

MILTON KEYNES BETTER CARE FUND – PROPOSED SCHEMES FOR 2016/17

Author: Mick Hancock (Assistant Director of Joint Commissioning)
Tel: (01908) 257967

Purpose of Report:

The purpose of this report is to seek approval from the Health and Wellbeing Board (HWB) on the proposed Better Care Fund Schemes for 2016/17.

1. Background

- 1.1 The Better Care Fund (BCF) was announced by the Chancellor of the Exchequer in the Comprehensive Spending Review in June 2013. The aim of the BCF was to incentivise integration of health and social care services to improve outcomes for patients and service users.
- 1.2 The BCF requires Clinical Commissioning Groups and Local Authorities in every HWB area to pool budgets and to agree an integrated spending plan for how they will use their Better Care Fund allocation. £3.8bn was available nationally for 2015/16, and the Milton Keynes BCF was £14.4m.
- 1.3 BCF Plans need to be agreed by the HWB, and the Milton Keynes BCF Plan was approved by the HWB in May 2014, with final sign off by NHS England and the Local Government Association in November 2014. The BCF Plan took effect on 1 April 2015.
- 1.4 For 2016/17, there has been an increase nationally in the resources available for the BCF. There is now £3.9bn available, and Milton Keynes share of this is £14.956m for 2016/17.
- 1.5 The BCF Programme Board has recently agreed a set of service priorities to receive BCF funding for 2016/17. These have been discussed and approved by the Joint Commissioning Board. The HWB is requested to approve the identified BCF service priorities for 2016/17.

2. Recommendations

- 2.1 That the service priorities be approved.
- 2.2 That the Better Care Fund plan for 2016/17 be signed off by the Chair of the Health and Wellbeing Board, Milton Keynes Council's Corporate Director - People and the Chief Officer (Milton Keynes Clinical Commissioning Group), following circulation to members of the Health and Wellbeing Board.

3. Key Issues

In 2015/16 the following schemes were funded by the BCF:

Table 1

Scheme Name	Objective	Allocation 2015/16
24/7 Rapid Response team	To prevent Hospital admission	£267,000
Appointment of two Consultant Geriatricians	To support more complex patients in the community	£157,000
Multi-Disciplinary Case Reviews	To support more complex patients in the community	£60,000
Development of the Recuperation Pathway	To ensure timely discharge from acute hospital care for patients not ready for reablement	£480,000
Community Equipment	To enable people to be more independent at home	£314,000
Alcohol Liaison Service	To minimize hospital admission for people with alcohol problems by diverting to community based services	£50,000
High Impact Team for Care Homes	The development of a specialist team to support care homes to manage more complex patients in the home rather than acute care	£222,000
Community Dementia Service	Funding for a pilot scheme supporting GPs to diagnose dementia in primary care	£63,000
Community based falls prevention	To reduce the incidence of falls in the older population, reducing hospital admissions for people who have fallen preventing re-admission	£63,000
Schemes previously funded through S256	Various schemes supporting protection of community and social care	£3,130,000
Social Care Grants	Disabled Facilities Grant and Other Social care Capital grants	£796,000
Care Act	Funding to support the implementation of the Care Act	£722,000
Phased reduction in Acute Sector activity	To support the acute care sector and the CCG whilst the new community services above bed in.	£8,000,000
Project Management		£100,000
Total 2015/16		£14,424,000

Following discussion with the BCF Programme Board and the Joint Commissioning Board, the following schemes for 2016/17 have been recommended. These are listed below for approval by the Health Wellbeing Board.

Table 2

Scheme Name	Objective	Recommended allocation 2016-17	Potential mid-year additional allocation
24/7 Rapid Response team	To prevent hospital admission	£327,000	£413,000 (following successful evaluation)
Appointment of two Consultant Geriatricians	To support more complex patients in the community	£157,000	
Multi-Disciplinary Case Reviews	To support more complex patients in the community	£60,000	
Extension of the Recuperation Pathway	To ensure timely discharge from acute hospital care for patients not ready for reablement	£480,000	£460,000 (following successful evaluation)
Community Equipment	To enable people to be more independent at home	£385,000	
Alcohol Liaison Service	To minimise hospital admission for people with alcohol problems by diverting to community based services	£50,000	
High Impact Team for Care Homes	A specialist team to support care homes to manage more complex patients in the home rather than acute care	£254,000	
Community Dementia Service	Funding for a scheme supporting GPs to diagnose dementia in primary care; improving post-diagnostic services e.g. carer support.	£63,000	£222,000 (following successful evaluation)
Community based falls prevention	To reduce the incidence of falls in the older population, reducing hospital admissions for people who have fallen and preventing re-admission	£98,000	

Table 2 (Cont)

Scheme Name	Objective	Recommended allocation 2016-17	Potential mid-year additional allocation
Schemes previously funded through S256	Various schemes supporting protection of community and social care	£3,130,000	
Social Care Grants	Disabled Facilities Grant and Other Social care Capital grants	£871,000	
Care Act	Funding to support the implementation of the Care Act	£528,000	
Phased reduction in acute sector activity	To support the acute care sector and the CCG whilst the new community services above bed in.	£8,000,000	-£1,000,000
Inflation Reserve / Contingency	Funds set aside to cover inflationary increases / in year contingency	£553,000	-£32,000
Total 2016/17		£14,956,000	£0

The criteria for inclusion, was based upon how well a proposed scheme met the key conditions and measures of success for the Better Care Fund. Key areas are: reducing admission to care homes; reducing emergency admissions to hospital; reducing delayed transfers of care from hospital; maintaining provision of social care services; delivery of seven day services; promoting health and social care integration. All proposed schemes were evaluated against these conditions and measures. Following evaluation a small number of proposed schemes were deemed unsuccessful in being allocated BCF funding for 2016/17. These included Autism Diagnosis Service, Child and Adolescent Mental Health Services Liaison and Intensive Support Team, Continuing Healthcare Service, Children's Primary Team, Hospital Aftercare Service and a Dementia Post-Diagnosis Team. Other sources of funding are being actively sought for these schemes.

Furthermore, as identified in Table 2, the allocation of additional funding for several schemes will be dependent upon a further mid-year successful evaluation against these conditions and measures.

4. Additional Information

- 4.1 A formal plan for the BCF for Milton Keynes will need to be submitted to NHS England for 2016/17. However, the timescales for this are unclear as there has been a significant delay in the issuing of national guidance on how to formulate and present the BCF Plan for 2016/17. As a result there has been insufficient opportunity to provide a final draft of the plan to accompany this report. With this in mind it is proposed that the final draft of the BCF plan is circulated to the Health and Wellbeing Board for comment prior to final submission. This will enable any factual inaccuracies or obvious omissions to be addressed. It is further recommended that the final plan is signed off by the Chair of the HWB, Milton Keynes Council's Corporate Director for People and the Chief Officer of Milton Keynes Clinical Commissioning Group.

Background Papers:

Milton Keynes Better Care Fund Plan, November 2014 (web-link below):

<http://www.milton-keynes.gov.uk/social-care-and-health/health-and-wellbeing-board>