

HEALTH AND WELL-BEING BOARD

9 FEBRUARY 2016

BETTER CARE FUND PLANNING 2016/17

Board Sponsors

Dr Richard Harling, Director of Adult Services and Health, Simon Hairsnape, Chief Officer of WFCCG and R&B CCG, Carl Ellson, Chief Clinical Officer SW CCG.

Author

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Priorities

Older people & long term conditions
Mental health & well-being
Obesity
Alcohol
Other (specify below)

(Please click below
then on down arrow)

Yes
Yes
No
No

Groups of particular interest

Children & young people
Communities & groups with poor health outcomes
People with learning disabilities

No
No
No

Safeguarding

Impact on Safeguarding Children
If yes please give details

No

Impact on Safeguarding Adults
If yes please give details

Choose an item.

Item for Decision, Consideration or Information

Decision

Recommendation

1. The Health and Well-being Board is asked to:
 - a) Note the Clinical Commissioning Group (CCG) contribution to the Better Care Fund for 2016/17;
 - b) Approve the allocation of these to individual schemes as set out in paragraphs 14 to 20
 - c) Note the remaining CCG contribution still to be committed, currently £973k,

d) Approve the use of £217k to address funding gap in Pathway 1, noting that this reduces the CCG contribution still to be committed to £756k;

e) Note that the Worcestershire County Council contribution has not yet been confirmed by central government;

f) Agree that Chairman of the Board in collaboration with the CCG accountable officers has the authority to commit the remainder of the CCG contribution, and the Worcestershire County Council contributions once these are confirmed.

Background

2. The Better Care Fund (BCF) 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 BCF budget for 2015/16 totalled £37.193m - £33.507m from the CCGs, and £3.686m from Worcestershire County Council - and was included in the Worcestershire Section 75 agreement.

4. The Worcestershire 2015/16 BCF plan grouped schemes under three main headings - Admission Prevention, Facilitated Discharge, and Independent Living. The plan was agreed by the Board in September 2014, and approved by NHS England without condition or support.

Budget Position of BCF 2015/16

5. The budgetary position of the BCF is reported monthly to the senior officers of the County Council and the CCGs, and quarterly to the Board. The finance projection at the end of November 2015 was for an overall overspend of £90k, due to significant pressures on the patient flow schemes – Urgent and Unplanned Admissions beds (within the Admission Prevention group), and Plaster of Paris Placements and Pathway 3 Discharge to Assess beds (within the Facilitated Discharge group).

6. The projected overspend has reduced significantly in recent months. The County Council and the CCGs are currently working together, meeting on a weekly basis, to reduce the pressures on the patient flow schemes and return the Better Care Fund to a within-budget position by the end of the financial year.

7. The next detailed BCF budget monitoring report to be presented to the Board will be the Quarter 3 report.

8. The Better Care Fund cannot overspend during this financial year, and therefore if pressures cannot be sufficiently managed, alternative funding sources for the schemes must be identified, or the schemes will close. The implications of this for emergency hospital admissions and delayed discharges would need to be taken into account.

Better Care Fund 2016/17 allocation

9. The Better Care Fund will continue in 2016/17. The CCG contributions have now been confirmed, and will total £33.907m, an increase of £400k on 2015/16. The County Council contributions in respect of Social Care Capital and the Disabled Facilities Grant have not yet been confirmed.

Table 1 – BCF Funding Levels for 2015/16 and current assumptions for 2016/17 as per Appendix A

Funding Source	2015/16 (£000)	2016/17 (£000)	Increase/ (decrease) (£000)
South Worcestershire	16,866	17,167	301
Wyre Forest	6,572	6,554	(18)
Redditch and Bromsgrove	10,069	10,186	117
Total CCG contribution	33,507	33,907	400
DCLG Social Care Capital	1,328	tbc	tbc
DFCG Capital	2,358	tbc	tbc
Total BCF	37,193	tbc	tbc

10. NHS England released the BCF Policy Framework on 8th January 2016. This has been included as Appendix C to this report. The headlines from this document are as follows:

- a) The local flexibility to pool more than the mandatory amount will remain;
- b) It is important that the BCF plans are aligned with other programmes of work, including the new models of care and 7-day services;
- c) To reduce bureaucracy, the Payment for Performance requirement of the BCF is to be removed;
- d) This will be replaced with two national conditions – requiring local areas to fund commissioned out-of-hospital services and delivering a plan to reduce delayed transfers of care (DTOC);
- e) The requirements that the BCF be included in the Section 75 agreement, that plans are to be approved by the Health and Well-being Board and then by NHS England, remain for 2016/17;
- f) The national performance metrics for the BCF are to stay the same in 2016/17, in the interests of stability and consistency; and
- g) This policy framework is not the detailed planning guidance, which is still to be released.

Individual Scheme Budgets for 2016/17

11. Appendix A shows an overview for all of the schemes in the Better Care Fund, their budgets and projected outturn for 2015/16, and the current recommended budget for 2016/17.

12. Appendix B contains individual scheme evaluations for each BCF scheme, including activity data where appropriate.

13. The grouping of the schemes has changed from the 2015/16 groupings mentioned in paragraph 4. Reflecting our strategic priority to enhance and develop home-based care and support, the groupings are now built around which schemes are included in the Integrated Recovery projects and urgent care schemes in each CCG area.

14. For the majority of schemes, the recommendation is that existing budgets be maintained in 2016/17, including the schemes that are currently within the scope of the Integrated Recovery projects. This will allow continuation of important services whilst long-term commissioning decisions are being made reflecting broader the requirements of the 2016/17 planning guidance to be considered by the Board elsewhere on the agenda.

15. As per paragraph 10, the Admission Reduction element of the BCF is to be removed for 2016/17, and replaced with two new national conditions. Currently the budget for this line in 2016/17 has been held at the 2015/16 level until the detailed guidance is published, which may include specific amounts to be set aside for these conditions.

16. The only scheme where the BCF budget is recommended for withdrawal is Pivotell. In the scheme evaluation, it is clear that for some individuals the service is worthwhile and effective, and so should continue, but that an alternative source of funding has been identified, negating the need for the BCF budget of £40k.

17. The 2015/16 BCF included £533k for a 'Reimburse Reserves' scheme, to pay back the previous year's overspend. For 2016/17, this will no longer be required as the expectation is that the BCF will achieve financial balance in 2015/16.

18. With the additional CCG contribution, this therefore means that an additional £973k is available in 2016/17.

19. The hospital discharge service 'Pathway 1' provides short-term support for patients discharged from hospital into their own home. This scheme does not currently have any BCF funding. At the current level of staffing, Pathway 1 has a shortfall of £217k in funding for 2016/17. This is the difference between the costs of running the service and the funding available from the CCGs. In 2015/16, WCC agreed to fund this shortfall by the use of one-off Department of Health monies. For the service to continue at the current capacity, this funding gap needs to be addressed. One option is for the £217k to come from the BCF for 2016/17, and this is included in the recommendations.

20. If this recommendation is accepted, a balance of £756k would remain uncommitted and would be available to use for other schemes and projects. Potential uses include winter pressures, mitigating reductions in the Public Health ring-fenced grant for primary care mental health services, and home care. The Board is asked to agree that recommendations for the use of this sum as well as the County Council contributions be approved by the Chairman.

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Supporting Information

- Appendix A – Overview of Schemes and recommendations for 2016/17 BCF budgets
- Appendix B – Detailed BCF Scheme evaluations
- Appendix C – BCF Policy Framework 2016/17