



Aylesbury Vale Clinical Commissioning Group
Chiltern Clinical Commissioning Group

BETTER CARE FUND UPDATE

DATE OF MEETING: 28th March 2017

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PURPOSE OF BRINGING PAPER: To provide an update on the BCF for the Health and Social Care Committee

RECOMMENDATION: To note the update and timeline provided below

BACKGROUND

Integration of health and social care is about:

- improving service user experience and outcomes – to streamline access points, stop duplicating assessments and reduce multiple visits and interventions by different professional teams; bringing together all the elements of care that a person needs
- better management of demand to support the sustainability of the health and social care system.

The Better Care Fund (BCF) is a single pooled budget, to incentivise the NHS and local government to work in partnership to integrate health and social care services. The BCF is governed through a S75 agreement and is an opportunity for local areas to reduce duplication, innovate and enhance services improving outcomes for local residents.

The BCF is an identified element of the Government's vision for integration of health and social care by 2020. Local areas are being asked to demonstrate their process for integration through the 2017-19 BCF plans and their sustainability and transformation plans (STP).

The recently published National Audit Office report on Health and Social Care Integration¹ came to the conclusion that the BCF has not achieved the expected value for money; in terms of savings, outcomes for patients or hospital activity over its first year (2015-16). However, the report highlights that the BCF has been successful in incentivising local areas to work in partnership and has achieved improvements in reducing permanent admissions of

¹ <https://www.nao.org.uk/report/health-and-social-care-integration/>

people aged 65 and over to residential and nursing care homes, and in increasing the proportion of older people still at home 91 days after discharge from hospital in reablement or rehabilitation services.

BCF IN BUCKINGHAMSHIRE

To date, the BCF in Buckinghamshire has followed the nationally-set financial contributions, made up of:

- i. CCG minimum contributions
- ii. Disabled Facilities Grant
- iii. Care Act 2014 Monies
- iv. Former Carers' Breaks funding

Buckinghamshire County Council (BCC) and the Buckinghamshire Clinical Commissioning Group (CCG) have agreed not to contribute any extra funding to the pooled budget other than the nationally required CCGs' uplift – the assumption had been for a 1.7% increase but this has not been confirmed by NHSE and systems have now been advised to plan on the assumption of no uplift.

The Spring Budget (8th March 2017) announced an additional £2bn for social care over 3 years. This will be allocated mainly through the iBCF (improved Better Care Fund). The additional funding allocations for adult social care announced 9th March indicate for Buckinghamshire the values are:

2017/18	£3,489,166
2018/19	£ 3,657,639
2019/20	£2,346,242

Decisions about the use of the improved BCF are yet to be made. There will be conditions around the use of the additional funding which we have not yet received. The new funding needs to be seen in the context of additional pressures facing adult social care budgets next year.

BCF EXPENDITURE 2016-17

Source of funds	Value	Purpose
NHS	£18,243,650	NHS priorities
LA	£11,970,280	Protection of social care LA Care Act Disabled Facilities Grant
Total	£30.21m	Combined funding streams – Mandatory minimum

Scheme Name	Funds	2016/17 Expenditure (£)	Origins of funding
7 Day Service	social	640000	Via the CCG transferred to

	care		the LA
Falls Service	social care	275000	Via the CCG transferred to the LA
Hospital Discharge Teams	social care	791000	Via the CCG transferred to the LA
Carers Bucks Contract	social care	550000	Via the CCG transferred to the LA
MAGs	social care	50000	Via the CCG transferred to the LA
Reablement	social care	2172000	Via the CCG transferred to the LA
Home from Hospital	social care	222000	Via the CCG transferred to the LA
Assistive Technology	social care	306000	Via the CCG transferred to the LA
Dementia Advisors	social care	156000	Via the CCG transferred to the LA
Stroke Advisors	social care	70000	Via the CCG transferred to the LA
Quality in Care Team	social care	310000	Via the CCG transferred to the LA
Care Act	social care	1400000	Via the CCG transferred to the LA
Existing Social Care Pressures	social care	2151000	Via the CCG transferred to the LA
BCF Administration	social care	100000	Via the CCG transferred to the LA
Adult Community Healthcare Teams	Health	13979650	CCG funding
Community In Patient Services	Health	4205000	CCG funding
IV Therapy & OPAT services	Health	59000	CCG funding
DFG	social care	2777280	Via the LA

POSITIVE IMPACT FROM BCF TO DATE

Establishment of the integrated commissioning executive team (ICET) - Joint group established to extend integrated commissioning across health and social care demonstrating qualitative, and efficiency improvements for both health and social care

Bucks integrated teams - bringing together existing reablement services, routine services and a new team with a senior nurse and a dedicated GP to ensure that the most frail are identified, treated holistically and have care coordinated in a person centred way

Reablement - Reablement services (health and social care) came together during 2015/16 to create a joint referral point **Bravo (Single point of access)** with services aligning more closely behind that. They are now using the same assessments throughout someone's journey with the teams.

Delayed transfers of care (DToC) - Collaborative working and pathway management has meant that Buckinghamshire benchmarks well as having significantly lower levels of Delayed Transfers of Care (DToC) especially for those clients requiring a social care response.

7 day service – Hospital social work team operating 7 days a week to facilitate weekend discharge where appropriate

Assistive technology – We are using assistive technology across the health and social care economy to drive efficiencies and promote system wide cultural change. By enhancing or supplementing face to face contact time, people can maintain their independence and self-care. We have now developed a performance reporting framework to evidence intervention-reliant efficiency and benefits.

The Telecare Medication Prompt service is working really well for me. So far I have not required any further hospital admissions (which were very frequent before). They call me through my Pendant Alarm unit to make sure I take my time-critical medication on time and if I am in the process of taking it they stay on the line until I have finished. Although I still have some domiciliary care, it was impossible to align my care visits with the strict timings that my Parkinson's medication needed to be taken. This service has really helped me to feel more in control of my condition and enable me to continue to live independently, as well as support my wife who has her own care needs. *AT Client*

Dementia - Support for delivery of Buckinghamshire's Dementia Strategy by the procurement of a contract to provide Memory Support Services across the county. The service is designed to support individuals and their families, promoting independence and access to community assets and strengthening communities.

Quality in care team (QiCT) Support for care homes across the county via the QiCT has supported the contract monitoring of both social care and health contracts, improved quality of care and is also designed to contain the rate of A&E attendances and non-elective admissions from care homes.

Joint working - By building stronger and more collaborative relationships, the CCGs have now been able to commission some "back office" functions previously provided by the CSU from BCC, e.g. Communications and engagement.

Development work is underway to move towards an Integrated Joint Commissioning Team from q2 2017/18

INTEGRATION BY 2020

Operational vision for integration

To integrate health and social care; delivering high quality, best value services that will improve outcomes for Buckinghamshire residents

Buckinghamshire plan for 17-19

The BCF plan for 17-19 is part of the wider agenda for integration. In order for health and social care to become fully integrated, we must work collaboratively, with pace, to shift investment from reactive services to early intervention and preventative services, looking at the whole life cycle with particular focus on transition points. To support the next phase of development, four closely interlinked areas of work have been identified (each underpinned by an action plan which is currently being reviewed by the Transformation Delivery Group).

1. Joint Commissioning - Optimise opportunities by having better alignment between health and social care; ensuring services are funded and commissioned with a whole life course approach.
2. Integrated Provision - A simpler pathway through the health and social care system is needed so professionals and residents can navigate and access the right support at the right time. Transformation into place based planning (a locality model) where a multi-disciplinary team (primary care, social care, mental health, community health services, acute expertise, public health and the voluntary sector) deliver a seamless pathway of health and social care to a designated General Practice cluster population enables a more coordinated model of care with a common vision and purpose.
3. Back office - One public estate (OPE) partnerships and streamlining of communications and business intelligence
4. Governance - Developing a streamlined and coherent governance framework will speed up decision making and create a positive environment within which commissioners collaborate and transformation is driven forward.

There is a joint recognition that there is more we could do with the BCF to further our system integration aims. On this basis, once we have received the published guidance, we are proposing to submit a compliant BCF Plan to NHSE which consolidates many of the initiatives that were in the 2016/17 BCF. A number of these come to the end of their contracts in 17/18. Other areas have been subject to public engagement discussion. We can then take the engagement feedback and commissioning reviews to inform our integration and transformation priorities for the BCF. It is our intention to hold a BCF workshop, involving a wider range of stakeholders than we have previously been able to do.

NHSE and the LGA have offered some facilitation and we propose to maximise this resource.

How will the BCF link to STP?

The 2016/17 BCF outlined our system integration milestones and in large part these have informed the Buckinghamshire priorities for the Sustainability and Transformation Plan (STP)

DELAYED TRANSFERS OF CARE

The recent HASC enquiry into hospital discharge made the following recommendation for the BCF:

Develop a specific joint action plan for bringing the “Delayed transfers of care” Better Care Fund performance indicator out of “red”.

Through the Buckinghamshire A&E delivery board, there are system-wide efforts being made to improve discharge rates. For the period of Oct-Dec 2016 (Q3), Buckinghamshire reported a rate of 902 delayed days per 100,000 of the population, compared to the South Central regional average of 1551.

The BCF 17-19 plan will further address this recommendation and work is underway to align the BCF plan with the A&E delivery board improvement plan.

NEXT STEPS AND TIMING

- Update for endorsement/approval to:
 - Integrated Commissioning Executive Team 23rd February
 - CCGs Executive Team 23rd February
 - CCGs Governing Body in public 9th March
 - H&WBB 9th March
- Planning template and guidance from NHSE Mid-March
- HASC update on BCF 28th March
- Final plan to:
 - OCB 19th April
 - Cabinet 24th April
 - ICET 27th April
 - CCG Execs 27th April
- Final plan submitted to NHSE Mid May - TBC
- Stakeholder workshop June
- Updated BCF plan/strategy following workshop August
- Plan re-presented to H&WBB September