Agenda Item 10

Leicestershire County Council

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 10 SEPTEMBER 2014

REPORT OF THE DIRECTOR OF HEALTH AND CARE INTEGRATION

BETTER CARE FUND UPDATE

Purpose of report

1. The purpose of this report is to provide an update on the requirements for all Health and Wellbeing Boards to resubmit their Better Care Fund (BCF) plans by 19th September, in line with new policy and guidance issued nationally on 25th July

Policy Framework and Previous Decisions

2. Leicestershire's Health and Wellbeing Board submitted a Better Care Fund Plan in April 2014, in line with the previous national policy and guidance.

3. The operational development and delivery of the Better Care Fund plan is undertaken by the Integration Executive on a day to day basis, reporting to the Health and Wellbeing Board which has delegated responsibility to agree the Better Care Fund and plans arising from its use.

4. The Integration Executive oversees four areas of work prioritised through the BCF plan plus four other 'business as usual' integration priorities between NHS partners and local government (including improvements to continuing health care services).

5. At a previous meeting of the Health Overview and Scrutiny Committee a request was made for further information on the improvements being made to continuing health care arrangements locally, and the Housing Offer to Health.

Overview of National Developments during July and August 2014

6. The amount, type and depth of analysis needed for each BCF resubmission has changed substantially due to the new guidance, promoted by the need for more rigour in BCF plans nationally, in particular with reference to NHS acute sector impact. Specific changes include:-

    - a new pay for performance scheme linked to a revised BCF metric which equates to a reduction of 3.5% in total emergency admissions in 2015/16.

- Changes to the baselines for all the metrics in the BCF guidance; these are all now calculated from within 2013/14. This means all the metrics and trajectories in each BCF plan have to be recalculated / revalidated.

7. BCF plans must also demonstrate assurance regarding:

- Protecting adult social care services;
- How the NHS number will be adopted;
- The arrangements for accountable leads professionals for care planning;
- How care act requirements have been met (with reference to the total allocation by Local Authority);
- How information governance has been addressed for records sharing;
- How a proportion of the funds will be commissioned from NHS providers outside of hospital;
- Alignment to local primary care strategies including co-commissioning plans with NHS England.

8. The publication of the new guidance raised a large number of questions and requests for clarification across the country. These have been handled through a number of routes, including national webinars, the development of an FAQs section of the website, a regular ebulletin and the issue of further guidance on a number of issues, including the 3.5% reduction in hospital admissions metric.

9. There has also been a requirement for templates to be submitted nationally which test the readiness for resubmission at three specific dates between 25th July and 19th September.

10. In recognition of the more onerous and complex process for BCF resubmissions, some additional (nationally procured) support was made available from 26th August in each region. This includes regional workshops, and additional "hands on" support to individual areas. In Leicestershire, this support will entail two days of consultancy time to provide an external review of the submission against the assurance process and external validation of the outcome of the review.

11. While the additional support is welcomed, feedback has been given that this comes at a very late stage in the process raising some practical / logistical difficulties for local areas to make best use of this in sufficient time for the resubmission.

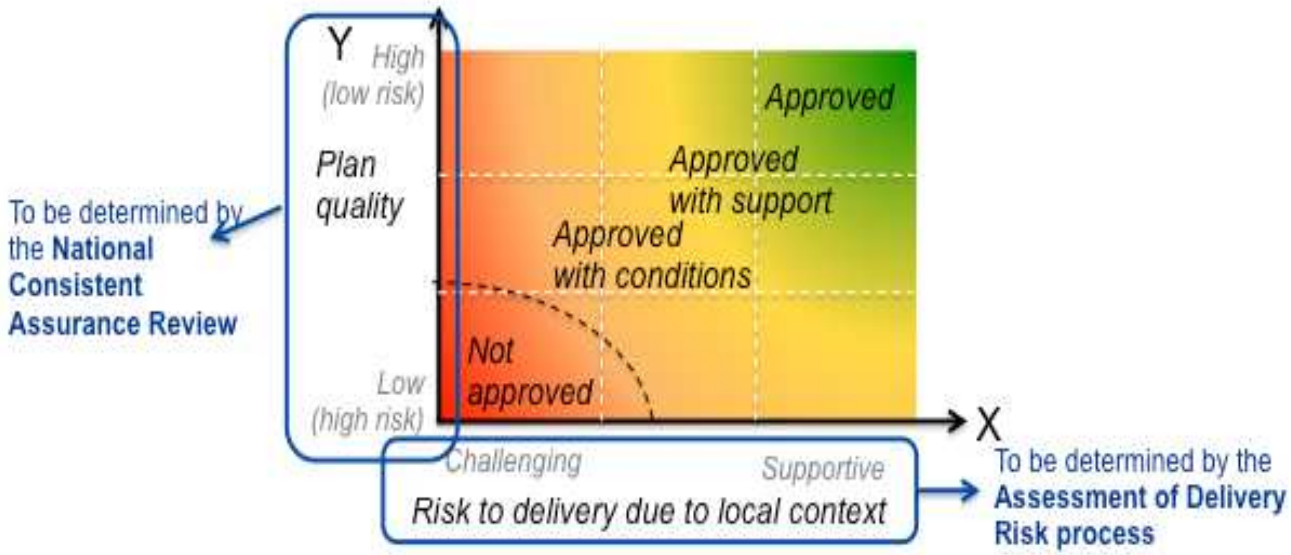
Update on BCF Assurance Process

12. The assurance process is an intensive process involving a technical desk top review, triangulation of other evidence about the wider context of the financial and delivery challenges facing local health and care economies and a telephone interview with representatives from each BCF plan/Health and Wellbeing Board area.

13. The outcome of the review will be that all BCF plans fall into one of four categories below, which have specific definitions:

(a) *Approved*
(b) *Approved with support*
(c) *Approved with conditions*
(d) *Not approved*

14. The assessment for categorisation will be determined by:
    - The National Consistent Assurance Review of the quality of the plans
    - The assurance checkpoints' assessment of the risk to delivery due to the local context facing each local health economy



15. It is expected that the assurance process will take place during the weeks commencing 22 September 2014 and 29 September 2014. This will be followed by national moderation, with reporting up to ministerial level.

Additional Guidance on the 3.5% metric

16. On 20th August further information was published on the flexibilities associated with this metric, which can apply in certain circumstances. A local target below 3.5% can be proposed with the agreement of the local health and wellbeing board, if there is a clear rationale for this - e.g. if the historical performance of the local health and care economy has already taken the area into the top quartile of performance nationally, if there are problems with the local baseline information or other specific local challenges which mean the target is unachievable in the short term.

Adapting the Leicestershire BCF Plan to the New Guidance

17. Analysis has been undertaken on the local health and care economy position with regard to the 3.5% metric.

18. The Leicester, Leicestershire and Rutland Five Year Plan sets a trajectory to reduce emergency admissions by 5% per year. Current performance in emergency admissions puts Leicestershire in the lowest performing quartile nationally and performance during the first quarter of 2014/15 shows that many

more people are being admitted to hospital than NHS commissioning plans have accounted for this year. Some of this activity is the subject of contract queries between the local CCGs and UHL.

19. The baseline for the target was set at the end of the 2013/14 financial year. In order to achieve a 3.5% reduction of the baseline, a real terms reduction of up to 8% during 2015/16 will need to be made. The financial risk associated with this metric is £2.84m for Leicestershire's BCF plan. Local flexibility around the delivery of this metric is being sought.

20. The following actions have been taken to review the Leicestershire BCF plan in the context of the new guidance:-

- Further impact assessment work has taken place on the BCF interventions that will contribute to the emergency admissions metric within the Leicestershire BCF plan;

- The proportion which the four main schemes contributing to this metric are estimated to contribute to a reduction in hospital admissions has been assessed, with individual trajectories developed based on the phasing and impact of these developments;

- All other BCF schemes and their contribution to metrics within the BCF plan have been reviewed, particularly to test the assumptions about scale of delivery and phasing of the impact.

- The impact analysis is being supported by a review of the evidence base for the interventions in the BCF plan, which is being undertaken by Public Health;

- The data quality and data capture for all BCF schemes has been assessed and recommendations have been made from this to show where the data that is being relied upon for achieving the metrics can be strengthened

- The BCF financial plan is being re-profiled to accommodate the contingency needed for the 3.5% target, additional Care Act requirements, and the re-phasing of BCF schemes per the impact assessment.

Conclusion

21. The following conclusions can be drawn:-

- The requirements for BCF resubmissions are substantial and the timescales are problematic.
- There has been a significant amount of new information to assimilate between July 25th and August 22nd during peak holiday season.
- The assurance process indicates that BCF plans in challenged health and care economies are likely to receive low ratings (e.g. approved with conditions).

- The 3.5% metric presents a specific challenge to the Leicestershire plan however 4 schemes have been identified that could contribute to achieving this metric.
- A timeline for the remaining four weeks has been prepared, including the governance steps needed ahead of the resubmission

Resource Implications

22. The Better Care Fund Plan is to be delivered via a pooled budget which will comprise £38m in 2015/16.

Timetable for Decisions

23. Appendix 1 of the paper outlines the governance milestones for the resubmission leading up to the 19th September.

24. Appendices 2 and 3 provide further information about the timescales affecting improvements to the continuing care service and the integrated housing offer.

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Equalities and Human Rights Impact Assessment Implications

25. The BCF aims to improve outcomes and wellbeing for the people of Leicestershire, with effective protection of social care and integrated activity to reduce emergency and urgent health demand. As part of the implementation of the Plan, an Equalities and Human Rights Impact Assessment and other relevant impact assessments will be undertaken to ensure that there is a clear understanding of how various groups are affected.

Appendix 1: BCF Resubmission Key Milestones

Date	Milestone
1st September	BCF regional workshops
2nd September	Better Care Together BCF update
3rd September	NHS England/LLR CCG Managing Directors Meeting ref 3.5% target
9th September	ELR & WL CCG Board Meetings Draft BCF submission materials and key decisions for approval
2nd – 9th	Recommended additional action: Desk top review of submission against assurance pack with feedback to Health and Wellbeing Board on 16 September
16th September	Health and Wellbeing Board
19th September	BCF plan submission day – 12.00 deadline BCF update paper to the Cabinet
w/c 22nd Sept and w/c 29th Sept	BCF plans undergo national assurance process.

Appendix 2 - Continuing Healthcare (CHC) Update

Background

1. 'NHS continuing healthcare' (CHC) means a package of ongoing care that is arranged and funded solely by the NHS where the individual has been found to have a 'primary health need' as set out in the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care guidance. Such care is provided to an individual aged 18 or over, to meet needs that have arisen as a result of disability, accident or illness. The actual services provided as part of the package should be seen in the wider context of best practice and service development for each client group. Eligibility for NHS CHC places no limits on the setting in which the package of support can be offered or on the type of service delivery.

2. 'NHS-funded nursing care' is the funding provided by the NHS to homes providing nursing to support the provision of nursing care by a registered nurse. Since 2007 NHS-funded nursing care has been based on a single band rate. In all cases individuals should be considered for eligibility for NHS CHC before a decision is reached about the need for NHS-funded nursing care.

3. Individuals who need ongoing care / support may require services arranged by CCGs and / or LAs. CCGs and LAs therefore have a responsibility to ensure that the assessment of eligibility for care / support and its provision take place in a timely and consistent manner. If a person does not qualify for NHS CHC, the NHS may still have a responsibility to contribute to that person's health needs – either by directly commissioning services or by part-funding the package of support. Where a package of support is commissioned or funded by both an LA and a CCG, this is known as a 'joint package' of care. A joint package of care could include NHS-funded nursing care and other NHS services that are beyond the powers of a LA to meet. The joint package could also involve the CCG and the LA both contributing to the cost of the care package, or the CCG commissioning part of the package. Joint packages of care may be provided in a nursing or residential care home, or in a person's own home.

4. In July 2013 a review of the current CHC process was carried out to examine organisational responsibilities and barriers to a more streamlined process which has a high patient and carer satisfaction.

5. The review was undertaken involving key stakeholders and Healthwatch Leicestershire, who undertook a call for evidence from the voluntary and community sector on patient experience of the NHS CHC process, completed in January 2014.

6. The review identified a number of key areas of improvement for consideration:

    - Clarity of organisational responsibilities, transfer of information, and accountability.
    - Pressure for early discharge from the acute sector and demands of 'fast track referrals'.

- Patient satisfaction, lack of good co-ordination and communication about key stages of the process, and patient participation in the decision-making process.
- Timescales for assessment, support and funding agreements.
- Improved multi-disciplinary approach.
- Reduction of cost pressures and effective use of resources.

7. The review conclusion recommended an integrated approach that would seek to elevate a number of inefficiencies highlighted as a result of the review and to put the patient into the centre of the process.

Progress to date

8. Leicestershire County Council and East Leicestershire and Rutland CCG have had initial discussions to identify resources to enhance the current CHC team (hosted by Greater East Midlands Commissioning Support Unit), by providing dedicated social care workers to be part of the current clinical multi-disciplinary team (MDT) and to pilot an integrated pathway for CHC assessment.

9. The team will receive referrals and allocate a named CHC co-ordinator who will be responsible for collating the specialist assessments needed to populate the CHC assessment for consideration by the multi-agency CHC Panel.

10. The co-ordinator will also be responsible for the engagement and involvement of the patient and carers providing a person centred approach to the process.

11. Fast track referrals will not be the responsibility of this team, but ongoing review and case management post-fast track could be incorporated potentially.

12. Joint commissioning of support services would seem to be the best way forward in securing good quality, cost effective service provision and initial discussions have been instigated to take forward this proposal.

13. Personal Health Budgets will also need to be available to CHC eligible patients from October 2014. Personal budgets for social care support are already well established and an integrated approach for joint funded patients would ensure consistency in support provision with contracted and non-contracted providers and reduce hand offs when packages are reviewed and funding arrangements changed as a result.

Timescales for implementation

September 2014 - December 2014	Planning and joint pathway agreements.
December 2014 – March 2015	Pilot testing of integrated approach.
March 2015 – March 2018	Implementation and evaluation of process, benefits and further development opportunities.

Appendix 3: Integrated Housing Offer Update: Light Bulb Project

Background / Update

1. On 5 December 2013, the Health and Wellbeing Board (HWB) considered the findings of the Housing Services Partnership's (HSP) "Housing offer to Health" (HOTH) which had been developed in conjunction with the Chartered Institute for Housing.

2. The HWB agreed to support the delivery of the 5 initial key project areas as set out below:

- **Hospital housing action team** - Involvement in the current work at UHL to understand delayed discharge issues and work with LPT around the Bradgate Unit discharge issues.
- **Handy person support services** – Link into the "Help to Live at Home" project which has housing services involved in the project.
- **First Contact scheme in Primary Care** – Discussions with CCGs and information from First Contact pilot GP practices to sell the idea to other practices.
- **Keeping warm and well at home** – Link into the "Help to Live at Home" project
- **Older persons holistic support** – Link into the "Help to Live at Home" project.

The Light Bulb Project (Lead: Danny Myers, danny.myers@leics.gov.uk)

3. The HOTH has developed since the HWB's initial consideration in December 2013. The biggest change has been the development of the Light Bulb Project which in effect absorbs and expands upon the "Keeping Warm and Well at Home" and "Handy Person Support Services" elements of the HOTH.

4. The Light Bulb Project is part of the Better Care Together approach to reduce delayed transfers of care and reduce demand on expensive care settings for frail older people by integrating currently fragmented housing support services and developing a new integrated, easier to access and income generating housing support prevention offer.

5. The Project aims to enable and empower people, especially older people, to remain independent at home for longer. The current housing support offer is too complex - funded by two tiers of local authorities and delivered by a multitude of public, private and landlord based providers. The project seeks to provide a single point of access for Leicestershire residents to housing advice and support and assessment services which can support residents through securing a wide range of support which could include handyperson services, cost effective recycled furniture, affordable warmth advice and practical support, and minor and major adaptations (including DFGs).

6. The ambition is to improve access, broaden the advice and assessment process and ensure that there are no hand offs between organizations. Light Bulb has

the potential to make all housing support services easier to access and more efficient, which would be worth pursuing independently of the potential benefit that this improved offer could have on the wider health and social care economy.

7. Hospital admissions for over 75s and residential placements cost Leicestershire's health and social care budgets approximately £93m in 2013-14. If a third of hospital admissions were avoided, there is a potential saving of approaching £17m which Light Bulb, as part of the wider Better Care Together approach, will help generate.

8. The cost of Leicestershire's funded social care placements is £48m and assuming an annual cost of between £25,000 and £36,000 per annum per resident, every care placement avoided or delayed represents a significant opportunity for saving.

9. Partners in Leicestershire will be making this case in a final bid to be submitted to the DCLG's Transformation Challenge Award (TCA) on October 1st. The TCA has made available £105 million of grant funding in 2015 to 2016 to support local authorities re-engineer their business practices and redesign service delivery.

10. On June 24th the Integration Executive of the HWB agreed to support the submission of an initial Expression of Interest to the DCLG. Consequently, the DCLG invited the county's 8 local authorities to submit a final business case, which is currently in development.