

## The Better Care Fund

### Agenda item 11

Date	22 July 2014
Author	Frances Martin, Well Connected Programme Director
Recommendation	<ol style="list-style-type: none"><li>1. <b>That the Health and Well-being Board is asked to:</b><ol style="list-style-type: none"><li>a. <b>Note the changing national position with regard to the production and assurance of Better Care Fund plans.</b></li><li>b. <b>Note the <u>likely</u> deadline of 1 August for the resubmission of plans and agree the delegation of approval of the final submission to the Chair of the Health and Well-being Board in consultation with the Director of Adult Services and Health and the CCG Accountable Officers.</b></li><li>c. <b>Approve the expenditure of the additional allocation of £444,000 on domiciliary care and stroke services.</b></li></ol></li></ol>
Background	<ol style="list-style-type: none"><li>2. The Better Care Fund was announced in June 2013 with the overarching aim of ensuring a transformation in integrated health and social care through a single pooled budget. It is a key part of the five year strategy for health and social care. The NHS Planning Framework (Everyone Counts) asks CCGs to agree five year strategies, including a two year operational plan, and covering the BCF, through the Health and Wellbeing Board. The national policy is evolving and a further iteration of the BCF plan is expected in response (although the fundamental elements remain the same).</li><li>3. The February Health and Well-being Board formally agreed the Better Care Fund plan for submission. Further to feedback from NHS England and the LGA peer reviewer, the detail of the plan was updated and the May Health and Well-being Board development meeting endorsed the Worcestershire Better Care Fund plan submission of 4 April. Appendix 1 summarises the key financial elements of the plan and shows the national requirements.</li></ol>

4. All local plans were subject to a regional and national assurance process by NHS England and Local Government Association coordinated peer reviewers with the intention that they would be subsequently signed off nationally by Ministers. The Worcestershire plan was assessed as 'high risk' but recognising the scale of our ambition as Integration Pioneers was recommended for sign off.
5. No plans have yet been signed off nationally. This is reported as being due to concerns at the Department of Health about:
  - a. Provider engagement and agreement on the consequential impact on the acute sector
  - b. Clarification of the impact on emergency admissions
  - c. Planned investments and anticipated savings
  - d. Risk and contingency
6. CCGs were asked to resubmit their two year operational plans on 27 June with a focus on the alignment of commissioner / provider plans and ensuring compatibility with BCF plans. Notice of a requirement for resubmission of BCF plans (against a revised template) was given at the same time.
7. During week commencing 30 June, a number of areas were identified to 'fast-track' the resubmission of BCF plans with the aim of these then being assured and then available as 'exemplars' to other areas. (Worcestershire is not one of these areas). Revised templates have been issued to the fast track areas with a resubmission date of 9 July. The stated intention is that all other areas will then resubmit plans and that these will have been assured by October.
8. No date has been confirmed for resubmission of the Worcestershire BCF plan but it is likely to be 1 August.
9. The revised templates being used for the fast track areas set out a requirement for more detail including:
  - a. Separate submissions for each CCG contributing to the BCF plus a HWB submission
  - b. Further detail about funded schemes and their impact (in financial terms)
  - c. Commissioners to share their operational plan activity with providers, and providers to complete part of the BCF plan confirming that they recognise the admissions data, agree with the data setting out the impact of the BCF and have considered the implications for their own organisation.

## Finance

10. The Strategic Partnership Group met on 3 July and agreed to develop the next iteration of the BCF plan, incorporating learning from the fast-track sites and alongside the development of the programme plan.
11. The Health and Well Being Board signed off the BCF plans 11 February 2014 and 13 May 2014 based on an expected allocation of £10,485,780. At the time the final allocation had not been confirmed, but the Board acknowledged that if any further additional funds be confirmed, further discussion would take place between the Council and CCGs to consider home care demand pressures and investment in stroke services in the North of the county.
12. In May 2014 a formal notification was received from the Department of Health on social services grant allocations. This notification (LASSL (DH)(2014)1 is attached as Appendix 2. Annex A of the document confirms that the allocation for Worcestershire is £10,929,532, rather than the £10,485,780 included in planning assumptions. This allocation has been confirmed by NHS England and the additional amount will need to be formally approved by the Health and Well Being Board in order to ensure receipt of the monies. The additional amount - £443,752 will be received in 2014/15 and it is proposed that the additional monies be used for the purposes contained in paragraph 11 above.

## Next Steps

13. Develop the revised BCF plan in preparation for a likely submission date in early August.
14. Submit the revised plan to the next Health and Well-being Board for ratification.
15. Continue to develop the detailed delivery plans to support the aim of the pooled budget being used to focus on the groups identified as at highest risk of hospital admission (as set out in the five year Strategic Plan). (Note that the data analysis and modelling has commenced).
16. Continue to develop appropriate governance arrangements.

## Appendix 1 Worcestershire BCF Plan

BCF Investment	Lead provider	2014/15 spend		2015/16 spend	
		Recurrent	Non-recurrent	Recurrent	Non-recurrent
2013/14 Carried-forward Budget Pressures	WCC	0	215,000		
Urgent and Unplanned Admission Prevention Beds	WCC	500,000	0		
Plaster of Paris Placements	WCC	442,000	0		
Discharge to Assess Beds	WCC	667,500	0		
Pivotell	WCC	40,000	0		
Enhanced Interim Packages of Care	WCC	92,800	0		
ICES: 24 hr fast-track delivery	WCC	57,000	0		
Dementia RMNs in Int. Care	HACT	310,000	0		
Timberdine	WCC	1,805,000	0		
WHASCAS Extension (Twilight Nurses)	HACT	220,700	0		
WHASCAS Extension (WCC staff)	WCC	131,300	0		
Health Support for Discharge to Assess Beds	HACT	61,200	0		
Urgent and Unplanned Internal Homecare Service	WCC	142,800	0		
Rapid Response Social Work Team	WCC	665,000	0		
ASWC: Comm Hosps	WCC	118,500	0		
ASWC: Resource Centres	WCC	79,800	0		
ASWC: Step-down	WCC	38,780	0		
Promoting Independence	WCC	1,000,000	0		
Domiciliary Care	WCC	900,000	0		
ICES contribution	WCC/CCGs	300,000	0		
Therapy Support to Resource Centres	HACT	128,000	0		
SPOA Rapid Response Nurses	HACT	235,400	0		
Winter Pressures	CCGs	1,200,000	0		
Discharge after Dark	WCC	85,000	0		
Night Sitters	WCC	50,000	0		
Resource Centres	WCC	0	1,000,000		
Unallocated	WCC	0	0		
<b>Total</b>		<b>9,270,780</b>	<b>1,215,000</b>		

Disabled Facilities Grant				2,358,000	
Capital Spending Social Care				1,328,000	
Contribution to the cost of implementing the Care Bill				1,308,000	
Carers Support				1,260,000	
<b>Other CCG Expenditure</b>				30,939,000	
<b>HOME CARE</b>		<b>223,752</b>			
<b>STROKE SERVICES IN NORTH OF COUNTY</b>		<b>220,000</b>			
<b>TOTAL SPENDING (RECURRENT AND NON RECURRENT)</b>		<b>10,929,532</b>		<b>37,193,000</b>	

### National Requirements for Better Care Fund Plans

<ul style="list-style-type: none"> <li>• Single plan with evidence of provider engagement and clear governance. Milestones for implementation.</li> </ul>
<ul style="list-style-type: none"> <li>• Protection for social care services – implications of Care Bill implementation and demography.</li> </ul>
<ul style="list-style-type: none"> <li>• 7 day services in health and social care.</li> </ul>
<ul style="list-style-type: none"> <li>• Better data sharing based on NHS number.</li> </ul>
<ul style="list-style-type: none"> <li>• Joint approach to care assessments and planning – with accountable professional for integrated services.</li> </ul>
<ul style="list-style-type: none"> <li>• Agreement on the consequential impact of changes on the acute sector.</li> </ul>
<ul style="list-style-type: none"> <li>• Risk mitigation plan.</li> </ul>
<ul style="list-style-type: none"> <li>• Metrics – Permanent admissions to residential and nursing homes, Older people still at home 91days after discharge to reablement, delayed transfers of care, avoidable emergency admissions, patient/user experience, injuries due to falls in over 65's.</li> </ul>
<ul style="list-style-type: none"> <li>• Schemes with investment and savings/benefits.</li> </ul>