

HEALTH AND WELLBEING BOARD



TO:	Health and Wellbeing Board
FROM:	Cllr Mohammed Khan
DATE:	8 th December 2014

SUBJECT: Better Care Fund

1. PURPOSE
 The purpose of this report is:
 To provide Health and Wellbeing Board members with feedback on Blackburn with Darwen's Better Care Fund (BCF) submission National Consistent Assurance Review (NCAR) process
 To outline progress since the plan was submitted in September and outline next steps.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD
 Health and Wellbeing Board members are recommended to:

- Note the contents of this report including feedback from the Better Care Fund national team
- Note progress made since submission and next steps
- Accept at the next meeting of the Board in March 2015 a report outlining feedback on progress and performance updates

3. BACKGROUND
 Blackburn with Darwen Better Care Fund Plan submission was made on behalf of the Health and Wellbeing Board on 19th September 2014, after agreement at Board development session on 9th September. The full narrative of the plan is included in appendix 1. A review took place between the BCF national team and local leads at the end of September where initial feedback on the plan was provided, issues identified and additional assurance sought.
 The plan has been assessed through the National BCF team and findings moderated through the National Consistent Assurance Review (NCAR) process. Feedback was received by the Chair of the Health and Wellbeing Board on 29th October.

4. RATIONALE
 The NCAR process provides an assurance rating for each area based on both its quality as an approach and its deliverability in the local context. The aim is for all areas to be ready to deliver Better Care Fund plans by April 2015.
 There were four key elements to the review:

1. A standardised review of the quality of the plan, by external review experts and a conversation with HWB Boards
2. An assessment of the local context or delivery risks in which plans will be implemented, by NHS England area teams with HWBs and local government regional colleagues
3. Moderation by a reviewer team informed by NHS area team and regional colleagues

4. National calibration overseen by the BCF Task Force

Plans have been assessed against 4 categories which are outlined below.

Category	
Approved	No significant actions required and the plan can move forward to implementation
Approved with support	There are some required actions but these do not represent a fundamental flaw in the plan's approach or a material concern and can be resolved by a clarification or additional information
Approved subject to conditions	"While the fundamental approach is suitable, there are specific challenges that need to be addressed before proceeding to implementation, such as: - A material concern about the ability to deliver the national conditions - A material concern about the credibility of the non-elective target, given either current performance or the provider engagement in the plan - The volume of corrective actions or unmitigated risks in the plan being such that a significant level of further work is required before they can be assured"
Not approved	The plan falls short of key criteria either because it is not signed-up to by all parties or the fundamental approach is flawed

Next steps for local Health and Wellbeing Boards will depend on the level of approval received subsequent to the NCAR process.

5. KEY ISSUES

5.1 Feedback on submission

Blackburn with Darwen's Better Care Fund plan has been '**Approved with Support**'.

The feedback identified that there are no areas of high risk in the plan and as such plans should be made with implementation. Although the areas of support the review identified are essential to successful delivery in the medium term they are not considered material at this stage.

Areas identified for development:

a) Overall findings

The Blackburn with Darwen plan review raised a number of risks but the vast majority of these were either addressed on the call, or a mitigating action plan agreed. The particular strengths of the plan were the clarity with which the technical guidance has been applied in the plan with a very strong narrative section. In particular the timeline for delivery of the schemes was clear and really helped put all the schemes into perspective. The use of pilots in the schemes was also commended. However a number of risks do need to be addressed, including the development of further detail for the full range of schemes which contribute to the BCF rather than just the new schemes.

b) Narrative Plan Template

This was the strongest part of this plan. All the information was clear and easy to cross reference. Provider engagement was strong for this plan which the review team found particularly reassuring. The main area to focus on was to strengthen the risk log and in particular the risk share arrangements for the Pay for Performance part of the plan.

c) Activity & Finance Template

The finance and analytics review focused on strengthen the argument to achieve a 2.2% reduction from baseline whilst containing growth. The HWB felt that they had all the evidence necessary and from our discussion the review team largely agreed. We then went to discuss the actions focused on the checklist in the supporting guidance which were clear and agreed. There was also an outstanding issue relating to the Delayed Transfers of Care trajectory and the local BCF representatives explained the work underway to resolve this.

d) Pending\Mitigating Actions

Actions have been agreed to resolve all outstanding risks which appear achievable. The main issues to resolve are the supporting evidence to reduce emergency admissions and clarity over the need to include more detailed information relating to already established schemes.

5.1.2 Next steps

The local area is given full responsibility for its BCF budget but will be required to submit further information or evidence in line with the outcome of its NCAR report. Ongoing support and oversight will be handled by NHS England regional and area teams, who will appoint a relationship manager to agree a timetable with the local area to complete the agreed actions. This manager will coordinate and track the agreed actions, assessing additional evidence supplied and moving plans to a fully approved status; it is expected this will happen quickly, by the end of November

5.2 Progress since submission

5.2.1 Section 75 agreement

There is a requirement to develop a robust Section 75 agreement across the Local Authority and CCG which outlines arrangements and mechanisms for risk sharing and contingencies. Work has commenced on developing the section 75 agreement and a draft will be available for review by HWBB members in March prior to formal sign off by the Local Authority and CCG.

5.2.2 Performance reporting

Reporting templates are being drafted to provide updates to both the Executive Joint Commissioning Group and Health and Wellbeing Board members on performance against BCF metrics. Due to data collection and collation schedules it is anticipated that performance will be reported on a quarterly basis. A performance report will be available for Health and Wellbeing Board members in March 2015.

5.2.3 Finance reporting

A reporting template is being drafted which will provide regular updates to Health and Wellbeing Board members on spend and variance against plan. April data will be available in June 2015. Reports will be produced after this date and presented to Executive Joint Commissioning Group members monthly and Health and Wellbeing Board members quarterly.

5.2.4 Pay for Performance

The finance template will provide an update on the pay for performance aspect of the BCF including anticipated risks and any mitigating actions, which will be presented to both Executive Joint Commissioning Group and Health and Wellbeing Board members quarterly.

6. POLICY IMPLICATIONS

Policy implications relating to the Better Care Fund plan were considered and reported to Health and Wellbeing Board members prior to submission of the plan.

7. FINANCIAL IMPLICATIONS

Financial implications relating to the Better Care Fund plan were considered and reported to Health

and Wellbeing Board members prior to submission of the plan.

8. LEGAL IMPLICATIONS

Resource implications relating to the Better Care Fund plan were considered and reported to Health and Wellbeing Board members prior to submission of the plan

9. RESOURCE IMPLICATIONS

Resource implications relating to the Better Care Fund plan were considered and reported to Health and Wellbeing Board members prior to submission of the plan.

10. EQUALITY AND HEALTH IMPLICATIONS

Equality and Health implications relating to the Better Care Fund plan were considered and reported to Health and Wellbeing Board members prior to submission the plan.

11. CONSULTATIONS

The details of engagement and consultation with service providers, patients, service users and the public has been reported to Health and Wellbeing Board members throughout development of the local BCF plan. Full details of engagement can be found within the narrative submission. Progress is being made to ensure public, service user and provider engagement in delivery of plans is in place.

VERSION: 1.0

CONTACT OFFICER:	Claire Jackson Programme Director- Integrated Commissioning
DATE:	29 th October 2014
BACKGROUND PAPER:	

