

Appendix 1

Simple Guide to the Better Care Fund (BCF) in Nottinghamshire

January 2020

1. Introduction – history and the current funding streams
2. What each area has to do to be granted the funding
3. Governance
4. What services are funded by the programme, by organisation and ICP

1. Introduction

1.1. History

The Better Care Fund (BCF) was announced in June 2013 within the Government's Spending Review. It was described as creating a national £3.8 billion pool of NHS and Local Authority monies intended to:

- support an increase in the scale and pace of integration
- promote joint planning for the sustainability of local health and care economies.

However, the funds that had to be put into the pooled arrangements were not new. This was money that was already funding frontline services in health, social care and local government. Therefore, there was only a limited sense of having a new opportunity to start doing things differently in partnership.

The national requirement was to put a “minimum” amount per CCG and Local Authority into this pooled fund. Partner organisations have the power to put additional funds into the pool.

Since 2013, the focus of the BCF has developed as more funding streams have been added to support social care and allocations have been increased for DFGs. The nature of the national targets have been changed slightly and the NHS targets themselves have been increased each year.

1.2. Current position in 2019/20

The BCF pooled budget is made up of a number of existing funding streams to Clinical Commissioning Groups (CCGs) and Local Authorities, anticipated annual grants, alongside recurrent capital allocations. Each organisation has a specified minimum allocation that they have to contribute to a BCF pooled fund.

The funding streams are:

a) CCG funding for

- community services (primary, mental health, community or

- social care)
 - local authority delivery of reablement
 - carers to receive breaks from caring and other support
- b) **Protecting social care** – to help adult social care manage demand and fund services for people with social care needs
- c) **Care Act 2014 implementation** – to enable adult social care to fund the cost of meeting the new responsibilities of this legislation
- d) **Disabled Facilities Grants** – capital funding for Housing Authorities to provide adaptations to homes and discretionary schemes that meet the aims of the BCF and support people to stay living independently at home creating a “joined up approach”. Innovative approaches are welcome. The provision of information and advice about housing issues can also be funded.
- e) **Improved BCF** – funding to meet adult social care needs, reduce pressure on the NHS (including hospital discharge), and stabilising the social care provider market
- f) **Winter Pressures grant** – originally provided in Winter 18/19 to Adult Social Care to support increased demand over the winter, but then made recurrent from April 2019 (same amount over the full year)

2. What the BCF area has to do to be awarded the funding

Every year, the Department of Health & Social Care and the Ministry of Housing, Communities & Local Government publish a “Policy Framework” for the Better Care Fund. In addition, these two organisations and NHS England publish “BCF Planning Guidance” each year. Both documents are developed in partnership with ADASS and the LGA.

Key messages from the Guidance and Policy Framework for 2019/20 are:

- a) It is expected that local areas will be considering how provision across health, local government, social care providers and the voluntary sector can support the shared aims of providing better care at or close to people’s home and a clear focus on prevention and population health management.
- b) The BCF will continue to provide a mechanism for personalised, integrated approaches to health and care that support people to remain independent at home or to return to independence after an episode in hospital.
- c) There are 4 national conditions that must be in place to receive the funds:
 - ***There must be an agreed Countywide plan*** (most recently to 31 March 2019) signed off by the local Health & Wellbeing Board. Local plans must align with the BCF national conditions and demonstrate measurable progress in respect of key outcomes.

- ***Investment to maintain provision of social care services*** must be agreed
 - ***A specific proportion of the funding must be invested in NHS commissioned out-of-hospital services***
 - ***There must be a plan in place to manage transfers of care out of hospital, based on the “High Impact Change Model”.*** This Model describes eight themes that are important for having effective patient discharge from hospital. BCF areas must assess themselves against this model as there are 5 stages of maturity. They must be planning to increase their maturity over time. Areas should be at the 3rd level “Established” across all 8 themes as a minimum.
- d) As long as these conditions are satisfied, the BCF partners can use the available funding as they choose but must be able to show how the spending is helping them to meet the four national targets set out below.
- e) The four national targets are:
1. ***Level of emergency/unplanned admissions to hospital*** – per 100,000 population
 2. ***Annual rate of admissions to residential and nursing homes for older adults*** (aged 65+)
 3. ***Effectiveness of reablement services*** (proportion of older people discharged from hospital who receive reablement services and are still at home, 91 days after discharge)
 4. ***Delayed transfers of care*** – how many days of delay in hospital were experienced by people after they were well enough to be discharged

These targets have stayed the same since the BCF was established to allow comparison of progress over time.

The level of Targets 1 and 4 are set nationally. Targets 2 and 3 are set by the local area.

- f) Expected output measures must be shown in the BCF plan.

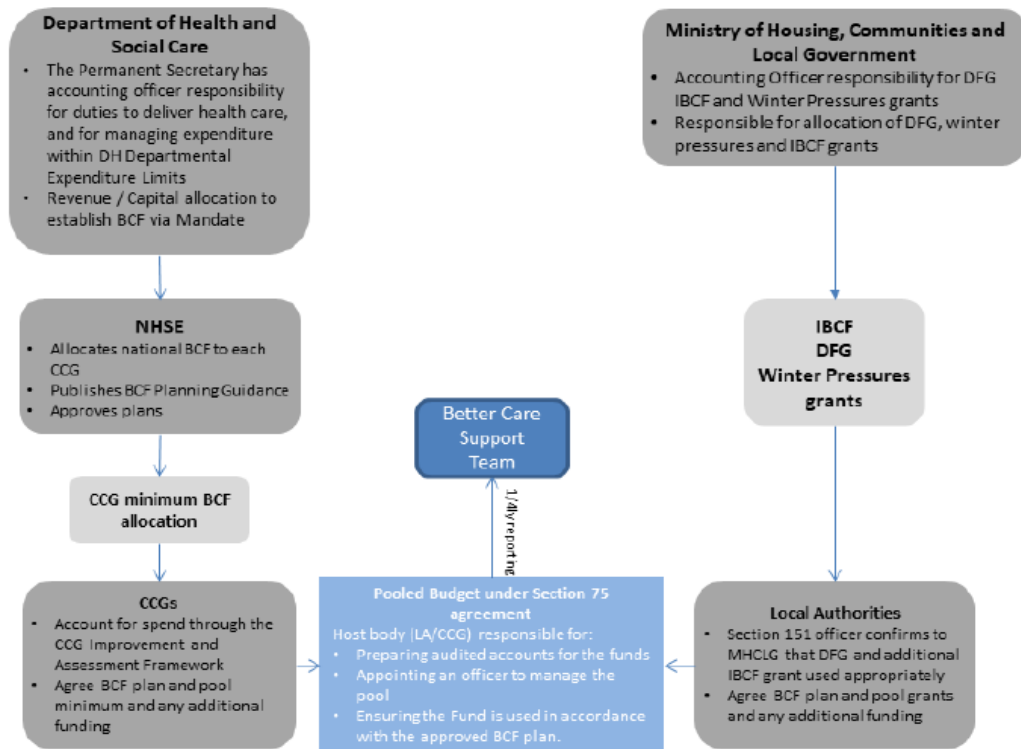
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Service	Unit
Domiciliary care	Packages/hours of care
Reablement/rehabilitation	Packages/hours of care
Bed-based intermediate care Step up/step down	Number of beds
Residential placements	Placements
Personalised care at home	Packages

- g) The DFG grant must be spent in accordance with the BCF plan. In two-tier areas, decisions around the use of DFG funding will need to be made with the direct involvement of both tiers working jointly to support integration ambitions.
- h) As part of their programme to join up services and improve delivery of services to meet the four national targets, it is expected that BCF areas will also want to use their plan to:
 - a. Develop delivery of 7-day services across health and social care
 - b. Improve data sharing between health and social care
 - c. Ensure a joint approach to assessments and care planning
 - d. Address health inequalities in their area and reduce inequalities for people with protected characteristics under the Equality Act 2010.
- i) Local areas should also ensure that the financial planning and overall approach to integrated care within BCF plans is aligned to their local ICS plans, as these plans are also required to plan for the integration of service delivery across local systems.

3. Governance – how the BCF programme is managed and changed

3.1. The national funding cycle

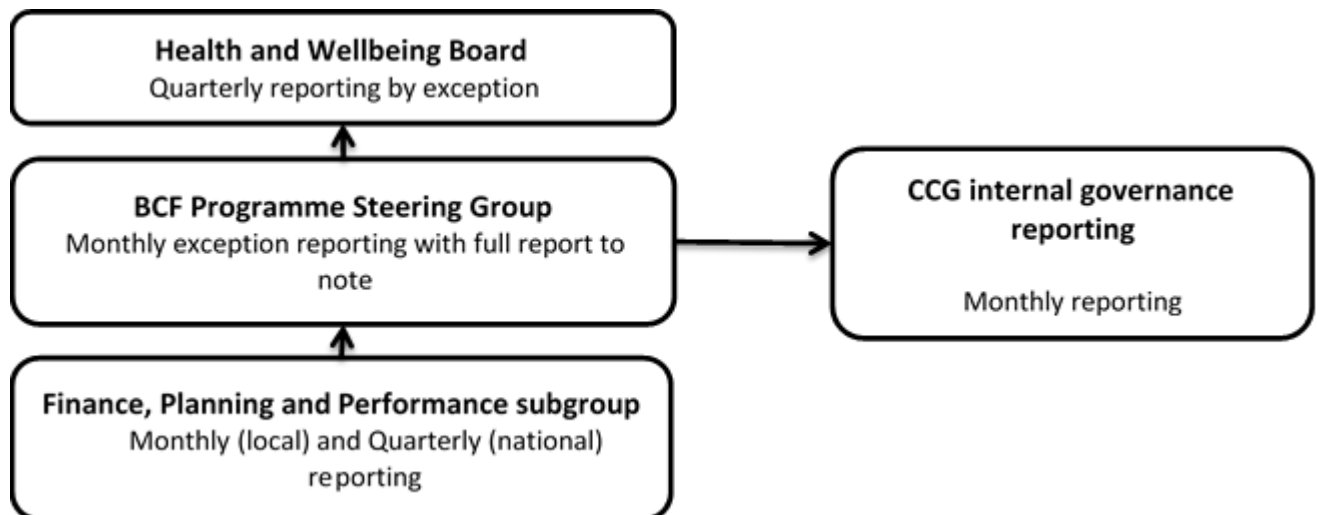


3.2. Local oversight and monitoring

The Health & Wellbeing Board is accountable for the administration and agreement of the BCF. A governance structure has been put in place to undertake work on behalf of the Board.

The purpose of the BCF Steering Group is to provide system leadership to ensure delivery of the BCF plan to improve outcomes for the people of Nottinghamshire. The Steering Group reports to the Health & Wellbeing Board, with the main focus being upon delivery assurance and proactive performance management of the agreed County-wide plan.

The purpose of the BCF Finance, Planning and Performance subgroup is to report and monitor progress in implementation of the BCF plan in terms of scheme delivery, delivery of the national and local performance and finance metrics, and delivery of the pooled budget. The group monitors risks to delivery and identify mitigating actions at unit of planning level.



Note – the BCF Steering Group has been meeting quarterly during 19/20. The Finance Planning and Performance sub-group has been meeting every 6 weeks rather than monthly.

3.3. Changes to the Plan

The BCF Plan has to be agreed each year by all the partners and approved by the Health & Wellbeing Board. The timing of this is dependent on when the national guidance is received for developing the Plan. Usually the Plan for the following year is developed between January to March and submitted to the Health & Wellbeing Board between April to June. This is the main point at which investment and scheme arrangements are changed.

If local areas want to change or decommission schemes, or invest in new schemes during the year, the plan must be jointly agreed and resubmitted to the Health & Wellbeing Board. Then it must be resubmitted nationally with an explanation of the changes.

4. BCF Funding and local service provision – 2019/20

4.1. Overall funding

Running Balances	Income £ m
Minimum CCG Contribution	55.3
iBCF	26.5
DFG	6.9
Winter Pressures Grant	3.5
Additional LA Contribution	£0
Additional CCG Contribution	£0
Total	£92.2

Required Spend	Minimum Required Spend £ 000s
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£15,703
Adult Social Care services spend from the minimum CCG allocations	£21,452

The minimum CCG contribution includes funds that allocated to NHS services (community, mental health and primary care) as well as funds that are passed to the County Council to make up the following funding streams:

Protecting Social Care	£ 17.9m
Care Act Implementation	£ 2.2m
Support for carers	£ 1.3m

Therefore in total, the County Council has £ 51.4m to spend using BCF funds. (i.e. the above 3 funding streams from the CCG, iBCF and the Winter Pressures grant). The CCGs have £ 33.9m to spend and the District and Borough Councils have £ 6.9m to spend.

4.3. Services being funded by the Clinical Commissioning Groups

Bassetlaw

Theme	Description	Value £ 000s
Discharge/Assessment Inc. Intermediate Care	Rapid Response, Falls Team, Discharge Team at Bassetlaw Hospital, ICELS (community equipment and aids), Intermediate Care, Discharge to Assess schemes, Mental Health intermediate care, Prevention LES, Care of the Elderly scheme	3437
Neighbourhood Teams and 7 Day Access To Services	Community staffing in Integrated Neighbourhood Teams, social prescribing, other costs within the Nottinghamshire Healthcare NHS Trust block contract, Care Home LES	1068
Mental Health Liaison	MH liaison staff to support people in crisis to avoid hospital admission and street triage scheme	466
Respite Services	Funding of Bluebell Wood short breaks home	21
Improving Care Home Quality	QIF scheme	31
Telehealth	Packages of telehealth for individuals	20
Total		5043

LESs are Local Enhanced Service arrangements, generally between the CCG and a GP. They are effectively a mini contract with quite a tight objective.

QIF is the Quality Initiative Fund. This scheme is to incentive primary care to work with Care Homes to help ensure residents do not attend hospitals unnecessarily.

4.4. Services being funded by the District and Borough Councils

The DFG funding is capital money which can be used for a variety of purposes including:

- a) Major adaptations to the person's home (e.g. to introduce a level access shower, downstairs wet room or toilet, lifts). Normally schemes would not exceed the £ 30k level but Councils have a discretionary power to fund an additional amount, currently agreed as £ 10k. Beyond this level, the County Council has a statutory duty to meet additional costs. Some schemes for disabled children are very expensive (e.g. £ 60-90k).
- b) Minor adaptations including stairlifts, ceiling track hoists, ramps

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- c) Contribution to the countywide HPAS service (Handy Persons Adaptations Scheme)
- d) Assistive Technology schemes
- e) Warm Homes on Prescription schemes
- f) Independent Living capital builds
- g) Other relevant capital schemes (e.g. dementia bungalows, temporary accommodation for hospital discharge patients with housing needs)

This table shows planned expenditure for 19/20, including carry forward from 18/19.

District	DFG Schemes	HPAS	WHOP	AT	Independent living	Other	Total
Ashfield	807	75	141				1023
Bassetlaw	810	95	50			225	1180
Broxtowe	802	70	35			271	1178
Gedling	959	85	90	10		135	1279
Mansfield	1210	102	100	40		35	1487
N & S	851	83	105	50	39		1128
Rushcliffe	547	54	54		12		667
Total	5986	564	575	100	51	666	

Please note that this information has been provided by the relevant partners or gleaned from existing spreadsheets.

Wendy Lippmann
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