APPENDIX 1



N/55 Herefordshire Clinical Commissioning Group

Herefordshire's Integration and Better Care Fund Plan 2017-19

Health and Wellbeing Board – 7 September 2017

Herefordshire's Integration and Better Care Fund Plan 2017-19

This presentation sets out the following:

- Background
- Timeline and assurance process
- National conditions
- National metrics
- Financial contributions
- Key changes in PASC
- Inflationary uplift
- iBCF
- Next steps

Background

- The Better Care Fund (BCF) programme aims to deliver better outcomes and greater efficiencies through more integrated services for older and disabled people.
- It is a national requirement for each HWB area to jointly agree a narrative BCF plan. This must detail the following:
 - how the national conditions are being addressed;
 - how the BCF plan will contribute to the local plan for integrating health and social care; and
 - an assessment of risks related to the plan and how they will be managed.

BCF Context

- June 2013 announced allocation of £3.8bn for the BCF, implemented 2015
- Described as 'a single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and LA'
- Existing money utilised, no additional funding provided
- BCF is the only mandatory national policy to facilitate integration

Achievements

Care Home Market Unified Contract and opportunity to work closer together over market development

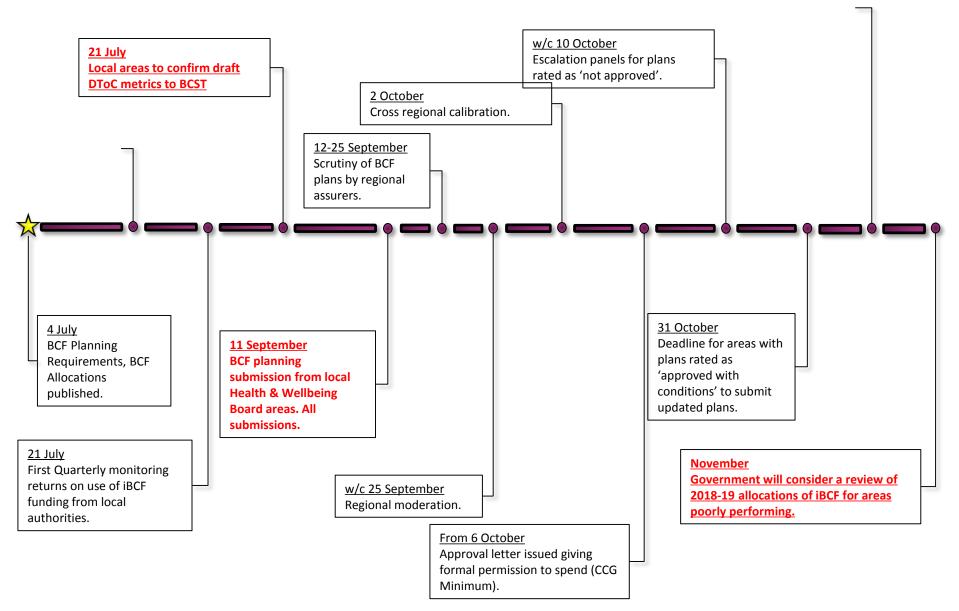
Issues to date

Pace of the change within the BCF and absence of new money

BCF Planning 2017-19

- Required to produce a two year plan
 - Covering 2017/18 & 2018/19
- Plans must include:
 - narrative on how integration will be achieved by 2020
 - National Voices definition, centred on user experience
 - assessment of, and approach to, risk
 - narrative on how national conditions are being met
 - maintaining Protection of Adult Social Care (PASC)
 - consideration of a risk share arrangement
 - sign-off by HWB, with quarterly reporting
- There are four national conditions:
 - Jointly agreed plans
 - Maintain social care
 - Investment in 'NHS commissioned out of hospital services'
 - Manage transfers of care (a new condition)

Better Care Fund Planning Requirements- National Approval Timeline



BCF Strategic Intent

The BCF supports and embeds within the plan strategic the intent developed through the One Herefordshire initiative and the STP.

- Care closer to home and 'own bed first' ethos
- Enhanced primary, community and mental health at scale
- Care coordination navigation through the system and pathways of care
- Keeping people well at home service configured to support prevention, wellbeing and promoting independence
- Integrated urgent care provision across social, primary, community and secondary care
- Acute care for those that need it revised model of staffing, services, integrated with community and efficiency to deliver sustainable services at scale.

National Condition 1: Jointly agreed narrative plan

Requirement/KLOE	Proposed response
Produce a plan that all parties are signed up to, that providers have been involved in and is agreed by the HWB?	Key partners are currently working together to confirm the detailed content of the BCF plan 2017-19. Additional support is being provided by the national better care support team to ensure that outstanding points are agreed prior to the national submission deadline.
Local vision for integration of health and social care services	"The vision for the local health and care system in Herefordshire is one where strong communities encourage individual citizens to live healthy lives and offer support when this is required for them to maintain their independence, with sustainable, aligned health and care services for local people". One Herefordshire
Aligned to other plans impacting on integration of health and social care	STP, One Herefordshire AWB core plan , CCG Operational Plan, CYP, PH plan and Health and Wellbeing Strategy

National Condition 1: Jointly agreed narrative plan

Requirement/KLOE	Proposed response
Contribution to the commitment to integrate health and social care services by 2020 in line with the intent set out in the 2015 spending review and the BCF policy Framework	One Herefordshire vision and plan to be aligned with the BCF plan
Is there a plan for DFG spending?	Detailed spending plan within the plan, which will be included within the submission on 11 September 2017.

National Condition 2: Maintain NHS contribution to social care

Requirement/KLOE	Proposed response
Does the planned spend on Social Care from the BCF CCG minimum allocation confirm an increase in line with inflation* from their 16/17 baseline for 17/18 and 18/19 *1.79% for 2017/18 and a further 1.90% for 2018/19	Yes – financial detail provided later.

National Condition 3: Agreement to invest in out of hospital services

Requirement	Proposed response
Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the CCG minimum BCF contribution?	 Yes – this includes a contribution to the CCG's community services block contract with Wye Valley Trust, plus the following schemes: Intermediate Care – Kington Court Integrated Community Care (block contract WVT) Hospital at Home Intermediate care – step up/down community bed

National Condition 4: Managing Transfers of Care

Requirement/KLOE	Proposed response
Is there a plan for implementing the high impact change model for managing transfers of care?	Several provider workshops undertaken to review the high impact changes model, map current delivery and identify opportunities for development.
	iBCF spend is being modelled against the high impact change areas, including increasing joint commissioning capacity to deliver schemes. Please see circulated iBCF funding summary.
	Detailed plan to be developed.

National metric - NEA

Reduction in non-elective admissions based on CCG activity plans

Proposed											
target 2017-		Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Total 17/18	Total 18/19
19	HWB Non- Elective Admission Plan* Totals	4,021	3,947	4,259	4,285	3,998	3,923	4,235	4,262	16,511	16,418
	Pre populate plan	d in pla	inning	temp	late - a	as deta	ailed w	ithin t	he CCC	G opera	ating
Points to note	As required, the joint commissioning board have considered whether recommend a further reduction in addition to those in the CCG operation plan and have recommended that the target rates detailed above a sufficient.								perating		
	The board also considered whether to set up a contingency fund in relation to NEA but this was deemed not appropriate at this time.										

National metric – Res and Nursing

Reduction in perman	ent placements into residential and nursing homes
Proposed	TBC
Options to consider	 3 options: 1. Target to remain consistent with the 15/16 rate (the same as our target for 16/17, however this was at a very low level (about 420). 2. Apply the same methodology of targets as last year, i.e. to maintain at the same rate as the previous year, giving us a big jump on the target for 17/18 – around 640.
	3. Look at an average of the last 3 years actuals, giving a rate of around 550 (taking the average admissions from the last few years and dividing it by the latest population estimate). Recommend option 3 above.

National metric – 91 day reablement

Increasing proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services

Proposed	85%
	Reablement service currently being redesigned to align more closely with rapid response provision.
	Revised model due to be implemented from 6 November 2017 onwards.
	Number of individuals supported through this service will increase, therefore larger cohort to be included within this national metric.

National metric – Delayed Transfers of Care (DToC)

Reduction in delayed transfers of care from hospital (per 100,000 population)

Proposed														
rioposeu			16-17	Actuals		17-18 plans				18-19 plans				
		Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	
	Quarterly rate	1118.9	1045.8	1453.7	1415.9	1585.9	1240.7	1038.9	1000.3	1000.3	1000.3	1000.3	1001.1	
	Above reflects the DToC submission during July 2017													
Points to	Submission in July to NHSE to show reduction in DToC up until November													
note	target	Requirement for a 50:50 split between health and social care to achieve the							e the					

BCF and iBCF scheme contribution to DToC and NEA

Non-Elective Admissions

- Pathway and Referral management / duty
- Support for Carers including information, advice and support

Hospital at Home

Falls Response Service
iBCF: Clinical

Risk

• IBCF: Clinical professional standards lead

Stratification

- Both NEA and DToC
- Community Equipment and Adaptations
- Occupational Therapy
- Emergency respite
- AWB brokerage function
- DoLS
- Managing demand for long term packages of care
- Intermediate Care step up/step down community beds and RAAC
- DFG
- Care Home Market
 management

- iBCF: Improving integrated commissioning capacity to enable delivery of schemes
- Meeting adults social care needs
- Stabilising the provider market
- AWB Professional standards leads
- Housing Support role
- Expansion of rapid response
- Use of technology in care homes

Delayed Transfers of Care (DToC)

- Reablement service
- Rapid Response
- Home Improvement (Urgent Response)
- Hospital Liaison
- Intermediate Care Kington
 Court

Schemes within BCF and iBCF that contribute to DToC and NEA

BCF financial contributions 2017-19

Better Care Fund 2017-19	2017/18	2018/19
	£'000	£'000
Protection of Adult Social Care	4,664	4,761
Care Act	460	460
CCG Community Care	6,836	6,966
Minimum Revenue Fund	11,960	12,187
Disabled Facilities Grant	1,706	1,853
Sub Total Minimum BCF	13,666	14,040
iBCF	3,573	4,721
Minimum Fund including iBCF	17,239	18,761
Additional Pool –		
Care Home Market Management		
Council Contribution	20,147	20,530
CCG Contribution	8,594	8,757
Total Additional Pool	28,741	29,287
Total BCF	45,980	48,048

Schemes included within plan

- Please see appendices for a full breakdown of the schemes.
- Key schemes include:
- Reablement service
- Rapid Access to discharge beds
- Support for carers
- Adult social care key functions
- Integrated community care services including district nurses, falls response services, hospital at home, intermediate care services

Key issues

- Non-agreement between the council and CCG on key funding streams within the BCF and other areas
- Non-agreement between the council and CCG on the utilisation of the iBCF funding
- External critical friend provided through the BCF national team to support both parties to agree a mutual position

Inflationary Uplift

Minimum Fund from CCG Allocation	Total 2015/16	plus 2016/17 Inflation Increase	Total 2016/17	plus 2017/18 Inflation Increase	Total 2017/18	plus 2018/19 Inflation Increase	Total 2018/19
£,000		0.50%		1.79%		1.90%	
Protection ASC	4,520	21	4,541	81	4,622	88	4,710
Care Act	458	2	460	8	468	9	477
Community Health & Social Care	6,716	32	6,748	121	6,869	131	6,999
Total Minimum Fund	11,694	55	11,749	210	11,960	227	12,187

• Inflationary uplift will be utilised for the community redesign double running costs for 2017/18

Improved BCF (IBCF)

- Announcement of funding in Spring budget
- The money (budget + CSR) is coming directly to councils from DCLG
- It is subject to section 31 grant conditions and pooled within the BCF
- It requires local agreement on use (but not national NHS approval)
- Per the grant conditions, it is to be:

"spent on adult social care and used for the purposes of meeting adult social care needs, reducing pressures on the NHS - including supporting more people to be discharged from hospital when they are ready - and stabilising the social care provider market"

Schemes Agreed for iBCF

Contribution to IBCF Grant condition	Scheme title	Role	System Impact	2017/18	2018/19	2019/202	Total Spend
Improving Integrated Commissioning Capacity	BCF Performance / Contract Management	2 x posts for contract management support	Contract and performance officer support to drive efficiencies within integrated services, adding capacity to develop further integrated ways of working.	47	7 94	1 96	237
Improving Integrated Commissioning Capacity	Digital Delivery Programme Manager	To deliver, lead & coordinate a range of digital, social & mobile projects	Delivering the LDR and system changes required to improve system info sharing and evidence base	36	5 72	2 72	2 180
Improving Integrated Commissioning Capacity	BCF Project Management Support	2 xProject support on integration & iBCF projects	Adding additional capacity into the system to project manage key changes such as iBCF and community services redesign	164	1 238	240	
Improving Integrated Commissioning Capacity	BCF Joint Strategic Finance Lead	Provide financial oversight and monitoring for the BCF, S75 agreements, JCB and One Herefordshire finance programme	Planned developments are based on sound and robust financial assessments to deliver the planned benefits; better quality financial information				
Improving Integrated Commissioning Capacity	BCPG minor investments	For example - funding outcomes based commissioning workshop and choice based/self funder literature		54			
Improving Integrated Commissioning Capacity	Interim Strategic System Evaluation	To oversee and co-ordinate systems changes required for integrated working	Evaluation of current IT infrastructure inline with the LDR / TTTG	15			1 15
Meeting Adult Social Care Needs	AWB Professional Standards Leads	2x roles as lead professionals to drive up the quality of the social care workforce.	Improving the social care workforce standards to enable a strengths based approach and reducing the reliance on health and social care services				
Meeting Adult Social Care Needs	Housing Support Role	Aid transitiion from enhanced housing benefit to new supported housing model		21			281
Reducing Pressures on the NHS including supporting hospital discharge	Development / maintenance of self funding protocol	50% expansion of current in house rapid response service to facilitate discharge – to also include software upgrade to assist with rota	Move to a 'Home First' model to improve discharges, hospital flow and preventing admissions to hospital and long term res/nursing.				
Reducing Pressures on the NHS including supporting hospital discharge	Enhancing Adults Wellbeing Pathway Roles	3 x Community Broker 'Mike' Roles 1 x Pathway Referral Lead 'Alex'	Additional resource to further enable the successful implementation of the new integrated support and care pathway.	161			
Supporting Local Social Care Provider Market	Clinical Professional Standards lead	To support care homes throughout Herefordshire	Reducing admissions to hospital and improving the care standards within the care homes	90			
Supporting Local Social Care Provider Market	Use of Technology in care homes	Initial assessment of use of technology in care homes to identify best areas for future investment / training / support	Baseline information gathering to determine investment in homes that requirement improvement to avoid admissions and improve quality.	23			23

Areas requiring agreement within the iBCF

Contribution					2017/18	2018/19	2018/19
to IBCF Grant condition	Submission Ref Number	Scheme title	Role	System Impact			
Meeting Adult Social Care Needs	201	Meeting ASC needs	Reduce financial outturn position	Committed funding through packages of care to meet need if funding was not available this would result in individuals being placed at high risk, not meeting needs and increasing demand across the system	819	819	819
Meeting Adult Social Care Needs	202	Meeting ASC needs	Existing LD placement pressures	Increased need and demographic pressures in LD placements has resulted in additional pressures, these individuals have high needs and the LA has a statutory obligtaion to met these needs. Committed funding. following assessments. LA would have had to make additional cuts to other services which would have added pressure to DTOC.	350	350	350
<i>Meeting Adult Social Care Needs</i>	203	Meeting ASC needs	Maintainin g current level of operationa l staff	This would result in reduction of 30 social workers. Reduction in staff can only be achieved when other areas have been implemented e.g. ASC pathways. Increased demographic pressures is creating more work for the same volume of staff which would result in the reduced ability to serve the whole system including hospital discharge, urgent care responses, safeguarding/DOLS.	200	200	600
Meeting Adult Social Care Needs	204	Stabilising the Provider Market	Maintainin g Funding for Existing nursing home placement s	Current individuals requiring placements and increase in demographic pressures that the LA has a duty to meet needs. If funding not available LA would not be able to pay fees, cut other services which would result in pressure on DTOC.	624	624	624
Meeting Adult Social Care Needs	205	Stablising the provider market	Maintainin g existing contractual values for vulnerable groups	These are key contracts and services for very vulnerable individuals. This funding has resulted in maintaining contractual provision to meet the needs of the individuals.	480	480	480
Total					2,473	2,473	2,873

Risks and Mitigations

Risks	Mitigations		
All partners do not agree plan, including funding	Critical friend has been offered to support negotiation		
Not achieving DToC target leads to potential reduction of iBCF funding for 2018/19	Partners working together to develop and implement system changes to address DToC		
Increasing financial pressures on all partners	Working together to implement system change to manage demand		
Fail regional assurance process	Working through guidance and KLOEs to ensure robust response and detailed plan is submitted.		

A detailed risk register will be developed and submitted with the narrative plan.