



**Bristol, North Somerset  
and South Gloucestershire**  
Clinical Commissioning Group

# Better Care Fund Update

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# Existing arrangements

## National Conditions

The National Conditions that remain to be achieved are;

- Plans to be jointly agreed
- NHS contribution to adult social care to be maintained in line with the uplift to CCG Minimum Contribution
- Agreement to invest in NHS commissioned out of hospital services
- Managing Transfers of Care

## Better Care Fund National Metrics

The previous Metrics that remain in 2019/20 are;

- Delayed transfers of care
- Non-elective admissions (General and Acute)
- Admissions to residential and care homes
- Effectiveness of reablement





# Key Changes



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## New submission arrangements

Changes to the requirements for the BCF narrative plans are listed below;

- Not repeat information they previously provided in 2017-19 plans
- Include more meaningful information, with a focus on the impact of BCF
- Narrative was through a set template, rather than freeform narrative plan

## Other changes

With the introduction of the Stranded Patient metric in June 2018, local systems were tasked with reducing the number of patients in hospitals for extended periods of over 21 days. BCF would continue to support this ambition by continuing work to implement and embed the High Impact Change Model, which is linked to the 4<sup>th</sup> National Condition “Managing Transfers of Care”.





# BCF Finances

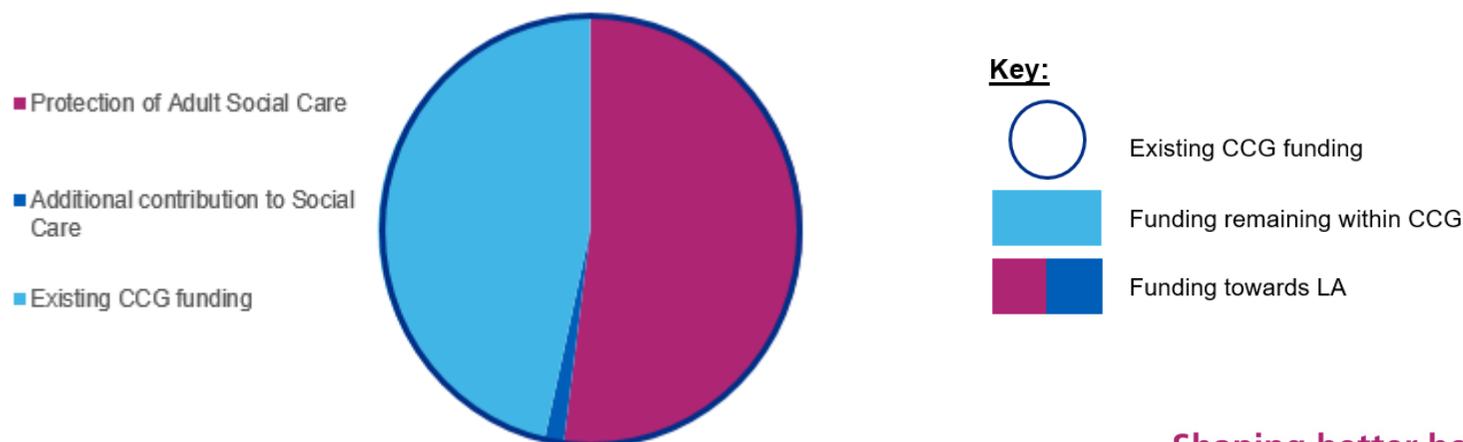


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The minimum contribution to BCF is made from existing funding streams and allocations, therefore, Bristol's BCF is made up of existing services that fit within the BCF principles and support its performance metrics and outcomes. Within the CCG's minimum contribution to BCF there is also a minimum contribution to Adult Social Care, these figures are outlines below.

Total Minimum Contribution to BCF	Total Minimum Contribution to Social Care
£31,315,545	£16,281,009

The below diagram outlines how the CCG's contribution to BCF is used to meet the minimum contribution to each areas BCF.



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# BCF Finances



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In previous years the percentage uplift, set nationally to be applied to BCF has seen a steady increase year on year. This year the published BCF Policy Framework has set this level at 6%.

	2016/17	2017/18	2018/19	2019/20
Percentage uplift	1.72%	1.79%	1.90%	6.00%

A number of options were considered across the Local Authority and BNSSG CCG and it was jointly agreed that the additional uplift would be used to fund Home Care packages, as this was a current pressure within our Health and Social Care system.





# BCF Planning



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In preparation for the 2019/20 BCF submission, the Integrated Partnerships Team undertook a joint review of the previous budgets within the 2018/19 BCF plan.

The BCF review had proven significantly more complex than initially anticipated, more specifically trying to obtain existing documentation on previous BCF schemes, largely due to a change in personnel within the CCG and BCC.

Due to changing system priorities, some schemes had changed their remit and focus over time. As a result, some additional work was required to refresh existing scheme schedules to ensure that they continue to support the organisation and current system priorities.

The table below outline the key changes to each area from the 18/19 BCF plan

Removed Scheme	Budget	New Scheme	Budget
Care Act Implementation	£395,535	Investment in DOLS and Safeguarding	£395,535
Prevention & Maximising Independence	£5,249,774	Core Investment in Tier 3 services	£5,249,774
BCH - Community Services	£2,343,000	Brunel Care - Dementia Step up beds	£112,000
		Second Step - Community Rehab Service	£2,051,000
		wellspring Healthy Living Centre	£180,000

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# 2019/20 BCF Plan



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One of the main changes we took for the 2019/20 was to arrange the BCF budgets into themes, this would give greater transparency over where the funds would be going and ensuring we investing in the right areas to meet the needs of our local population.

Budget/Scheme
<b>Investment in System Wide Transformation Support</b>
Integrated Partnerships Team
<b>Investment and Transformation of Services to Improve Discharge from Acute System for those aged 65+</b>
NBT Integrated Discharge Service (IDS) Lead
British Red Cross - Home from Hospital Service
BCC - Reablement Service
Intermediate Care
Investment in Reablement Services (Homefirst model)
Funding to meet system pressures
<b>Investment in and Transformation of Tier 2 Services (Help when you need it)</b>
Discharge to Assess
Carers
<b>Investment in Tier 3 Services (Help to live your life) for those aged 65+</b>
Core Investment in Tier 3 services
<b>Investment in Community Services</b>
BCH - Community Services
Wellspring Healthy Living Centre
Investment if DOLS and Safeguarding ( core service)

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# 2019/20 BCF Plan



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Budget/Scheme
<b>Investment in, Equipment, Technology and Physical Environment</b>
Community Equipment
Disabled Facilities Grant
<b>Investment in Mental Health Services</b>
Brunel Care - Dementia Step up beds
Second Step - Community Rehab Service
Ace Service
Mental Health Crisis Housing and health
Employment Service
Missing Link
Rethink
Bristol Mind
Tranquiliser project
Windmill City Farm
Bristol Hearing Voices Network
Long term care including mental illness and LD ( Section 117 )





# Governance



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## Existing arrangements

Following the BCF Review of the local budgets we also looked at the governance arrangements to monitor the BCF Programme across BNSSG. Each locality had applied the same principles to governance and its function however, reporting and assurance have been interpreted differently;

- Bristol – BCF is monitored as a stand alone programme – with highlight reports
- North Somerset is monitored as part of the wider joint commissioning – reports by exception
- South Glos is also monitored as part of the wider joint commissioning – with highlight reports on key work areas

The above approaches all tackle integration on a “Place Based” and “Neighbourhood” level, but not at a “Population” level.

Feedback received identifies a need to use our local BCF’s in a different way taking a strategic approach. This shift in focus would see the direction of BCF move from a transaction and performance improvement approach to transformation and strategy to enable integration.

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# Governance



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## Case for change

Having an inconsistent approach could undermine the existing joint arrangements and cause confusion to our providers.

By aligning the BCF governance across health and social care we would strengthen our “Collective commissioning voice” when commissioning services from providers to meet the needs of our local population.

The review has highlighted good practice across the three localities, which have been reflected in the proposed governance.

Aligning the governance will support our future aspirations of becoming an ICS.





# Governance

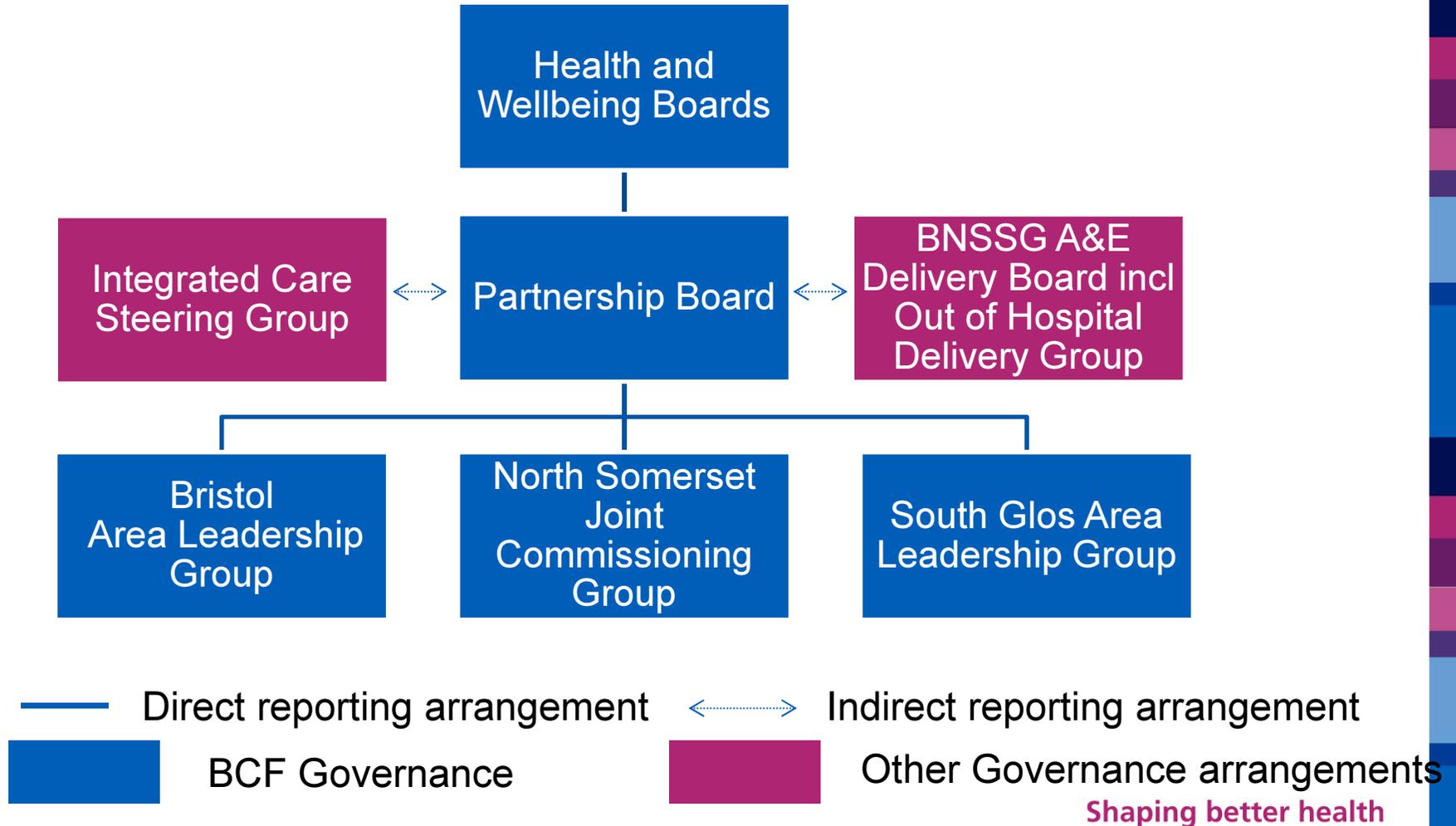
## Previous Bristol arrangements





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## Proposed BCF Governance





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## Benefits of Change

Aligning the three different Better Care governance arrangements still reflects the local area to ensure we meet the needs of our local population and would provide the following benefits;

- Stronger integrated commissioning voice
- Collective health and social care leadership
- Provides a platform for health and social care to develop a shared vision
- Ensures consideration to all localities when making potential changes to local care markets
- Will provide a population approach informed by the needs of our local needs
- Incorporating and sharing best practice across system
- Standardised reporting
- Enables our future aspirations of becoming an ICS

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# Governance



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## Partnership Board

- The Partnership Board will not have decision making authority however, will make recommendations to H&WB for approval on any deviation from plan or finance.
- Provide leadership and direction for the development of health and social care services taking into account local needs, national direction, STP and the three local Health & Wellbeing Board's Strategies.
- Maintain an overview of performance and delivery against agreed plans, ensuring that action is taken when required.
- Be responsible for providing leadership on future joint commissioning arrangements to strengthen our integrated Commissioning voice, when working with providers
- Sign off all statutory and mandatory returns in relation to Better Care (ahead of H&WBs)
- Receive and sign off financial updates on the three BCF's
- Shall consist of commissioners only, meeting quarterly **Shaping better health**





# Governance



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## Area Leadership Group

- Receive and scrutinise performance monitoring for local BCF plans and work programmes?
- Monitoring performance against the four BCF metrics as well as the local health and social care system.
- Be responsible for reporting any performance issues to the Partnership Board for direction
- Receive all statutory and mandatory returns in relation to Better Care for discussion and comment (ahead of the Partnership Board)
- Inform the Partnership Board of the local needs of the population and pressures related to both health and social care?
- Will consist of commissioners and providers, meeting quarterly

