

The Better Care Fund

Agenda item 5

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| Date | 11 September 2014 |
| Author | Sue Morgan, Interim Well Connected Programme Manager |
| Report from | Frances Martin, Integrated Commissioning Director |
| Recommendation | <ol style="list-style-type: none">1. The Health and Well-being Board is asked to:<ol style="list-style-type: none">a. Endorse the Worcestershire Better Care Fund plan submitted on 19 September 2014;b. Support ongoing work (through the Well Connected programme) to implement the Worcestershire Five Year Strategy including identify opportunities for further pooling of budgets; andc. Consider any proposals for redesign and re-commissioning of services funded by the Better Care Fund as these arise, including as they relate to integrated health and adult social care re-ablement and rehabilitation services. |
| Background | <ol style="list-style-type: none">2. The Better Care Fund was announced in June 2013 with the overarching aim of facilitating integration of health and social care through creation of a single pooled budget. It is a key part of the five year strategy for health and care. The NHS Planning Framework ('Everyone Counts: Planning for Patients 2014/15 to 2018/19') asks CCGs to agree five year strategies, including a two year operational plan, and use of the BCF, through the Health and Wellbeing Board.3. The February 2014 Health and Well-being Board formally agreed the Worcestershire 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 2014.4. 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. In July 2014, a change to the national policy was announced, resulting in a requirement to review and re-submit the Better Care Fund plan. Revised plans are expected to address the following issues:
 - 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. The 'payment for performance' element of the Better Care Fund was reframed to focus entirely on a planned reduction in non-elective hospital admissions (with an element of funding retained by CCGs to fund non-elective admissions in the event that the plan is not achieved).
7. The Better Care Fund plan is to be resubmitted on 19 September 2014. Due to the short timescales to revise and resubmit the plan, The Health and Well Being Board in July agreed 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. The County Council and CCGs met on 4 September 2014 to discuss and agree the Better Care Fund plan.
8. At the time of writing this paper, the submission templates are in the process of being completed for the deadline of 19 September. The final Better Care Fund plan will be provided in presentation format at the meeting on 23 September 2014.
9. The Better Care Fund plan process mandates minimum contributions to the pooled budget. This is not new funding and should be seen in the context of the investment and progress already made in both commissioning and provision of integrated services. Annex 1 sets out the source and allocation of the minimum Better Care Fund. The final plan includes the detail of the services funded through the allocation.

Finance

Next Steps

10. All Better Care Fund plans will be subject to a national

assurance process, with the outcome advised in October 2014.

11. Partners will continue to develop detailed delivery plans to support further integration of services. This includes identification of a pooled budget for the care of those individuals at highest risk of being heavily dependent on health and adult social services to live their normal lives (as set out in the Five Year Strategy). Note that the data analysis and modelling has commenced.
12. The County Council and CCGs will develop appropriate governance arrangements including the Section 75 agreement to be in place for April 2015.
13. Many of the services funded by the Better Care Fund will be redesigned and re-commissioned during 2015/16. The County Council and CCGs as commissioners will lead this process, in discussion with other partners. This includes integrated health and adult social care re-ablement and rehabilitation services, which are being considered by the Integrated Recovery Services project of the Future Lives programme. The project will consider options and produce recommendations about the specification for an integrated service for each CCG area, in the context of the funding available from the Better Care Fund, as well as procurement options.

Annex 1 Worcestershire BCF Plan

| Scheme Name | 2014/15 (£000) | 2015/16 (£000) |
|--|-----------------------|-----------------------|
| Admission Prevention: | | |
| Urgent and Unplanned beds | 726 | 726 |
| Night Sitters and Discharge after Dark workers | 135 | 135 |
| Urgent and Unplanned Domiciliary Care | 141 | 141 |
| Recovery Project - Urgent Homecare | 0 | 357 |
| Rapid Response Social Work Team | 661 | 661 |
| Extended Nursing Hours to Access Service | 131 | 131 |
| Extended Hours to Access Service | 221 | 221 |
| Dementia/RMNs in Intermediate Care | 310 | 310 |
| Single Point of Access/Rapid Response Nurses | 235 | 235 |
| | 2560 | 2917 |
| Facilitated Discharge | | |
| Plaster of Paris Placements | 442 | 442 |
| Discharge to Assess Beds | 668 | 668 |
| Enhanced Interim Packages of Care | 93 | 93 |
| Health Worker to Support Discharge to Assess | 61 | 61 |
| ICES 24 hr fast-track Delivery | 57 | 57 |
| Recovery Project - ICES | 0 | 99 |
| ASWC in Community Hospitals, Resource Centres and DtA Beds | 237 | 237 |
| Timberdine Nursing and Rehabilitation Unit | 1,805 | 1805 |
| Stroke Rehabilitation | 220 | 220 |
| Resource Centres | 1,000 | 1000 |
| Recovery Project - Resource Centres | 0 | 663 |
| Therapy Support to Resource Centres and WICU | 128 | 128 |
| Recovery Project - PI | 0 | 1581 |
| CCG Winter Pressures | 500 | 500 |
| CCG Winter Pressures | 700 | 700 |
| | 5,911 | 8,254 |
| Independent Living | | |
| Pivotell | 40 | 40 |
| Demographic Pressures in Domiciliary Care | 1,120 | 860 |
| Home Care | 1,000 | 0 |
| Integrated Community Equipment Service | 300 | 300 |
| Demographic Pressures | | |
| Carers | 0 | 1260 |
| Implementation of Care Act | 0 | 1308 |
| Care Act (Capital) | 0 | 500 |
| DFG | 0 | 2358 |
| Social Care Capital | 0 | 828 |

| Scheme Name | 2014/15 (£000) | 2015/16 (£000) |
|---|-----------------------|-----------------------|
| | 2460 | 7454 |
| | 10,931 | 18,625 |
| Payment for performance fund (out of hospital care and reserve for non-elective admissions) | | 9689 |
| Allocation to be confirmed (integrated community teams) | 0 | 8879 |
| | 10931 | 37193 |