

Attachment 06

Report to:	NEL CCG Partnership Board		
Presented by:	Helen Kenyon		
Date of Meeting:	10 th July 2014		
Subject:	CCG and council business plan for the delivery of adult social care and children's health services under s75 agreement		
Status:	<input checked="" type="checkbox"/> OPEN	<input type="checkbox"/> CLOSED	
Agenda Section:	<input checked="" type="checkbox"/> STRATEGY	<input type="checkbox"/> COMMISSIONING	<input type="checkbox"/> OPERATIONAL ISSUES

OBJECT OF REPORT

The CCG and council entered into a section 75 agreement in 2013, which built upon the pre-existing agreement (since 2007) between the Care Trust Plus and council for the delivery of integrated health and adult social care and for the delivery of certain children's health functions.

The attached report, the Partnership Business Plan sets out the proposed areas of focus for the partnership agreement for the next 3 years. Whilst it is a 3 year plan it is refreshed an updated on an annual basis to ensure that it continues to reflect the priorities of the partnership within the context of changing national and local requirements

It is a requirement of the legal agreement that the CCG and Council formally agree the business plan.

STRATEGY

The business plan sets out the key priorities to be delivered under the arrangements and also establishes the financial arrangements.

IMPLICATIONS

The business plan provides a key mechanism by which the CCG and council are able to agree programmes of work and performance objectives, thus enabling the partners to ensure that its resources are used to best effect and that value for money is being achieved.

If the business plan were not approved then the partners may not achieve maximum benefit from the unique arrangements that we have in place in NEL as there would not be a clear steer re the priority areas of focus.

RECOMMENDATIONS (R) AND ACTIONS (A) FOR AGREEMENT

R That the board agrees the business plan for the period 2014-17 **Agreed?**

		Yes/No	Comments
	Does the document take account of and meet the requirements of the following:		
i)	Mental Capacity Act	N	
ii)	CCG Equality Impact Assessment	N	
iii)	Human Rights Act 1998	N	
iv)	Health and Safety at Work Act 1974	N	
v)	Freedom of Information Act 2000 / Data Protection Act 1998	N	
iv)	Does the report have regard of the principles and values of the NHS Constitution? www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113613	N	

North East Lincolnshire Council and the North East Lincolnshire Clinical Commissioning group business plan 2014-2017

1. Introduction

This plan is a requirement of the partnership agreement and sets out

- objectives to be delivered by the each partner for the period of the plan
- financial resources that are transferred under the agreement.
- anticipated major changes in policy, any issues that are defined as 'reserved matters' for the council in the Partnership Agreement.

2. Key policy changes

- Implementation of the Care Bill.
- The delivery of the new NHS, Adult Social Care and Public Health Outcomes Frameworks.
- Better Care plan

3. Key areas for partnership development:

Together we will deliver sustained improvements to health and social care by:

- Tackling health inequalities through targeted activity in the most deprived areas
- Delivering value for money health and care services
- Improve access to quality information for residents of all ages on health care and wider support options
- Promoting the role of citizens, in improving quality, choice and accessibility as well as taking responsibility for their own health and well being
- Integrating and joining up services to improve quality and reduce duplication

4. Financial and performance arrangements.

Detailed financial arrangements are contained in appendix 1; appendix 2 contains the performance measured to be reported.

5. Risk management and assurance

NELC and the CCG have identified the following key strategic risks:

- Increasing demand for care services due to demographic changes in the population and due the presentation of increasingly complex health needs in children and young people

- Financial implications of the Care Bill
- Financial balance – due to the need achieve council and NHS savings targets
- Failure to deliver the pace of change required in acute sector to release resources safely from the acute sector
- Assurance on the robustness of safeguarding arrangements for both children and adult services

A risk management plan will be developed for the partnership. The council will hold the budget (£32,000) to deliver the audit plan.

Equality impact assessments

During the course of the year the CCG will undertake equality impact assessments for Adult Social Care to give the assurance that NELC needs.

NELC will undertake equality impact assessments for service changes determined by the Children's Commissioning Board to provide assurance to Health for services commissioned on its behalf

The **operational board meeting** takes place quarterly and includes the following:

- Key strategic issues and forward plan of key decisions
- Policy developments
- Report progress on key plans and strategies
- Safeguarding
- Highlight/give assurance on the management of risks
- Finance and performance

North East Lincolnshire CCG & Council Partnership Agreement priorities for the period 2014-17

Strategic / High Level Priority	Work Required 2014/15	Work Required 2015/16	Work required 2016/17	Policy implications	Lead and Support Arrangements
Adult Social Care Efficiency Programme (previous Vulnerable Adults Outcome Review)	Deliver £2m of the required £7m efficiency programme ; Develop options for future savings	Deliver £4.7m of the required £7m efficiency programme	Deliver the final element of the £7m efficiency programme	Updated implementation plan for ASC strategy to cover 2014-17	CCG Lead - Helen Kenyon Technical support – Jake Rollin
Children’s Commissioning	Develop specification for Children’s Therapy services Implementation of changes required as a result of Healthy lives healthy futures	Re-procurement of CAMHS due 2016/17 so work needs to take place this year.		New role requirements of CCG from new SEN Code of Practice – statutory.	Jan Haxby
Further development of the partnership arrangements in place between the CCG and Council	To identify further areas where working in partnership between the CCG and Council would be of benefit		Implementation of the further areas identified for joint working	None, but will require CCG and council decisions on option	Overall lead for each organisation Peter Melton and Rob Walsh

<p>Adult safeguarding arrangements</p>	<p>Provide early and on-going safeguarding alerts and information sharing; Delivery of annual report</p>	<p>On-going review and management of arrangements;</p>	<p>On-going review and management of arrangements;</p>	<p>Revised strategy, business plan and protocols; Annual report to cabinet</p>	<p>Caroline Barley/ Laura Bennett</p>
<p>Better care fund</p>	<p>Implement year 1 of the better care fund requirements</p>	<p>Implement year 2 of the better care fund requirements</p>		<p>Plans signed off by HWBB, CCG and council</p>	<p>Helen Kenyon/Jake Rollin</p>
<p>Care Bill implementation</p>	<p>Requirements of bill communicated and understood by agencies and elected members Establish governance arrangements, cost implications implementation plan</p>	<p>Systems in place to deliver assessments and manage care accounts</p>	<p>Operating under new arrangements</p>	<p>New assessment framework; Review of policies on personalisation, care support and planning; charging; carers' support</p>	<p>Helen Kenyon/Jake Rollin</p>

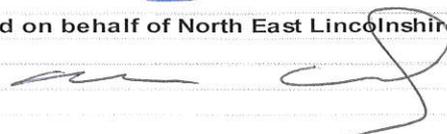
<p>Improving the health of the public</p>	<p>Production of implementation plan for health and wellbeing strategy</p> <p>Programme management arrangements in place for delivery of health and wellbeing strategy</p> <p>Establishment of health and wellbeing joint commissioning arrangements</p>	<p>Contracts and services re-commissioned/redesigned in line with priorities</p>	<p>On-going review and management of the programme</p>	<p>Health and wellbeing implementation plan</p>	<p>Bev Compton</p> <p>Bev Compton/Geoff Barnes</p> <p>Bev Compton</p>
<p>Health and wellbeing board</p>	<p>Implement revised terms of reference for the board</p> <p>Strengthen support for the board to ensure that it is operating effectively to co-ordinate service integration in NEL</p>	<p>Review and reassess HWBB effectiveness</p>		<p>Revised terms of reference;</p>	<p>Bev Compton</p>
<p>Progress independence and self-care element of healthy lives healthy futures</p>	<p>Year 1 evaluation of the community capacity building programme</p>	<p>Develop and sustain robust prevention and early intervention approach for children</p>			<p>Caroline Barley/Jake Rollin</p>

	<p>Deliver year 2 of building choice and releasing community capacity project;</p> <p>Continue work to develop ageing better bid</p>	<p>and adults</p>			
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**North East Lincolnshire
Clinical Commissioning Group**

ADULT SOCIAL CARE PARTNERSHIP FIGURES

	2013/14 £	2014/15 £	2015/16 £
Partnership Agreement brought forward	46,279,539	49,489,949	46,775,375
2009 Budget Round			
Efficiencies	-	-	-
2010/11 Priority Resource Planning Process			
Grants Rolled in	-	-	-
Pressures	-	-	-
Efficiencies	-	-	-
Permanant Virements	-	-	-
2011/12 Priority Resource Planning Process			
Efficiencies (OBC 1, 2,3 & 5)	(915,000)	(1,850,000)	-
Efficiencies OBC 4	-	-	-
NHS share of £1b (announced for 2 years only)	-	-	-
PSS grant funding	-	-	-
Blue Badge Scheme	-	-	-
Childrens Workforce Development	-	-	-
2012/13 Priority Resource Planning Process			
Reduce Demographic Pressures	(500,000)	-	-
2013/14 Priority Resource Planning Process			
Learning Disability & Health Reform in Formula Funding	3,675,000	91,000	-
Less Local Healthwatch included in LD & HR funding	(10,167)		
Local Reform & Community Voices Grant	136,560	4,262	
Less Local Healthwatch in LR&CVG	(43,027)		
Less Independent Complaints Advocacy Service in LR&CVG	(46,136)		
Pressures	700,000	700,000	991,000
Measures to mitigate pressures	(200,000)	(400,000)	(1,291,000)
Efficiencies - Charging	(476,000)	(150,000)	(212,000)
2014/15 Priority Resource Planning Process			
Outcome review savings required		(2,000,000)	(5,000,000)
Sub Total	48,600,769	45,885,211	41,263,375
Inflation @ 2% in 13/14 - 15/16	889,180	890,164	965,268
Sub Total - recurrent baseline	49,489,949	46,775,375	42,228,643
Specific grants passed to CTP	-	-	-
Non recurrent new Burdens grant	59,058		
Veterans Income Guarantee 2012/13 allocation (2013/14 allocation within LR&CVG)	1,387		
Partnership Agreement per NELC MTFP	49,550,394	46,775,375	42,228,643
Income:			
NHS	2,791,000	2,924,000	2,924,000
Capital Grant provided as revenue support	-	-	-
LD	-	-	-
Total	2,791,000	2,924,000	2,924,000
	46,759,394	43,851,375	39,304,643
Signed on behalf of North East Lincolnshire Council			Date
			21/1/14
Signed on behalf of North East Lincolnshire CCG			Date
			13-1-14

Appendix 2 – Performance indicators

National priority area	Targets to be delivered by NELC on behalf of the CCG	Targets to be delivered by the CCG on behalf of NELC
NHS Operating Framework 2012-13	PHQ16: Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s PHS17: Health Visitor Numbers	
Adult Social Care Outcomes Framework 2012-13		<p>1A: Social care-related quality of life</p> <p>1B: The proportion of people who use services who have control over their daily life</p> <p>1C: Proportion of people using social care who receive self-directed support, and those receiving direct payments</p> <p>1D: Carer-reported quality of life</p> <p>1E: Proportion of adults with learning disabilities in paid employment</p> <p>1F: Proportion of adults in contact with secondary mental health services in paid employment</p> <p>1G: Proportion of adults with learning disabilities who live in their own home or with their family</p>

		<p>1H: Proportion of adults in contact with secondary mental health services who live independently, with or without support</p> <p>2A: Permanent admissions to residential and nursing care homes, per 100,000 population</p> <p>2B: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services</p> <p>2C: Delayed transfers of care from hospital, and those which are attributable to adult social care</p> <p>3A: Overall satisfaction of people who use services with their care and support</p> <p>3B: Overall satisfaction of carers with social services</p> <p>3C: The proportion of carers who report that they have been included or consulted in discussion about the person they care for</p> <p>3D: The proportion of people who use services and carers who find it easy to find information about services</p> <p>4A: The proportion of people who use services who feel safe</p> <p>4B: The proportion of people who use services who say that those services have made them feel safe and</p>
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<p>Public Health Outcomes Framework 2013-16</p>	<p>Low birth weight of term babies</p> <p>Breastfeeding</p> <p>Under 18 conceptions</p> <p>Child development at time of 2-2.5 years</p> <p>Excess weight in 4-5 and 10-11 year olds</p> <p>Hospital admissions caused by unintentional and deliberate injuries in under 18s</p> <p>Emotional Wellbeing of looked-after children</p> <p>Alcohol related admissions to hospital</p>	<p>secure</p> <p>People with mental illness or disability in settled accommodation</p> <p>Employment for those with a long-term health condition including those with a learning difficulty/disability or mental illness</p>
<p>Other</p>	<p>Childhood obesity rate: Year R</p> <p>Childhood obesity rate: Year 6</p> <p>Childhood Immunisations</p> <p>Teenage conception rates per 1,000 females aged 15-17</p>	<p>Timeliness of social care assessment (all adults)</p> <p>Timeliness of social care packages following assessment</p> <p>The number of carers receiving a 'carer's break' or a specific carers' service or advice and information as a percentage of clients receiving community based services.</p> <p>Reviews</p>