

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Report on behalf of Lincolnshire Joint Commissioning Board

Report to	Lincolnshire Health and Wellbeing Board
Date:	8 December 2015
Subject:	Update on activity – Lincolnshire Joint Commissioning Board (JCB)

Summary:

This report provides an update on the activities of the Lincolnshire Health & Care programme, the Better Care Fund and the Joint Commissioning Board.

Actions Required:

The Health & Well board being are asked to note the activities of the Joint Commissioning Board

1. Background

The Joint Commissioning Board meets monthly and has responsibility for the joint oversight of the Lincolnshire Health & Care Programme and the Joint arrangements for the Better Care Fund. The purpose of this paper is to bring to members up to date with current activities and plans in relation to the Joint Commissioning Board.

Lincolnshire Health & Care Programme

The Lincolnshire and Health and Care programme is now in its third year. It is the overarching strategic change programme aimed at developing a health and care system which can respond to the challenges of the future i.e. limited resources; an ageing population; ever increasing expectation and ever improving health technologies.

The blueprint, the first phase, was signed off by all stakeholder organisations over the Winter of 2013 and since then the programme has been working towards finalising the more detailed recommendations for change, particularly those where there will be significant change and there is a requirement for a public consultation.

The key areas where public consultation will be required will be around where there is a need for significant service reconfiguration in particular where there will be either a reduced or a different requirement for Hospital based care.

The overarching vision for Lincolnshire Health and Care is the development of a system that aims to prevent ill health, support people as early on in their journey as possible and maintain their independence, choice and control at every stage of their journey.

A key principle is the extension of “care closer to home” with the development “Neighbourhood Teams” where a “joined up service” is provided by both the statutory and the third sector will provide “wrap around” care that is both of a consistent quality but also feels very personal for those in receipt of it.

The consequence of successfully implementing such a strategy will be a reduced dependence on traditional hospital type services. The overarching vision is that ultimately we will need significantly less hospital based services than we do currently.

In order for the case for change to be fully made and improved, we are required to develop a strategic outline case. This outline case needs to be assured by NHS England who have the responsibility in law of ensuring that any proposed reconfiguration meets the key standards. The strategic outline case is also reviewed by the Clinical Senate which has a region wide responsibility for ensuring that proposed changes to services are both clinically evidenced and reflect safe high quality services. The key aim was to produce a consultation document following the approval by the Winter of 2015.

Following feedback from the Clinical Senate and initial review by NHS England it has been identified that despite the strategic outline case being very strong, with a compelling vision for modern services, there are a number of areas where further work needs to be undertaken. These principally revolve around the detail around the options for hospital reconfiguration.

In order to complete the process, an additional option appraisal process is being put in place using an expert group made up of clinicians and service leaders to analyse the various options and provide recommendations. This will then be reviewed by the LHAC Stakeholder Board and other partners with the aim of giving a clear whole community view on the recommended options prior to going to public consultation. This work will also enable us to address the key points raised by the Clinical Senate and NHS England. This will mean the public consultation is delayed until the end of the Winter at the very least, however, the programme remains in a very strong place and the work on the Neighbourhood Teams continues to develop. All partners remain committed to the process and work is ongoing preparing for the consultation process including identifying key stakeholders and planning for and preparing the consultation process.

We will keep the Health and Wellbeing Board updated as the strategic outline case is finalised and the assurance process with NHS England and the Clinical Senate is completed.

Better Care Fund

The JCB last reviewed progress on the £197.3m BCF pooled fund at its October meeting with an update on 2015/16 finances and performance metrics (1st quarter), a discussion on planning for 2016/17, and a short note on a £50k proposed bid for funding to support Neighbourhood Team development.

Operationally the BCF is reviewed at a monthly meeting of the BCF Task Group. This group has recently agreed to move to fortnightly meetings until further notice, to enable it to:

- lead a detailed review of 2015/16 BCF schemes being invested in across Lincolnshire. Nationally a BCF self-assessment toolkit has recently been developed to aid such reviews, and the Task Group last met on 19 November when it devoted the entire meeting to work on this review. The financial pressures on NHS colleagues are considerable in 2015/16 and expected to be equally challenging in 2016/17. Accordingly the 4 CCGs have written to the County Council stating that they cannot afford the £20m allocated to 'protect Adult Care' in 2016/17. The County Council have replied indicating it cannot accept this position and so these negotiations will be difficult and require considerable effort to find an acceptable solution for the partners.
- The outcome of the review as above will help to advise on proposed funding for 2016/17 at both an overall and scheme specific level. It is anticipated that the national requirement will be for an agreed position to have been reached by February 2016. Both JCB and Health and Wellbeing Board members will be aware of just how difficult this will be.

At the time of preparing this paper, work is being undertaken to complete the Q2 (July – September) return to NHSE, due to be submitted by 27 November. This return will indicate that:

- the full £197.3m 2015/16 planned investment is projected to be fully utilised
- the target of achieving a 3.5% reduction in non-elective admissions will have been achieved in the first quarter of 2015, will not have been achieved in the quarters ending June and September, and is currently viewed as very doubtful for the quarter ending 31 December 2015. Under the Pay for Performance national requirements this has already meant having to pay a penalty of £1.9m from the Contingency Reserve established in case of this eventuality. Whilst performance in general is reviewed monthly, the specific performance on non-elective admissions and performance on DTOC have been the subject of detailed review and discussion at the JCB, at the Task Group and also at the ProActive Delivery Board. The Health and Wellbeing Board has also received reports on performance at its last 2 formal meetings.
- interestingly the Q2 return indicates that three additional metrics may be introduced for 2016/17 around Integrated Digital Records, the use of risk stratification, and personal health budgets.

Nationally, NHSE have recognised the need to improve support to BCF arrangements at a local level and a number of support mechanisms are being developed. One of these is

that a pool of BCF Implementation Managers has been appointed with one person specifically supporting the East Midlands. Another is the establishment of a £1m Local Integration Support Fund with individual bids for a maximum of £50k being requested. . For Lincolnshire a business case/proposal focused on leadership and organisational development work within the Neighbourhood Teams and their contribution to integrated care is being developed, and we will know hopefully by the end of 2015 whether this bid has been successful.

The recently announced Comprehensive Spending Review (25.11.15) has now been analysed and the effects upon both health and social care and the BCF will be provided as a late briefing at Health and Wellbeing Board.

2. Conclusion

This report highlights the work of the Joint Commissioning Board over the last 3 months and indicates a number of challenges and issues that need to be resolved within the next few months.

3. Consultation

There are no matters requiring consultation.

4. Appendices

There are no appendices to this report.

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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