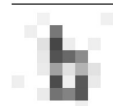
Locally, Health and Care partners have agreed to a larger Better Care Fund (BCF) for 2016/17 by aligning the budgets of Mental Health and Learning Disabilities as previously agreed at Health and Wellbeing Board (8th February 2016), in addition the Council has included the Disabled Facilities Grant in the Fund for 2016-17.

In previous years, the three CCGs have been able to invest more than the minimum requirement in the BCF to protect Social Care. Following the announcement of the NHS financial allocations, NHS Airedale, Wharfedale & Craven CCG currently have a draft financial plan which predicts a deficit in 2016/17. As a result, the CCG is reviewing all of its current expenditure and is developing proposals to ensure best value for money to deliver services to their population. As a result they are reducing the additional investment in the BCF by £400k in 2016/17 and are working together with the Local Authority to understand the risk this may pose and any mitigating actions that need to be put in place. Additionally, they remain confident they can continue to work with partners in developing new and more innovative ways of joining up services to address the respective financial challenges ahead.

Draft narrative for each BCF scheme along with a detailed financial plan will be submitted to NHS England on 21st March 2016. Initial signoff has been undertaken outside of committee, through the Chair of HWB. A final submission will be made to NHS England on 25th April 2016 and subsequently brought to a future Health and Wellbeing Board. Quarterly BCF submissions which are required to be submitted to NHS England to provide assurance on delivery against the plan will be attempted to align with HWB dates in 2016/17 as they were signed off out of committee during 2015/16 and received retrospectively. Alongside this a detailed BCF dashboard is being developed by health and care partners and both of these will ensure a more detailed dialogue on the effectiveness of the BCF plan in contributing to the delivery of our Sustainability and Transformation Plan.

The total BCF pooled budget for 2016/17 is **£176,568,963** which is made up of:

Local Authority	£67,391,468
CCG Minimum Required Contributions	£34,571,495
CCG Additional Contributions	£74,606,000



4. FINANCIAL & RESOURCE APPRAISAL

The financial implications of the BCF are an intrinsic part of the BCF plan development process and are being worked through and fully understood respective Financial Officers accordingly. The submission of the BCF plan for 2016/17 includes detailed finance and activity.

The STP will be subject to economic modelling to assess the financial and efficiency gap is being met by the planned key elements of transformation. This work is underway across our partner Directors of Finance group. Additionally access to the national NHS transformation fund from April 2017 is predicated on the development of a robust plan of the highest standard.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

Risk management and governance issues are fundamental elements of both the BCF and STP are being dealt with as part of the overall development and implementation process.

Health and Wellbeing Boards jointly agree BCF plans for how the money will be spent, with plans signed-off by the relevant local authority and Clinical Commissioning Group(s). Ultimately BCF plans are approved by NHS England in consultation with DH and DCLG.

6. LEGAL APPRAISAL

No direct implications arising from the contents of this report.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

None

7.2 SUSTAINABILITY IMPLICATIONS

None

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

None

7.4 COMMUNITY SAFETY IMPLICATIONS

None

7.5 HUMAN RIGHTS ACT

None



7.6 TRADE UNION

None

7.7 WARD IMPLICATIONS

None

7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)

None

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

No options are provided.

10. RECOMMENDATIONS

10.1 That the Board receives the Bradford and Craven Sustainability and Transformation Plan after its July 2016 submission

10.2 That the Board notes the revised governance arrangements to support development and implementation of the Sustainability and Transformation Plan

10.3 That the Board receives the BCF 2016/17 following submission to NHS England 25th April 2016

10.4 That the Board receives BCF 2016/76 quarterly assurance submissions to NHS England

11. APPENDICES

Appendix 1 – Representation of revised governance arrangements to support delivery of Bradford District and Craven Five Year Forward View

12. BACKGROUND DOCUMENTS

None

