

Title	Better Care Fund Update
Date	9 March 2017
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Purpose of the Report

The BCF is a local 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 Health and Wellbeing Board has a duty to promote integration and is the body with overall accountability for Buckinghamshire's Better Care Fund. This report provides the Health and Wellbeing Board with an update on the Better Care Fund 2017-19 submission and gives a summary of the BCF expenditure in 2016/17. It also includes the current BCF performance dashboard as an appendix.

Recommendations

- To agree the approach outlined in the report
- To note that the final submission will not be taken to the Health and Wellbeing Board as there is not a planned meeting prior to the national submission deadline. Health and Wellbeing Board members will be invited to an engagement event and look at the BCF Plan retrospectively in June.
- The HWB is asked to agree that the Integrated Commissioning Executive Team (which includes members of the Health of Wellbeing Board) seek approval of the submission through their governance channels and keep the Chair and Vice Chair of the Health and Wellbeing Board informed throughout this process.



Aylesbury Vale Clinical Commissioning Group
Chiltern Clinical Commissioning Group

BETTER CARE FUND UPDATE

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.

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 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

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

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.

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 DFG
Total	£30.21m	Combined funding streams – Mandatory minimum

Scheme Name	Funds	2016/17 Expenditure (£)	Origins of funding
7 Day Service	social care	640000	Via the CCG transferred to 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	Health	4205000	CCG funding

Services			
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

- Build on achievements to date and continue to strengthen partnership working across Buckinghamshire
- Focus on improving performance against nationally measured BCF metrics and move towards graduation from the BCF²
- Move towards a Pooled budget with associated risk share agreement
- Additional services in the pooled budget
- Workshop with stakeholders to design innovative ways of working towards integration
- Extend to include children and young people’s services

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)

How will the BCF move Buckinghamshire towards integration?

The BCF is part of the wider agenda for integration and will facilitate joint working solutions that will address:

- The demographic and funding challenges experienced by both organisations and the need to think differently about how resources are used
- The outcomes and priorities set out in the Health and Wellbeing Board strategy
- The outcomes and priorities set out in the Bucks Chapter of the BOBW STP

² *It is the government’s policy intention that all areas move beyond minimum requirements for BCF and move towards fuller integration of health and social care by the end of this parliament. The timescales over which all areas will graduate are yet to be decided and will depend on when areas are ready, the time it takes for earlier waves to graduate and the levels of support needed for areas.*

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 the published guidance, we are proposing to submit a compliant BCF 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 have offered some facilitation and we propose to maximise this resource.

NEXT STEPS AND TIMING

- Update for endorsement/approval to:

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