



Nottinghamshire Better Care Fund Plan for 2017-2019

What is the BCF?



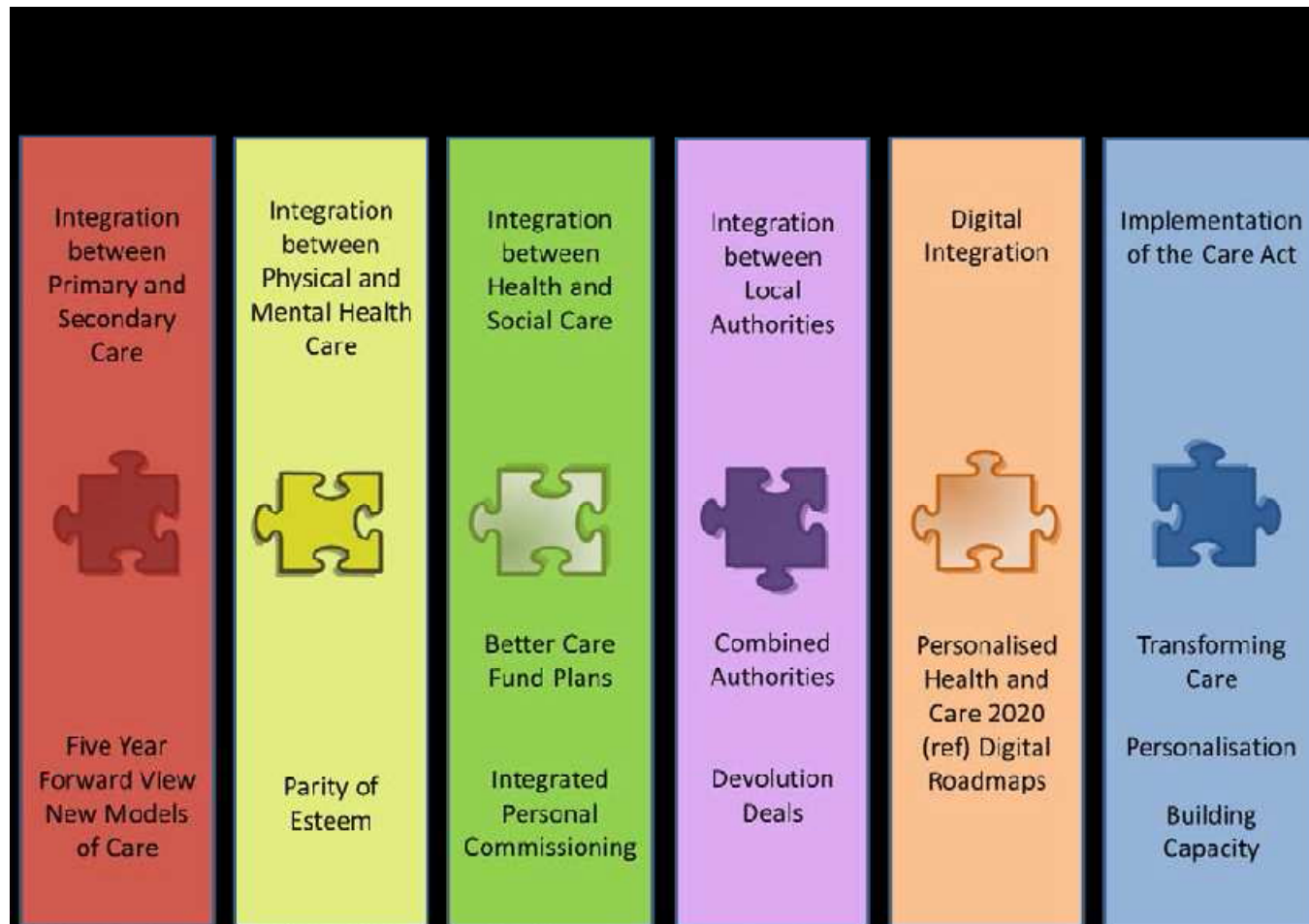
- Announced in June 2013 spending review, the BCF is the ***biggest ever financial incentive*** for the ***integration*** of health and social care.
- The programme seeks to facilitate the ***joining-up of health and care services*** at ***a local level*** so people can manage their own health and wellbeing, and live independently in their communities for as long as possible. It does so through establishing
 - ***jointly agreed plans***
 - ***pooled budgets between local authorities and CCGs***

What is it?



- Health and Wellbeing Board areas have prepared a **joint BCF Plan** that outlines how integration will deliver on **8 national conditions**:
 - Jointly agreed plans
 - Protecting Social Care services
 - 7-day services to support hospital discharge
 - Data sharing and use of the NHS number across health and social care
 - Joint assessment and an accountable lead professional for people at the highest risk
 - Agreement on the impact on providers
 - Investment in out of hospital services
 - Agreement on local action to reduce delayed transfers of care
- The BCF has accelerated and made happen **conversations that have never happened before** about joint working across agencies.

Integration Policy Context – the 6 pillars



What isn't it?



- Not a new funding stream that *commissioners or providers* can *bid* against
 - All money contained within a BCF pooled budget is *allocated* to specific projects/schemes of work
- The only *source of funding* for delivering NHS and Social Care services

2017-2019 plans



- Developed in the context of the Policy Framework, Planning Guidance and Key Lines of Enquiry
- Annual evaluation held in January 2017
- In keeping with principles agreed by the HWB:
 - For additional financial allocations to the BCF pooled fund to be made at each organisations' discretion
 - To align BCF performance targets with organisational targets to ensure consistency
 - Not to establish further risk share or contingency arrangements

January 2017 evaluation



- Relationships between partners have improved through the development of the STP.
- Good progress on developing underpinning integrated datasets and information systems with a strong Local Digital Roadmap in place, e.g. NHS number recorded in 85% of cases.
- Risk stratification tools embedded in practice and profiles understood across the county.
- Reporting and monitoring of Delayed Transfers of Care (DTC) has improved in 2016/17 with the system receiving congratulatory letters from Jeremy Hunt.
- Protocols and processes are in place between front-line teams to enable them to work proactively across organisational boundaries, e.g. the Bassetlaw Integrated Discharge Team nominated for the Care Team of the Year at the East Midlands Care Awards.

National conditions



Jointly agreed plan

- Agreed by Health & Wellbeing Board(s) (HWB).
- Involvement of other stakeholders – providers, housing authorities VCS
- All minimum funding requirements met.
- Clinical Commissioning Group (CCG) minimum contribution to increase in line with CCG overall budgets.
- Agreement on use of IBCF money to ensure that the local social care provider market is supported.
- Agreement on use of DFG funding.

Social care maintenance

- Applies to contribution from CCG minimum.
- Uplift of minimum required contribution from 2016-17 baselines in 2017-18 and 2018-19.
- Local areas can agree higher contributions from the CCG minimum or additional contributions.
- Planning template will be pre-populated with figures – including 2016-17 baseline as assured.
- Opportunity to query baseline if all parties agree it is wrong.

National conditions



NHS commissioned out of hospital services

- Ring-fenced amount for use on NHS commissioned out of hospital services. This will be set out in allocations.
- This applies to the CCG minimum and covers any NHS commissioned service that is not acute care – can include social care.
- Areas are expected to consider holding funds in a contingency if they agree additional targets for Non-Elective Admissions (NEA) above those in the CCG operational plan.

Managing transfers of care

- All local areas must implement the high impact change model for managing transfer of care.
- This is also a condition of the iBCF grant. We expect the plans to be jointly agreed and funded.
- Some local areas may already be implementing this model – this should be reflected in plans.
- Discussions should involve trusts.

Financial Plan



Funding Source	2016/17	2017/18	2018/19
CCG Minimum Contribution			
NHS Bassetlaw CCG	£7,554,470	£7,689,695	£7,835,799
NHS Mansfield and Ashfield CCG	£12,589,768	£12,815,124	£13,058,612
NHS Newark and Sherwood CCG	£8,002,985	£8,146,239	£8,301,017
NHS Nottingham North and East CCG	£9,243,676	£9,409,138	£9,587,911
NHS Nottingham West CCG	£6,265,761	£6,377,919	£6,499,099
NHS Rushcliffe CCG	£6,973,951	£7,098,785	£7,233,662
Local Authorities Contribution			
Improved BCF (adult social care)	N/A	£16,060,542	£21,590,371
Disabled Facilities Grant	£5,475,413	£5,958,425	£6,441,437
Total	£56,106,024	£73,555,867	£80,547,908

Metrics



Metric	Collection Method	Data Required
Non-elective admissions (General and Acute)	<ul style="list-style-type: none"> Collected nationally through UNIFY at CCG level HWB level figures confirmed through BCF Planning Return 	Quarterly HWB level activity plan figures for 2017-18, mapped directly from CCG operating plan figures, using mapping provided, against the original 2014-15 baseline and 2015-16 metrics
Admissions to residential and care homes	<ul style="list-style-type: none"> Collected through nationally developed high level BCF Planning Return 	Annual metric for 2017-18 and 2018-19
Effectiveness of reablement	<ul style="list-style-type: none"> Collected through nationally developed high level BCF Planning Return 	Annual metric for 2017-18
Delayed transfers of care	<ul style="list-style-type: none"> Collected nationally through UNIFY at CCG level HWB level figures confirmed through BCF Planning Return 	Quarterly metric for 2017-18. Each HWB area must submit their agreed DToC metrics by 21 July 2017 alongside their first quarterly return for IBCF spending.

How requirements will be assured



Requirement	Collection Method	Assurance approach
Narrative plans	Submitted to NHS England regional / local Directors of Commissioning Operations (DCO) teams in an agreed format	Assured regionally by relevant NHS teams and local government assurers, with regional moderation involving the LGA and ADASS at NHS regional level
Confirmation of funding contributions	BCF planning template (spreadsheet). CCGs should ensure consistency between the figures recorded in the BCF planning template and their core financial returns	Assured regionally by relevant NHS teams and local government assurers following collation and analysis nationally
National conditions	Detail submitted to NHS England regional / DCO teams through narrative plans (as above), with further confirmations submitted through the BCF planning template	Assured regionally by relevant NHS teams and local government assurers, with regional moderation involving the LGA and ADASS at NHS regional level

How requirements will be assured



Requirement	Collection Method	Assurance approach
<p>Scheme level spending plan</p>	<p>Submitted to NHS England regional / DCO teams through the BCF planning template</p>	<p>Assured regionally by relevant NHS teams and local government assurers following collation and analysis nationally.</p>
<p>National Metrics</p>	<p>Submitted through the BCF planning template Changes to the DToC metric DTOC draft metrics collected on 21 July</p>	<p>Collated and analysed nationally, with feedback provided to relevant NHS teams and local government assurers for regional moderation and assurance process</p> <p>Regional assurance will confirm that metrics are set and that the DToC metric is sufficiently robust</p>