

Voluntary sector involvement in Better Care Fund planning

Final plans to be submitted by 19 September - contact your commissioners now.

This briefing has been prepared by the Care and Support Alliance, based on information from Department of Health, to help members engage with the Better Care Fund.

We are now caring for more people with increasingly complex needs and multiple conditions. We need to move to a joined-up health and care service which helps people to manage their conditions and remain independent. The aim must be to improve people's experience, and to prevent them from being admitted to residential care or hospital unnecessarily or prematurely. When hospital admission does occur, people should be supported to return home as soon as possible for them, their families and carers.

Everyone agrees that we need to join up care around people, for a health and care system that is sustainable and fits the needs of people in the 21st century.

- **What role can the voluntary sector play?**

The Better Care Fund (BCF) is intended to make local services more proactive, responsive and efficient. The voluntary and community sector (VCS) can help to re-shape services and provide insight to new, innovative models of care. VCS organisations can provide specialist expertise, and crucially they can provide an understanding of the things which matter to people so that health and care can be designed in ways which suit people best. The VCS can play a crucial role in helping people and their carers to remain well in the community. We therefore have a key role to play in Better Care Fund plans and their development and delivery locally.

What does the BCF guidance say about the involvement of Voluntary and Community Sector?

Updated BCF planning guidance was issued on 25 July 2014. This includes new explicit references to involvement of the VCS in the planning template, which aims to prompt greater engagement between voluntary and community organisations and Health and Well Being Boards in the local BCF planning process.

Areas will be updating plans in the coming weeks, and will re-submit plans by **19 September**.

Time is tight but there is still a short window to get involved with your Better Care Fund plan locally. Now is the time to approach local commissioners, if you have not already done so. Concrete, pro-active, evidence-based suggestions about what you can offer will be particularly helpful. We want to ensure there has been meaningful engagement, rather than as a simple 'tick-box' approach.

Don't miss this section!

Section 8 of the BCF planning template (titled 'Engagement') now asks Health and Wellbeing Boards to set out how they will engage with a number of local partners, including:

8a) Patient, service user and public engagement: *Please describe how patients, service users and the public have been involved in the development of this plan to date and will be involved in the future.* VCS organisations often represent and advocate for groups of public, patients and service users, and as such engagement with these organisations can be an important part of how HWBs will meet this requirement.

8b) Service provider engagement *Please describe how the following groups of providers have been engaged in the development of the plan and the extent to which it is aligned with their operational plansiii) social care and providers from the voluntary and community sector.* This new explicit reference to the VCS is in recognition of the fact that local VCS organisations are often the providers of health and care services in any range of ways, such as the direct provision of care, information and advice on specific health conditions, specialist assessment of needs, or expert care planning.

7(v) Carer-specific support: *"Please specify the level of resource that will be allocated to carer-specific support"*. This is in recognition of the fact that the BCF includes £130m funding for carers' breaks, as well as funding to implement the new duties in the Care Act, which includes new rights to assessment and support for carers. The VCS can provide invaluable expertise on how carers' needs for support can be met most effectively.

It is important to ask how your commissioners are intending to respond to these sections. These changes have come following engagement between the BCF Taskforce and national VCS groups such as the Care and Support Alliance and the Health and Care Strategic Partner programme.

The VCS is already playing an important role in local planning of health and care services in many areas. Below are two examples of how this is happening. However, this varies, with less meaningful involvement in other areas.

How are you involved in your area?

What is your experience of involvement of the voluntary sector in Better Care Fund Planning? What is working and what is not? Contact Ben Cavanagh at Carers Trust (on behalf of the Care and Support Alliance): bcavanagh@carers.org.

Examples of Voluntary and Community sector involvement to improve local BCF planning

At **Age UK Blackburn with Darwen** the Chief Executive and a representative from a local voluntary sector consortium were both members of the group that oversaw the drafting of the Blackburn with Darwen Better Care Fund submission. They provided support, additional information and insight and influenced the shaping of the plan in its early stages. The plan was also tested with older people through the local 50+ Partnership using focus groups and consultation at events.

Age UK continues to be linked in through a variety of strategic mechanisms including the Health and Wellbeing Board and the development groups for integrated teams; and the BCF has also been one of the drivers for discussions with the wider voluntary sector about redefining commissioning arrangements

Carer Support Wiltshire (part of the Carers Trust Network) is closely involved in the Better Care programme through providing carer involvement for the patient experience elements – both directly and via Healthwatch Wiltshire. Currently this includes the Information and Advice Portal, implementation of the Care Act, including carers assessments, safeguarding, and Help to Live at Home provider reviews, and the Home from Hospital project.

As a service provider they are also closely involved with local Care Act operation processes review, the Dementia Delivery Board and in end of life strategic planning.

The result of this positive engagement is that there is evidence of carer support in four out of five key areas of the intermediate care workstream within the Better Care Plan - and they are in further discussion about the remaining area. This integrated way of working has meant increased referrals to Carer Support Wiltshire; involvement of carers services in public health and the preventative agenda locally; and the organisation in workforce capacity planning and joint training initiatives around carers assessments

• About the Better Care Fund

The Better Care Fund is intended to help make integration happen

The Better Care Fund (BCF) is intended to increase the scale and pace of making this transformation happen. The programme will require joining up funds between the NHS and Local Authorities (“pooled budgets”) in every area. The amount of the total Better Care Fund is £3.8billion, However this is not all new money, as below. In addition, many places are choosing to add more to their pooled fund.

Funding of the Better Care Fund

In 2015/16 the Better Care Fund will be a pooled budget between health and social care, comprising:

- £1.9bn additional funding from the NHS;
- £1.9bn based on existing funding in 2014/15 currently allocated across the health and wider care system. It is composed of:
 - £130m Carers' Breaks funding;
 - £300m CCG reablement funding;
 - £354 capital funding (including c.£220m of Disabled Facilities Grant); and
 - £1.1bn existing transfer from health to social care

How do areas access their share of BCF funding and what will they be measured against?

Each local area has been asked to develop detailed plans demonstrating how they will integrate services. Plans need to be agreed between Clinical Commissioning Groups and Local Authorities, with input from local hospitals and a range of service providers and stakeholders, including the voluntary and community sector, before being signed-off by that area’s Health and Well-Being Board (HWB). While the plans are locally led, there will be review at the national level to ensure that plans meet the aims of the programme. Plans will be implemented from April 2015.

What are the recent changes?

Plans were originally submitted by areas in April 2014, with many including good examples of innovative, integrated care. However it was felt that there were also some that required further development, for example: more evidence of provider engagement and agreement on the impact of plans; greater clarity around the alignment of the BCF plan to wider local plans and more evidence of robust finance and analytical modelling underpinning plans.

The revised BCF planning guidance and technical guidance documents set out what has changed. These are available here <http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/> In summary, £1bn of the fund will be linked to Payment for Performance, and the amount of this £1bn that areas will receive will depend solely on the area’s planned level of reduction in total emergency admissions.

This is because unplanned admissions are the biggest cost that the BCF can have an impact on. This was felt to be a single, clear indicator of the effectiveness of local health and care services working better together.

The Care and Support Alliance has concerns that this will affect what activities are prioritised in plans, as they will focus on what reduces emergency admissions in the short term. Many aspects of preventative and social care have a longer term impact and are beneficial in helping to provide integrated care, but may not result in immediate reductions in emergency admissions. This is likely to reduce focus on other outcomes which we believe are equally important. BCF plans will still need to include other outcomes (as below), but they will not be the focus of payment for performance.

Payment for performance (P4P) – how will this work?

The value of the performance related payment for each area will be determined by the extent to which the agreed plan aims to reduce emergency admissions. The higher the percentage of reduction in admissions planned, the larger the performance related payment will be on success. The performance related payment will be a proportion of the local share of the £1 billion performance budget. However the rest of the money will stay locally. The remaining proportion will be ring-fenced and available upfront in April 2015 for CCGs to spend on NHS-commissioned out of hospital services, agreed by HWBs as part of the BCF plan.

These could include a wide range of services, which are intended to invest in out-of-hospital care that will help people manage their conditions and to keep them well and independent. CCGs and LAs should include a breakdown of this spend in the revised BCF templates, including the amount they identify as NHS-commissioned out of hospital spend.

An extended planning timetable has been agreed, with plans to be resubmitted by **midday on 19 September**.

What does the BCF measure?

The Better Care Fund will include the following six national conditions which areas will need to demonstrate progress before plans can be approved.

- **Seven day health and care services** – to ensure that people can access the care they need when they need it.
- **Data sharing**, including the use of digital care plans and the NHS number – so that people don't need to keep repeating their story to every professional who cares for them.
- **Joint assessments** – so that services can work together to assess and meet peoples holistic needs.
- **An accountable professional** – who can join up services around individuals, act as a single point of contact, and prevent them from falling through the gaps.

- **Protecting social care** – ensuring people can still access the services they need.
- **Agreed impact on the acute care sector** – to prevent people reaching crisis point, and to reduce the pressures on A&E departments.

As well as the national conditions above, and the reduction in emergency admissions, the BCF will measure the following:

- admissions to residential and care homes;
- effectiveness of reablement;
- delayed transfers of care;
- patient/service user experience; and
- a locally defined “metric” (ie measurement)

Setting and achieving appropriate targets against these will remain part of the assurance and sign off process for BCF plans, but will no longer form the basis of payment for performance on the BCF. The Better Care Dashboard tool, to be published later this year, will enable comparisons and benchmarking against these and a broader range of metrics associated with integration. Further detail on requirements for these metrics is included in the technical guidance.

The Care & Support Alliance was set up in July 2009. It is a consortium of over 75 organisations that represent and support older and disabled people, including disabled children, those with long-term conditions and their families, and campaigns to keep adult care funding and reform on the political agenda.

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