

BETTER CARE FUND SERVICE SCHEDULE

Unless the context otherwise requires, the defined terms used in this Scheme Specification shall have the meanings set out in the Agreement.

1 OVERVIEW OF INDIVIDUAL SERVICE

In line with the requirements of the Care Act 2014 and the NHS Act 2006, a pooled fund called the Better Care Fund (BCF) has been established, the operation of which is set out in this section 75 agreement. The aim is to facilitate the development of integrated health and social care services and to create flexibility between health and social care budgets to improve care for patients whilst making best use of resources.

The BCF provides a mechanism for joint health, housing and social care planning and commissioning.

It brings together ring-fenced budgets from NHS West Yorkshire Integrated Care Board (referred to as WY ICB) allocations, and funding paid directly to local government, including the Disabled Facilities Grant (DFG), the improved Better Care Fund (iBCF).

The BCF Policy Framework sets out four national conditions that all BCF plans must meet to be approved. These are:

- A jointly agreed plan between local health and social care commissioners, signed off by the HWB.
- NHS contribution to adult social care to be maintained in line with the uplift to ICB minimum contribution.
- Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer.
- Implementing BCF Policy Objective 2: Providing the right care, at the right place, at the right time.

The BCF narrative plan 2023-25 alongside the Planning template 2023-24 responds to the BCF Policy Framework and BCF Planning Requirements 2023/25, enabling areas to agree plans for integrated care that meet the key policy objectives.

The Adult Social Care Discharge Fund (ASC DF) is pooled in to the Better Care Fund to tackle the delays in hospital discharge and reduce the number of patients that are occupying hospital beds but do not meet the criteria to reside. The discharge fund can be used flexibly on the interventions that best enable the discharge of patients from hospital to the most appropriate location for their ongoing care. The BCF planning template 2023-24 includes the areas of spend for the Adult Social Care Discharge Fund.

2 AIMS AND OUTCOMES

The overall aim and vision set out within the Better Care Fund Plan is to create a sustainable health and care economy that enables people to be healthy, well and independent.

In order to achieve this vision, we will:

- Promote self-care and illness prevention and improve the general health and wellbeing of the population of Bradford District and Craven
- Transform primary and community services and place the patient at the centre of their care
- Implement a 24/7 integrated care system across health and care economy- this is the particular focus of the BCF
- Develop and deliver a sustainable system wide model for urgent care services
- Develop and implement a system wide model for delivery of planned care interventions

Our ambition is to move to a system of resource allocation across the whole health and care economy and informed by level of need and population segmentation, collectively allocate resources at our joint

disposal to maximise value and outcomes for service users.

Our vision is of a health and social care system which empowers people including carers to take control, enabling them to set their own personal goals and to become the architect of their own support package with services which are responsive when people need care.

The care provided will be patient centred, co-ordinated and safe, meeting the needs of individuals and their carers. This presents an opportunity to rethink how we support people with long term conditions and the frail elderly, our largest groups of people requiring care (as evidenced through risk stratification and population segmentation), ensuring a consistency of offer seven days a week.

Care will be integrated around the needs of the individual, not organisations. Services will wrap around the person and be enabled by use of technology which will help accelerate achievement of personal goals. We will make optimum use of the resources available thereby ensuring effective use of the financial resource.

When people have set their own goals they will be supported to achieve these, self-care will be the starting point and people will be empowered to engage in this. Care will be more proactive rather than reactive and ensure appropriate responses, including promoting health and wellbeing.

The health and social care system will use real time data to identify people who are likely to need more care and identify interventions that will maintain their wellbeing. This will decrease reliance on traditional high cost medical and social services and will free-up resources for re-investment and expansion in community services.

People who have complex needs, that need support from a number of professionals, will be supported by multi-disciplinary, multi-functional integrated teams which will agree a personalised care plan with the person, taking their goals and wishes into account. We are already implementing such models of care.

For the first time professionals will be able to share and access information through a shared IT system where one person, one record will become a reality. This will improve decision making and avoid the same questions having to be asked over again. Voluntary and Community Services will be involved in this health and care planning, so that more people can be supported in their local communities and build strong relationships that are empowering.

When needed, these multi-disciplinary integrated teams will work alongside other local agencies, such as the police, housing, faith organisations, leisure services and education, to address an individual's needs in a way that is encompassing and centred around their unique circumstances.

Enabling home care services and rehabilitation support will be available to help people be safe and competent in their own homes. Where appropriate, technology will be used to support the delivery of care in people's homes. This integrated approach will enable people to be more independent, for longer. People's care will be coordinated by a Lead Practitioner who will be the most relevant member of staff involved in the person's care for example a nurse, therapist, social care worker, GP or voluntary worker. The default setting for the delivery of integrated care will be the person's own home. When people do need to go into hospital, the people who support them in the community will be in contact with the hospital team and, keeping the patient and their wishes at the fore, agree a package of support that will enable the quickest possible return home.

Intermediate care services, such as community nursing and occupational therapy, will work alongside enabling home care services to get people back on their feet and enjoying life in a way that is right for them. For those who cannot recover, care at the end of life will respect each person's individual wishes. Given the growing ageing population, increasing public expectations, challenging financial outlook and the opportunities technology brings, we need to seize this opportunity to do something radically different to better meet the needs of our local community. By working together to meet the challenges we face, we can ensure that we continue to benefit from the best health and social care, sustain our communities and empower more people to enjoy fulfilling lives.

Our ambition as commissioners is to develop commissioning, contracting and payment models that enable services and systems to transform and integrate, delivering high quality, safe, local outcomes-focused services, seven days a week.

The Better Care Fund 2023-25 has the following metrics which it must meet:

Policy Objective 1: Provide people with the right care, at the right place, at the right time

Metric	2023/24	2024/25
Discharge to usual places of residence	✓	✓
New: discharge metric ahead of winter 2023 (TBC)	✓	✓
New: proportion of people discharged who are still at home after 91 days	✘	✓

Policy Objective 2: Enabling people to stay well, safe and independent for longer

Metric	2023/24	2024/25
Admissions to residential and care homes	✓	✓
Unplanned admissions for ambulatory sensitive chronic conditions	✓	✓
The proportion of older people who were still at home 91 days after discharge from hospital into reablement or rehabilitation services	✓	✓
New: emergency hospital admissions due to falls in people over 65	✓	✓
New: outcomes following short-term support to maximise independence	✘	✓

Additional NHS performance metrics (as identified in the NHS Oversight Framework) include:

- Occupancy at Virtual ward – percentage capacity occupied (S128a)
- Percentage of beds occupied by patients who no longer meet the criteria to reside (S124a)

We will continue to develop our services and our BCF plan to fulfil the requirements of the funding and adhere to the government guidelines regarding the reporting expectations of the BCF. We will make changes where required by the BCF team to maintain compliance with the guidance.

3 THE ARRANGEMENTS

The Better Care Fund Scheme will be treated as a Pooled Fund with Aligned Budgets and lead commissioning arrangements. The Partners have worked together to agree the purpose, aims and outcomes for the Better Care Fund which shall be delivered in accordance with each individual scheme specification. adherence

4 FUNCTIONS

CBMDC and the WY ICB will use the BCF to facilitate the development of integrated health and social care services and to create flexibility between health and social care budgets to improve care for patients whilst making best use of resources.

The functions which may be exercised under this agreement are:

- The prescribed NHS functions of the ICB under regulation 5 (a), (b), (ba), (bb), (bc) and (c) of the NHS Bodies and Local Authorities (partnership arrangements regulations 2000 (SI no 617 of 2000)

The Health related functions of the Council prescribed under regulations 6 (a), (aa), (b), (k) (l) and (m) of the aforementioned regulations.

5 SERVICES

A number of services will be provided under the BCF scheme. Access arrangements will be as set out in the individual service specifications.

Services provided within the Better Care Fund are as follows:

- Prevention and Early Intervention

- Intermediate and Integrated Care and Support
- Grants and Adaptations
- Support for Carers
- Community and Domiciliary Care
- Equipment and Assistive Technology
- Other

A detailed breakdown is included in section 7 below.

6 COMMISSIONING, CONTRACTING, ACCESS

Commissioning Arrangements

Each Scheme within the Better Care Fund schedule shall operate under Lead Commissioning arrangements. Respective Lead Commissioners for each scheme are detailed in section 7 below.

Schemes joint commissioned under the lead commissioner arrangements, will include all elements of the commissioning cycle, from the identification of need at a population level through to the monitoring, review and quality assurance of provision. Joint commissioning will also include market shaping and market management, the development of fee structures and provider negotiations, tendering, contract and relationship management and proactive quality improvement activity.

Other schemes are a contribution towards budgetary costs within that area. Commissioning for these areas will be outside the remit of the Better Care Fund and budgetary control responsibility for the day-to-day management of these services within budget remains with the relevant budget holders within the partner organisation which is spending the money.

Scheme leads are responsible for leading and coordinating the development of new activities and developments which may change patterns of spending. Lead Commissioners will undertake the work in accordance with normal operating procedures of their own organisation.

Contracting Arrangements

The Lead Commissioner shall have the authority to agree the form and details of each contract for commissioned services using reasonable terms within their normal operating procedures with the aim of managing risk to all parties to this agreement. At the termination of this agreement, contracts will remain with the Lead Commissioner of the scheme as set out in the Expenditure Plan.

Contracts shall only be assigned to the other party on the agreement of both parties.

Access

Eligibility of individuals for access to particular services shall be set out in the service specification in the contract for that particular service. Material changes to eligibility shall not be made without consultation with the other party.

7 FINANCIAL CONTRIBUTIONS

Financial Year 2022/2023	WY ICB contribution	Council Contribution
Pooled Fund BCF	£44,326,746	£28,525,429

Financial Year 2023/2024	WY ICB contribution	Council Contribution
Pooled Fund BCF	£46,835,641	£28,525,429
Discharge Funding	£3,443,000	£3,279,003

Financial Year 2024/2025	WY ICB contribution	Council Contribution
Pooled Fund BCF	£49,486,538	£28,525,429

Discharge Funding	£5,342,000	£5,443,145
-------------------	------------	------------

Financial resources in subsequent years to be determined in accordance with the Agreement

Table 1 – Overall funding contributions:

BCF Funding Contribution	2023/24	2024/25
Minimum NHS (ICB) contribution	£46,835,641	£49,486,538
Disabled Facilities Grant	£5,137,133	£5,137,133
Grant allocation for adult social care (improved Better Care Fund).	£23,388,296	£23,388,296
Local Authority Discharge Funding	£3,279,003	£5,443,145
ICB Discharge Funding	£3,443,000	£5,342,000
Total	£82,083,073	£88,797,112

Table 2 - Detail of the schemes funded via the Better Care Fund:

BCF, iBCF and ASC DF Schemes

WY ICB Schemes	BCF (£)	
	2023/24	2024/25
Virtual Ward	4,963,263	5,244,184
Community Equipment	1,745,208	1,843,987
Assistive Tech	1,816,491	1,919,305
Residential Placement – Nursing Home	2,304,839	2,435,292
Early Supported Discharge	756,444	799,259
Re-ablement Services	1,534,079	1,620,908
Collaborative Care Team	527,608	557,470
Intermediate Care Beds – Bed Based intermediate Care with Rehab	8,172,299	8,634,851
Total	21,820,231	23,055,256

LA Schemes	BCF (£)		iBCF (£)	
	2023/24	2024/25	2023/24	2024/25
Equipment	1,287,500	1,360,400	1,500,000	1,500,000
Enablement	7,017,300	7,414,500	3,030,000	3,030,000
Care Act Assessments	1,918,900	2,027,500	2,458,100	2,458,100
Carers	1,230,000	1,299,600		
Maintaining Social Services	3,111,710	3,287,782	6,365,500	6,365,500
MAST	288,000	304,300		
Direct Payments			254,600	254,600
Residential Placements – Care Homes	7,902,800	8,350,100		
Residential Placements – Nursing	2,259,200	2,387,100	3,315,000	3,315,000
Maintaining Social Services – Learning Disabilities			6,465,096	6,465,096
Total	25,015,410	26,431,282	23,388,296	23,388,296

DFG	Total (£)	Notes
Disabled Facilities Grant	5,137,133	This is the amount prescribed annually

Discharge Fund Schemes	LA (£)		WY ICB (£)	
	2023/24	2024/25	2023/24	2024/25
Home Support	3,279,003	5,443,145		

Pathway 3			460,000	2,210,000
North Yorkshire County Council			123,000	129,000
Re-ablement Services			2,860,000	3,003,000
Total	3,279,003	5,443,145	3,443,000	5,342,000

Total BCF Funding	BCF (£)		iBCF (£)	
	2023/24	2024/25	2023/24	2024/25
Total BCF excluding DFG and Discharge Fund	46,835,641	49,486,538		
Total BCF including DFG	51,972,774	54,623,671		
Total BCF including DFG and Discharge Fund	58,694,777	65,408,816		
Total iBCF			23,388,296	23,388,296

8 FINANCIAL GOVERNANCE ARRANGEMENTS

(1) As in the Agreement with the following changes:

Management of the Pooled Fund:

- Finance report – submitted quarterly to the WY ICB and the BCF national team. This is signed and approved by the Health and Wellbeing Board
- Annual report from Planning and commissioning Forum to the Partnership Leadership Executive

(2) Management of the Pooled Fund

For the purposes of this schedule, lead commissioners for each area set out in section 7 will act as a 'Pooled Fund Manager'. The Pooled Fund Manager shall have the following duties and responsibilities:

- the day to day operation and management of the Pooled Fund;
- ensuring that all expenditure from the Pooled Fund is in accordance with the provisions of this agreement and the BCF expenditure plan;
- maintaining an overview of all joint financial issues affecting the Partners in relation to the services and the Pooled Fund;
- ensuring that full and proper records for accounting purposes are kept in respect of the Pooled Fund;
- ensuring action is taken to manage any projected under or overspends related to the Pooled Fund in accordance with this Agreement;
- preparing and submitting to the Partnership Board-quarterly reports and an annual return covering the financial position of the Pooled Fund and the performance metrics relating to the schemes, together with such other information as may be required by the Partnership Board to monitor the effectiveness of the Pooled Fund.
- the Partners agree to provide all necessary information to the Pooled Fund Manager in time for the reporting requirements to be met.
- preparing and submitting reports to the HWB as may be required by it and any relevant National Guidance, including the quarterly reports referred to in section 10 of this schedule;
- any other duties and responsibilities agreed by the Partnership Board.

(3) Audit Arrangements

What Audit arrangements are needed?

Financial auditing arrangements will be in line with the Lead Commissioner's financial policies and procedures.

The Host Partner shall be responsible for preparing the annual return for the Better Care Fund as determined by National Guidance. If National Guidance requires this return to be

	subject to external audit, the Host Partner shall arrange this. The Partners shall comply with relevant NHS finance and accounting obligations as required by relevant Law and/or National Guidance.		
(4) Financial Management			
<i>Which financial systems will be used?</i>	The financial management systems of the lead commissioner organisation will be used.		
<i>What monitoring arrangements are in place?</i>	Monitoring arrangements for the overall BCF programme shall be followed as set out by the Planning and Commissioning Forum. Monitoring of individual schemes shall be at the request of the board.		
<i>Who will produce monitoring reports?</i>	The lead commissioner will produce reports as required. The Support & Integration Manager (BCF lead) will prepare reports on behalf of the board for submission to any external monitoring process.		
<i>What is the frequency of monitoring reports?</i>	TBA		
<i>What are the rules for managing overspends?</i>	N/A		
<i>Do budget managers have delegated powers to overspend?</i>	See part 16 of this schedule.		
<i>Who is responsible for means testing?</i>	N/A		
<i>Who will own capital assets?</i>	N/A		
<i>How will capital investments be financed?</i>	N/A		
<i>What management costs can legitimately be charged to pool?</i>	N/A		
<i>What re the arrangement for overheads?</i>	N/A		
<i>What closure of accounts arrangement need to be applied?</i>	N/A		
9 VAT			
The Partners shall agree the treatment of the Pooled Fund for VAT purposes in accordance with any relevant guidance from HM Customs and Excise.			
<i>Which Partners VAT regime will apply?</i>	The VAT regime of the relevant Lead Commissioner will apply.		
<i>Is one Partner acting as 'agent' for another?</i>	NA		
<i>Have Partners confirmed the format of documentation, reporting and accounting to be used?</i>	NA		
10 GOVERNANCE ARRANGEMENTS			
Relevant reporting shall be prepared and coordinated by the commissioning leads as appropriate, in line with the reporting requirements set out by the Planning and Commissioning Forum, Bradford Health and Wellbeing Board and the requirements Better Care Fund Reporting requirements set out in the BCF Policy Framework.			
11 NON FINANCIAL RESOURCES			
Council contribution	Details	Charging arrangements	Comments
Premises	NA	NA	NA
Assets and equipment	NA	NA	NA
Contracts	NA	NA	NA

Central support services	NA	NA	NA
--------------------------	----	----	----

WY ICB Contribution	Details	Charging arrangements	Comments
Premises	NA	NA	NA
Assets and equipment	NA	NA	NA
Contracts	NA	NA	NA
Central support services	NA	NA	NA

12 STAFF

The Support & Integration Manager (BCF Lead) will be made available to provide support to both parties, with respect of preparation and coordination and submission of any planning and reporting requirements set out nationally in relation to the better Care Fund.

Bradford Council and West Yorkshire ICB will make available respective service leads and finance leads in order to appropriately undertake these tasks.

Where joint commissioning is taking place under a lead commissioner arrangement, the other party will make available appropriate staffing resources in order to effectively commission services.

13 ASSURANCE AND MONITORING

The arrangements covered by this schedule shall be monitored and assured by the Lead Commissioner, in accordance with the individual monitoring requirements of each area of commissioning activity. Monitoring and assurance will take the form of quantitative and qualitative assessment, provider reporting, formal contract meetings, and proactive and reactive activity.

Commissioners will ensure that service outcomes are in line with the broader strategic outcomes of The Better Care Fund Plan, and that monitoring, and assurance activity demonstrates the extent to which the outcomes are being achieved.

Reporting of performance and the achievement of outcomes will be to the Planning and Commissioning Forum, in a form and frequency determined by the Planning and Commissioning Forum.

14 LEAD OFFICERS

Partner	Name of Lead Officer	Position	Address	Telephone Number	Email Address
Council	Jane Wood	Assistant Director of People Commissioning & Business support	Britannia House	01274 437312	Jane.wood@bradford.gov.uk
WY ICB	Helen Farmer	Priority Director for Access to Care	Scorex House	07932 946494	Helen.Farmer@bradford.nhs.uk

15 INTERNAL APPROVALS

In accordance with the Planning and Commissioning Forum Terms of Reference and the constitutions and Schemes of Delegation of Bradford MBC and West Yorkshire ICB.

16 RISK AND BENEFIT SHARE ARRANGEMENTS

The risk of financial underspend and overspend shall be borne by the Host Partner for each relevant scheme within this agreement. The exception being where BCF is making a contribution to a service which has a dedicated schedule within this agreement. In this circumstance the primary schedule for that service will apply, e.g. BACES.

17 REGULATORY REQUIREMENTS

Commissioner to ensure regulatory and registration requirements are met for individual service.

18 INFORMATION SHARING AND COMMUNICATION

The Council and WY ICB will shall share and supply information in respect of the services as each party may reasonably require.

19 DURATION AND EXIT STRATEGY

General provisions for the termination of the Agreement are set out in section 22 of the Agreement.

Those termination provisions will also apply to Individual Schemes within this Agreement where both parties agree to such a partial termination.

However, where either party does not agree to the partial termination then the Individual Scheme will either need to be terminated in its entirety or continued in its entirety.

20 OTHER PROVISIONS

NA