

## Report to Rutland Health and Wellbeing Board

<b>Subject:</b>	<b>New BCF Plan 2016-17 - Update</b>
<b>Meeting Date:</b>	<b>22 March 2016</b>
<b>Report Author:</b>	<b>Sandra Taylor, Health and Social Care Integration Project Manager</b>
<b>Presented by:</b>	<b>Mark Andrews, Deputy Director for People</b>
<b>Paper for:</b>	<b>Note / Approval</b>

### **Context, including links to Health and Wellbeing Priorities e.g. JSNA and Health and Wellbeing Strategy:**

#### **1 PURPOSE OF THE REPORT (MANDATORY)**

- 1.1 The purpose of this report is to update the Health and Wellbeing Board on progress with developing and submitting the 2016-17 BCF plan for approval and to confirm a method for the health and Wellbeing Board to sign off the 2016-17 plan.

#### **2 INITIAL SUBMISSION, 2 MARCH 2016**

- 2.1 As last year, the first BCF stage was a planning spreadsheet submitted on 2 March (see Appendix 1).
- 2.2 Feedback was received on this submission from NHS England (Central Midlands) on 10 March (see Appendix 2). This was positive overall and recognised that further work was underway in a number of areas:
- 2.3
- a) Acknowledgement of the additional contributions made by the Local Authority into the BCF programme.
    - This is £185k carried forward from the 2015-16 programme, which it is proposed to spend on three programme schemes (see below).
  - b) *Work still in progress to gain agreement over use of Care Act Monies and former Carer's Breaks Funding,*
    - RCC made a late proposal to use £85k of carry forward to meet the Care Act condition, alongside £100k of carry forward agreed for case coordination. The Care Act item had not been discussed by the partnership as detail emerged just before the 2nd March submission and was therefore proposed as provisional. The CCG has now indicated that they are comfortable with this approach.
  - c) Positive action taken with the introduction of 6 new BCF schemes to improve performance
    - This recognises the work done to evolve the programme's schemes based on learning and progress to date (notably a dedicated communication and coordination workstrand, enriched case

coordination for long term conditions, long term condition innovation fund, integrated commissioning as a distinct workstrand).

- d) Concern that Social Care protection has reduced from 998,000 to 839,000 a reduction of 23% and the impact that may result from that decision
  - The figure of £998k in the feedback has been an error. In 2016-17, planned social care protection was £684k excluding Disabled Facilities Grant. For 2016-17 it is a higher figure of £839k.
- e) Positive ambition by Rutland to stretch performance with non-elective admissions (NEA), residential admissions and effectiveness of re-ablement indicating progression.
  - Targets to be revalidated before 21 March resubmission to ensure they stretch but are realistic.
- f) Some mild concern expressed by the panel that no risk sharing agreement is planned for NEA and we will look to the narrative submission to understand the rationale for that decision.
  - At the time of writing, the partnership is considering a modest risk sharing fund focussed on non elective admissions or delayed transfers of care. For context, our NEA performance was good overall in 2015-16 (achieving pay for performance targets in the first three quarters). We have set the same level of target as last year to stay focussed (at the moment -2.4%) and we are planning increased NEA reduction activity in 2016-17 (LTC schemes, admissions avoidance etc).
- g) The metric Delayed Transfers of Care remains in development
  - DTOC targets are under review. Percentage anticipated improvement likely to be revised downwards before being submitted next time to ensure they are stretching but realistic.
- h) The national conditions of 7 day services, data sharing, joint assessments and managing delayed transfers of care remain areas of development for Rutland over 16/17 and we will look within the narrative submission as to how improvements and more integrated ways of working will be developed.
  - At time of writing, narratives are being worked on.

### 3 FURTHER SUBMISSION STAGES

3.1 The BCF assurance timetable for 2016-17 is set out below.

Date	Milestones	Lead
2 March	Initial planning template submission - COMPLETE	Rutland partnership
10 March	Individual feedback on initial Excel template received. Second version of Excel planning template released nationally, for submission 21 March	Better Care support

	'Key lines of enquiry' for narrative plans issued – the list of items that will be checked during assessment of narrative plans (see Appendix 3).  COMPLETE	
10-21 March	Further development of narrative plan to meet 'Key lines of enquiry' - UNDERWAY	Rutland partnership
21 March	Submit narrative plan and second Excel planning template	Rutland partnership
By 11 April	Feedback to local areas to confirm draft assurance status and actions required.  'Technical assistance' type support to areas	Better Care support
By __ April	Sign-off of BCF plan by Health and Wellbeing Board	Health and Wellbeing Board
25 April	Submit final BCF plans, signed off by HWB  Likely to also be a final Excel planning submission.	Rutland partnership
13 May	Final assurance ratings to be issued	Better Care support
30 June	Refreshed, signed s75 agreement to be in place between ELR CCG and Rutland County Council	Rutland partnership

3.2 At the time of writing, the Rutland narrative plan, reviewed previously by the HWB, is being further developed to supply the information set out in the national 'Key Lines of Enquiry' list issued on 10 March, providing, amongst other elements:

- a) the local response to meeting the national conditions including a high level delayed transfers of care action plan,
- b) a refreshed risk assessment and risk management plan, and
- c) key milestones for the year to come.

3.3 The narrative and updated Excel planning document will then be submitted on 21 March (the day before the Health and Wellbeing Board), with feedback forthcoming by 11 April, after which there may need to be further short, sharp remedial work to secure approval.

3.4 The final plan must be approved by the Health and Wellbeing Board by 25 April.

3.5 Agreement is sought from the HWB today for an approval process.

**Financial implications:**

4.1 Approval of the BCF plan in a timely fashion is vital, not least because it funds

<p>some core aspects of social care activity.</p>		
<p>4.2 The national timetable only offers approval after the 25 April. Therefore, all areas will be needing to bridge the gap between the 2015-16 and 2016-17 programming periods. As there is substantial continuity between the programming periods, the 2015-16 programme will in effect be sustained.</p>		
<p><b>Recommendations:</b></p>		
<p>That the board:</p> <ol style="list-style-type: none"> <li>1. Notes the progress on the 2016-17 BCF plan preparation and approval process, and initial feedback.</li> <li>2. Agrees the method of signing off the 2016-17 plan.</li> </ol>		
<p><b>Comments from the board: (delete as necessary)</b></p>		
<p> </p>		
<p><b>Strategic Lead:</b></p>		<p>Mark Andrews</p>
<p><b>Risk assessment:</b></p>		
<p><b>Time</b></p>	<p>L</p>	<p>Timetable is very tight, but pragmatic approach being taken.</p>
<p><b>Viability</b></p>	<p>L/M/H</p>	
<p><b>Finance</b></p>	<p>L</p>	<p>All programmes are in the same position in terms of approval timing. Initial feedback on spending plans has been broadly positive.</p>
<p><b>Profile</b></p>	<p>L/M/H</p>	
<p><b>Equality &amp; Diversity</b></p>	<p>L/M/H</p>	
<p><b>Timeline:</b></p>		
<p><b>Task</b></p>	<p><b>Target Date</b></p>	<p><b>Responsibility</b></p>