Health & Wellbeing Board
Buckinghamshire

Health and Wellbeing Board
28 January 2016

BUCKINGHAMSHIRE HEALTHY BUCKS LEADERS
Developing our System Transformation Plan

Introduction

NHS England requires every health and care system to create a 'System Transformation Plan' as a local blueprint for accelerating implementation of the Forward View. STPs will cover the period between October 20161 and March 2021, and will be subject to formal assessment in July 2016 following submission in June 2016.

The emphasis is on Place based commissioning, where planning is undertaken by whole systems for local populations. The expectation is that the system leaders come together as a team, develop a shared vision with the local community (including local government), set out a programme of activities to make it happen, take responsibility for execution against plan and learn/adapt over time.

Buckinghamshire has a strong history of working together as a system, but we will need to carefully describe our collaborative approach and produce a robust STP, or we may be subject to intervention by NHSE and NHS Improvement. The STP must cover:

- all geographic areas of CCG and NHS England;
- commissioned activity including specialised services and Primary Care
- better integration with local authority services, including prevention and social care

It must have an open, engaging, and iterative process across clinicians, patients, carers, citizens, local community partners including independent and voluntary sectors and local government through health and wellbeing boards.

STPs will be subject to a single application process for being accepted onto programmes with transformational funding for 2017/18 onwards – and significant central money (The Sustainability and Transformation Fund, STF) is attached. This protected funding is for initiatives such as new care models, primary care access and infrastructure, technology roll-out and to drive clinical priorities such as diabetes prevention, learning disability, cancer and mental health.
For 2016/17 only, to enable timely allocation, the limited available additional transformation funding will continue to be run through separate processes. **The most compelling and credible STPs will secure the earliest additional funding from April 2017 onwards.**

The criteria for assessment of STPs include:

- the quality of plans, particularly the scale of ambition and track record of progress already made;
- the reach and quality of the local process, including community, voluntary sector and local authority engagement;
- the strength and unity of local system leadership and partnerships, with clear governance structures to deliver them; and
- how confident NHSE are that a clear sequence of implementation actions will follow as intended, through defined governance and demonstrable capabilities.

Defining our Transformation Footprint

The first critical task is for local health and care systems to consider their transformation footprint – the geographic scope of their STP – proposals to be submitted by Friday 29 January 2016 for national agreement. Taken together, all the transformation footprints must form a complete national map and the scale of the planning task may point to larger rather than smaller footprints.
Note that we await further guidance on the STP process (due sometime in January 16). This will set out the timetable and early phasing of national products and engagement events that

are intended to make it much easier to answer the challenges we have posed, and include how local areas can best involve their local communities in creating their STPs.

The purpose of this paper is to set out a proposal for our Buckinghamshire system planning footprint, for further discussion at the Healthy Bucks leaders Group on 13th January.

All Health Bucks System Leaders are asked to:

1. **Agree the design principles and outline model for our Buckinghamshire planning footprint;**
2. **Agree how the ongoing detailed work will be undertaken on behalf of the system so that we have a robust description ready for submission to NHSE by Friday 29th January.** (Note the second point is not covered by this paper)

NHSE states that Transformation footprints should be locally defined and based on natural communities, existing working relationships and patient flows. They should take account of the scale needed to deliver the services, transformation and public health programmes required. They must describe the fit with other footprints, e.g. local digital roadmaps and learning disability units of planning and it is expected that the plans may adapt over time.

Levels of Planning and Transformation

Our health commissioning system is based upon the levels of scale required for effective and efficient service provision to our patients.

1. Patient level

At the lowest level there will be individual patient centred health & social care, commissioned by the patient.

2. Locality Level- population clusters of 20k-100k

Buckinghamshire GP Practices have organised themselves into seven commissioning localities, made up of clusters of GP Practices with registered patient populations of between 20k – 100k.

These localities form the smallest units of our 'place' based model, with groups of providers, commissioners, the public and stakeholders coming together to understand their population health and social care needs so that suitable services may be procured. Note that these geographical populations are not set in stone and may change over time.

Working at this level, the transformational agenda can achieve:

- Localised community cohesion and use of volunteers;
- Integrated community health and social care teams (see napc primary care home)
- Preventative initiatives through local mobilisation and responses to local health issues;
- Development of Multi Specialty Providers and PACS as described in FYFV;
- Some commissioning of very localised services

3. County wide level – population of 500k

Secondary care, Mental Health, Community Nursing and Out of Hours Primary Care services are commissioned at this population level, based upon a mixture of county wide health needs analysis (the JSNA) and checked against an aggregate of the seven localities.

At county level, economies of scale are achieved for commissioning these most frequently used health services for our patient population. Furthermore, the services are commissioned from one main provider of secondary and community services, one main provider of Mental Health and one main provider of out of hours primary care services. At county level, our

main secondary and community provider and our out of hours provider achieve levels of scale that enable them to be financially viable organisations.

Working at this level, the transformational agenda can achieve significant change for the majority of services used by our population:

- Buckinghamshire wide transformation of out of hospital services;
- Wider integration of primary, social, mental health and secondary care services
- Development of larger PACS models or an Accountable Care Partnership

The system's key strategic aim is to build care as close to home as possible, transforming our out of hospital services and building our community services to enable this to happen. Whilst some of our patient flows don't quite fit with this model (e.g. Frimley activity in South Bucks, flows to MKFT in north Aylesbury), our locality units will actively monitor these flows and will be able to highlight any significant activity shifts at an early stage.

4. Beyond the County; Commissioning and Providing at scale

Other health services are commissioned for populations beyond our county boundaries as they require greater economies of scale in order to be cost effective and efficient.
LD services are commissioned with a large partner CCG in order to achieve at least a 1m population footprint, whilst other services such as NHS 111 and 999 services will continue to be commissioned as a minimum across Thames Valley with a population of over 2m, overseen by the Urgent and Emergency Care Network.

Beyond this there are layers of specialist commissioning, commissioned and provided for populations greater than 4m and up to national population levels for some highly specialist services. A framework for these levels of commissioning is currently national work in progress, linked to economies of scale and financial risk management.

Working at this level, the transformational agenda can achieve change for the small groups of Buckinghamshire residents who require these specialist interventions.

Conclusion

The guidance describes the STP as the 'umbrella plan', holding underneath it a number of different specific delivery plans, some of which will necessarily be on different geographical footprints.
Our main transformation programme needs to be focussed on our key service providers of secondary, community, mental health and primary care, as these cover the majority of demand from our local population's health needs. **It is therefore proposed that the county level is declared as our main footprint for system transformation.**
Other transformational delivery plans will be based upon our larger commissioning footprints, for example LD will be described across Herts Valleys & Buckinghamshire, whilst urgent and emergency care will range across multiple levels, from localities to CCG level and Thames Valley wide.

Next Steps

HBL are asked to approve this proposal for our main STP footprint and to agree how the ongoing detailed work will be undertaken on behalf of the system so that we have a robust description ready for submission to NHSE by Friday 29th January.

Lou Patten
11th Jan 2016

Health & Wellbeing Board
Buckinghamshire

Title	Better Care Fund 2016 to 2017: how will it work? An update
Date	
Report of:	Rachael Rothero – Service Director for Commissioning and Service Improvement
Lead contacts:	John Lisle – Chiltern CCG Colin Thompson – Aylesbury Vale CCG Rachael Rothero – BCC Ali Bulman - BCC

Purpose of this report:

To provide the Health and Wellbeing Board with an update on the way in which the Better Care Fund will be implemented in the financial year 2016.17. This is based on the national policy framework which has recently been issued. The paper will also consider the implications of this for Buckinghamshire specifically. A summary of the main issues covered in this paper are as follows:-

- The legal and financial basis of the fund.
- The conditions of access to the funds.
- The priorities for the fund and the national and local performance metrics.
- The assurance and approval process of the fund including timescale for sign off.

Summary of main issues:
The BCF policy is intended to provide a big financial incentive to support the integration of health and social care services. It has required the pooling of budgets and an agreement about how integration will be taken forward and the funding prioritised to support this.

In 2015.16 the national allocation for the BCF was £3.8bn. This is expected to increase to £3.9bn in 2016.17. Whilst we have not had the precise allocation for Buckinghamshire health and social care system it is expected it will be similar to 2015. A summary of this is set out in the table below.

Contributions from the partners to the BCF	**£m Contribution**	**Summary of what is included**
Social care contribution via the NHS	£9,060m	Including £1,400 Care Act monies
Health contribution via the NHS	£17,395m	Made up of community healthcare teams and community inpatient services
Other funding via the Council	£2,430m	Made up of DFG and Social Care capital grant
Total BCF funding in the s.75 partnership agreement	**£28,886**	**Health and social care funding**

Of the £3.519m allocated to CCG in 2016.17 £2,519m will be available upfront to support the BCF plan and the local integration priorities. The remaining money will be subject to new national conditions. The allocations locally are not known yet.

It is also worth pointing out that in addition to this BCF the spending review has also made available up to an additional £1.5bn by 2019/20 which is paid directly to Councils. Whilst we have not had notification of our final out allocation we are expecting it to be in the region of £800k by 2019/20 which is one of the lowest in the country.

Local areas will be required to demonstrate that they meet the following conditions in order for the funding to be released. NHS England has the ability to withhold or redirect funds if the following conditions are not met.

1. Establishment of an s.75 agreement and pooled budgets.
2. A requirement for Health and Wellbeing Boards to jointly agree the plans to spend the BCF and to take forward integration.
3. A requirement for plans to be approved by NHS England and DCLG.
4. A requirement that a proportion of the areas allocation will be subject to a new condition around NHS commissioned out of hospital services and addressing DTOCs.
5. Plans will also be required to meet the following national conditions:-
    - Maintain provision of social care services
    - Agreement for the delivery of 7 day a week health and social care services to reduce unnecessary non elective admissions.
    - Better data sharing across health and social care including use of the NHS number.
    - Ensure a joint approach around assessment and care planning ensuring that there is an accountable professional for integrated packages of care.
    - Agreement on consequential impact of the changes on providers that will be substantially affected by the plans.
    - Agreement to invest in a range of NHS commissioners out of hospital services which may include investment in social care.
    - Agreement on a local action plan to reduce DTOCs.

In addition to this it is expected that local systems will develop a clear set of commissioning and decommissioning priorities to support the integration of health and social care services that the BCF will support the delivery of. In Buckinghamshire in 2015.16 the health and social care system signed off an integrated model for Older People services with a view to the investment in the BCF being reshaped over time to deliver this, as well as other funding in the health and social care economy. As part of the 2016.17 BCF there will be a requirement to review this integration plan and determine the detailed priorities to support integration during 2016.17 and the appropriate governance to oversee the delivery of this and the commissioning capacity required to drive this forward on behalf of the CCGs and the LA.

It is expected that local Better Care Fund plans will be agreed in line with the guidance. The key elements of the assurance and approval process for local Better Care Funds and the timescale around this is set out below. It is expected that before the 8th February submission of the One year Operating Plan for the CCGs and the BCF planning that it will have been signed off by the Health and Wellbeing Boards as part of the first gateway of assurance.

Date	Action
8 January	• BCF Policy guidance issued • CCG allocations issued
15 January	• NHS Planning guidance issued • NHS Planning return template issued • HWB level BCF allocations published
TBC	• Final technical BCF guidance and templates to be issued
8 February	• Deadline for first draft submission of BCF planning return • Deadline for first CCG operating plan submission
12 February	• National team provide analysis of planning return to regions
19 February	• Deadline for feedback from regional assurance and moderation of the first draft submission, wider progress, and support offered where required
26 February	• Issue revised planning return template with CCG NEA numbers pre-populated
2 March	• Deadline for second CCG operating plan submission
TBC	• Deadline for submission of BCF narrative plan (regionally)
9 March TBC	• Issue final planning return template with final CCG NEA numbers pre-populated
16 March TBC	• Deadline for submission of final BCF planning return
25 March TBC	• Deadline for confirmation of proposed assurance rating for all plans from regions
20 April TBC	• Final plans submitted, signed off by the Health and Wellbeing Board
31 April TBC	• Confirmation of outcome of assurance process

Senior officers from the CCGs and the County Council who are on the JET for Joint Care and the formal governance to oversee the delivery of the BCF in 2015.16 are in the process of negotiating the BCF plan and priorities for 2016.17.

Recommendation for the Health and Wellbeing Board:

1. **To note the content of this report.**
2. **To provide any comments or observations to the content of the report.**
3. **To advise on the Health and Wellbeing Board sign off process in light of the timescales for submission.**

Background documents:

2016/17 Better Care Fund Policy Framework DH and DCLG