

Better Care Fund

Norfolk Review - Phase 1: Outcomes & Next Steps

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Commissioning

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Contents

Findings from the project team, task and finish group and finance working group

1. Current scope & make-up of BCF
2. Local and National direction
3. Recommendations on next steps

Review status

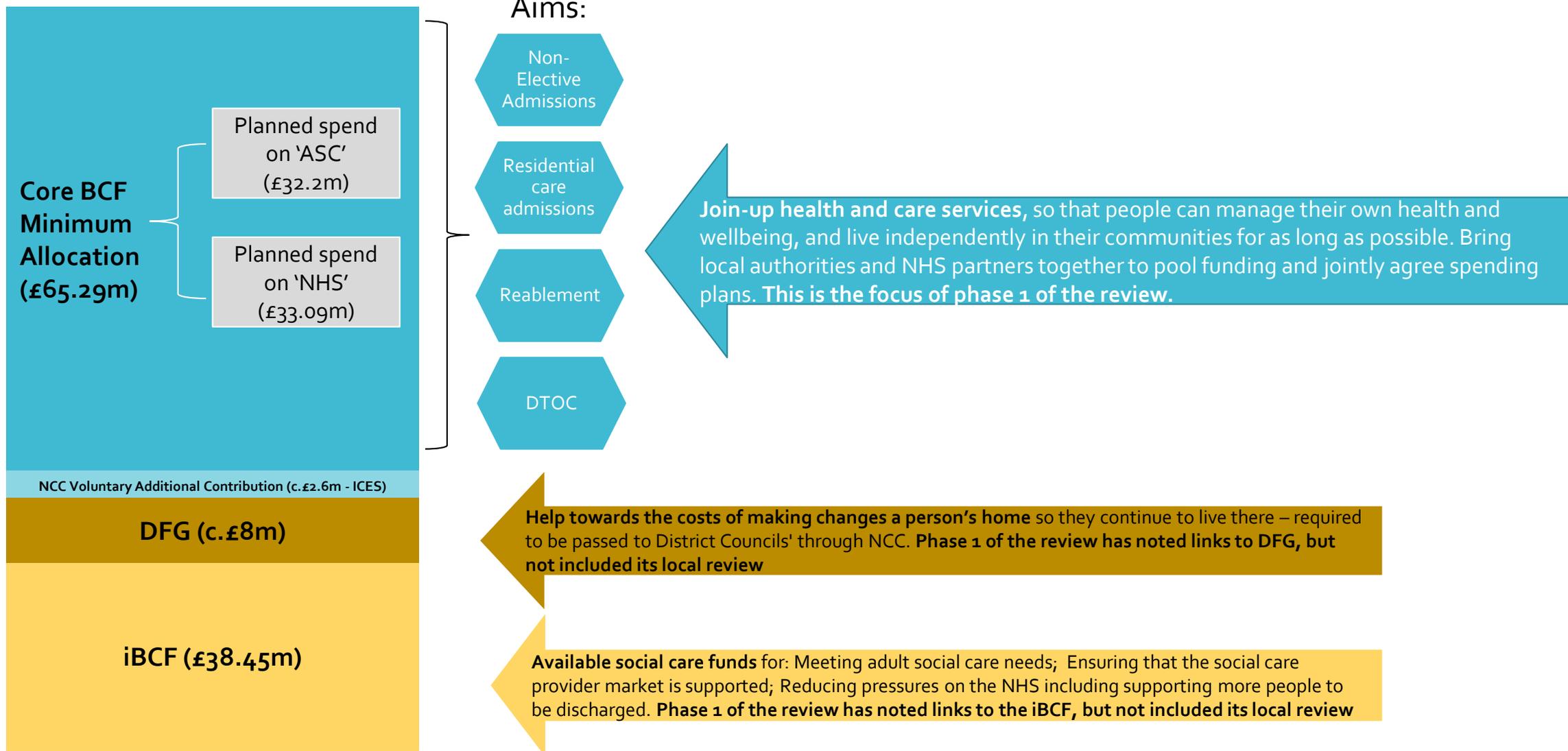


Phase 1:

- ✓ Reviewing the current finances and how the BCF is spent across Norfolk
- Analysing the wider social care and CCG budgets to identify wider spend linked to existing BCF
- ✓ Reviewing monitoring arrangements to ensure best return on investment and an outcomes focus.
- ✓ Reviewing the BCF programme key metrics and model
- ✓ Making recommendations on how the BCF is used in Norfolk, aligned with emerging national strategy and exploring options for a place focused model, and how this could enable new models of care

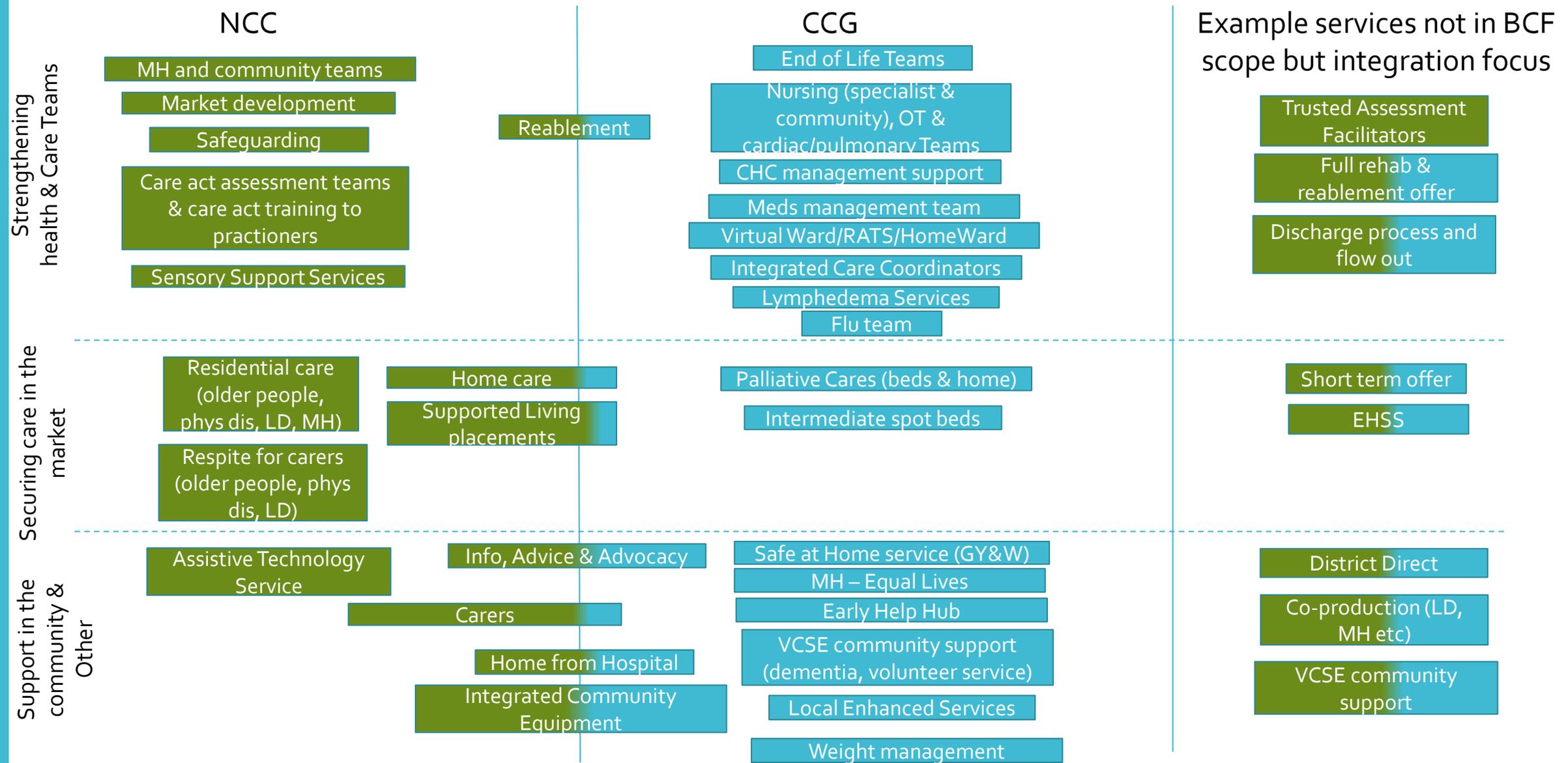
Phase 2:

- Analysing wider budgets to identify areas that best fit within the BCF scope, based on future model we agree
- Assessing options for joint financial planning to support integrated working
- Link with ICS development, DFG and iBCF
- Joint NCC, SCC and CCG review of performance against the High Impact Change Model

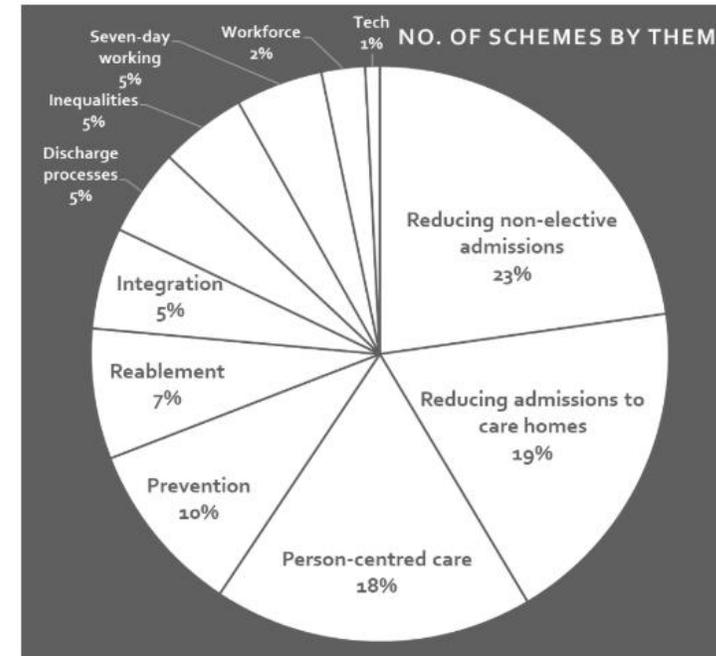
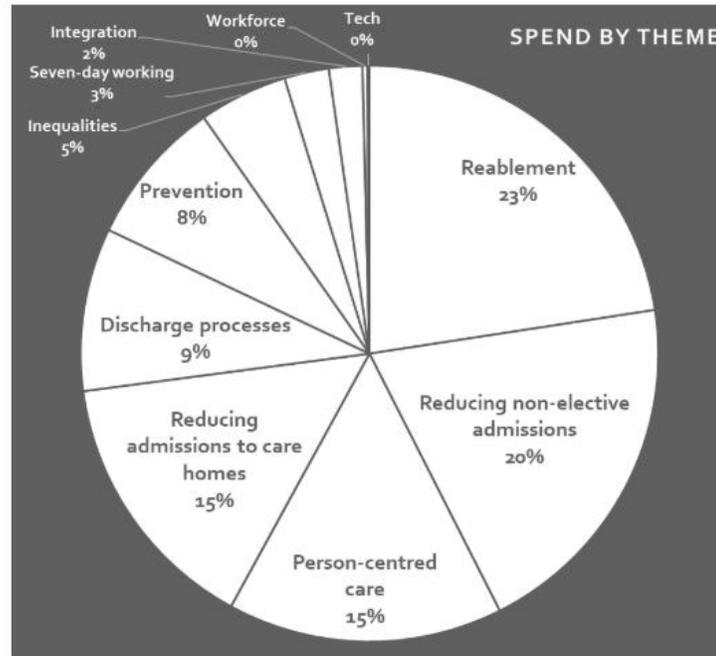


BCF Services

1. The Core BCF is primarily system focused, with a wide range of services that benefit our population
2. Services within the BCF largely tie technically to current BCF aims. There is still significantly more opportunity to use the BCF to support other areas of meaningful joint health and care working, building on the solid foundation to Norfolk's BCF and joint health and care ambitions for its future.
3. There is an opportunity to further integrate the BCF around joint decision making on Norfolk's priorities. There are areas of integrated/joint working that sit outside BCF, where we know joint funding and commissioning discussions can cause challenges.



1. Areas of note both financially and in terms of number schemes aligning to the themes are reducing permanent admissions to care homes, reducing non-elective admissions and person-centred care.
2. There is an opportunity to also reflect other priorities that are increasingly important to our joint working and resident's health and wellbeing – particularly prevention, discharge processes and inequalities.



4. Processes are in place to share openly the contents of the BCF, and good organisational joint-working on its future now in place
5. Services within the BCF often account for only a small proportion of their total funding – for NCC and CCG c.£32m only account for potential £100m+ of their total areas. This challenges any tie-back of BCF and integration to directly attributable better outcomes (a local, regional and national challenge around BCF)
6. The BCF needs to be rebaselined, as organisational changes have resulted in unidentified total funding pots
7. Ambition to identify a flexible pot within the BCF – to allow in year decision making

Summary

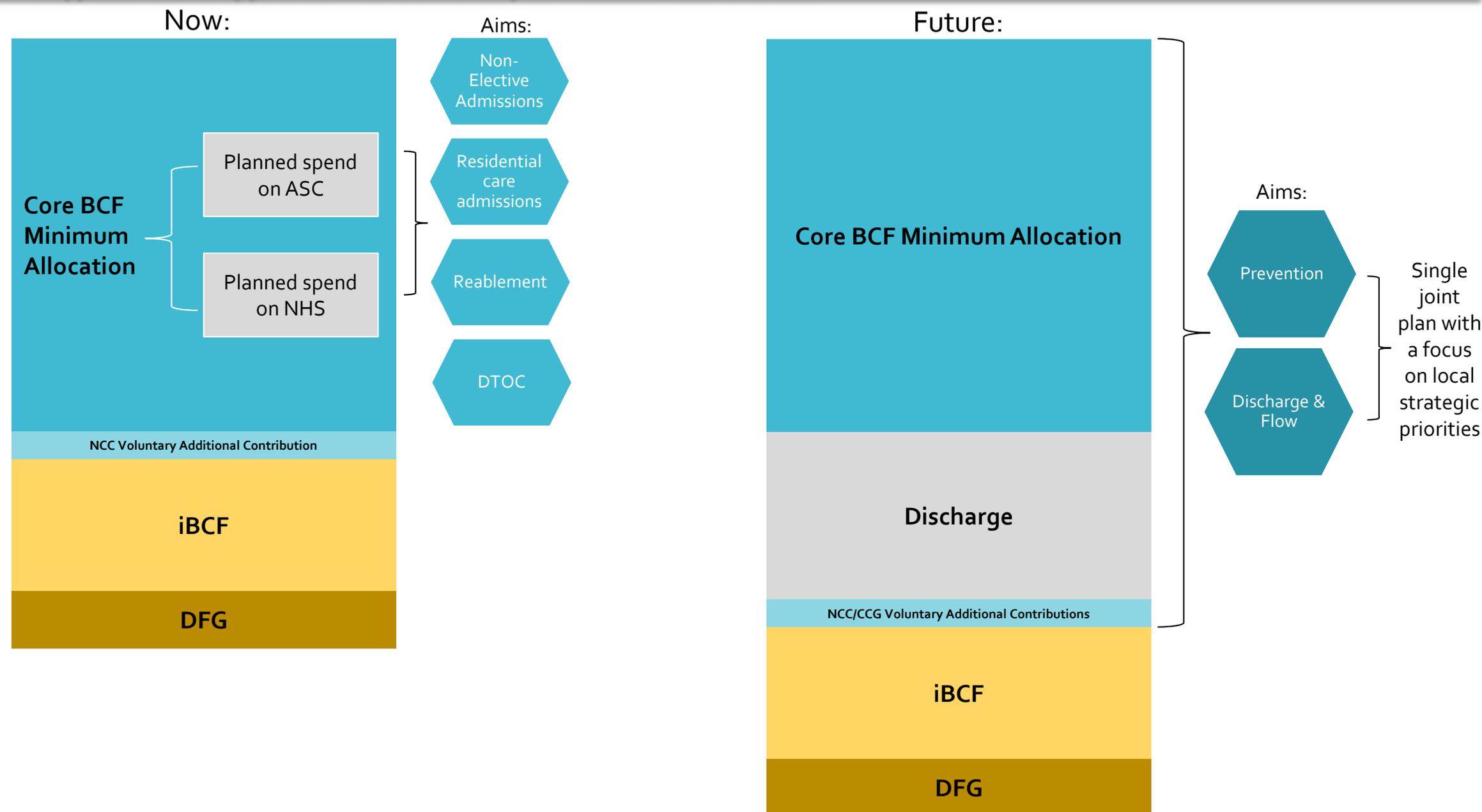
1. BCF has funded a wide range of services that benefit our population
2. Services within the BCF largely align technically to current BCF aims
3. Processes are in place to share openly the contents of the BCF, and good organisational joint-working on its future is in place
4. Health and care partners see the BCF as a key vehicle for delivering future joint working, including between health and care, work at place and smoother financial processes that enable better integration

Challenges to address

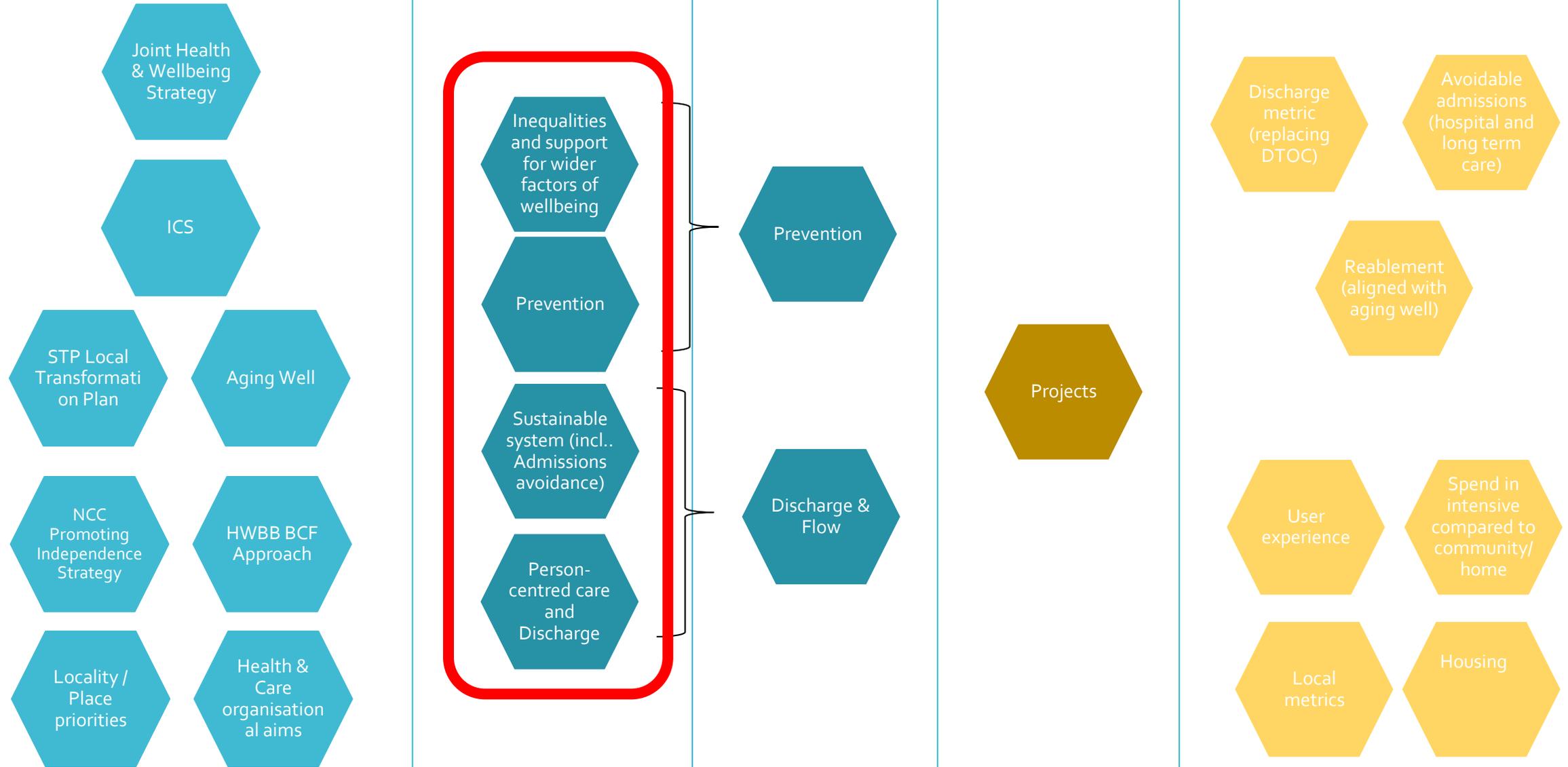
1. Services within the BCF often account for only a small proportion of their total funding from commissioners – challenging any tie-back to directly attributable better outcomes
2. Significant opportunity to use BCF to further enable joint health and care working and reflect the full range of opportunity for joint working – particularly prevention, discharge process and inequalities, and other significant areas of integrated working that sit outside BCF, where we know joint funding and commissioning discussions can cause challenges
3. The BCF is primarily system focused, rather than place-focused and needs to be re-baselined, as organisational changes have resulted in unidentified funding pots within the BCF

National BCF Focus?

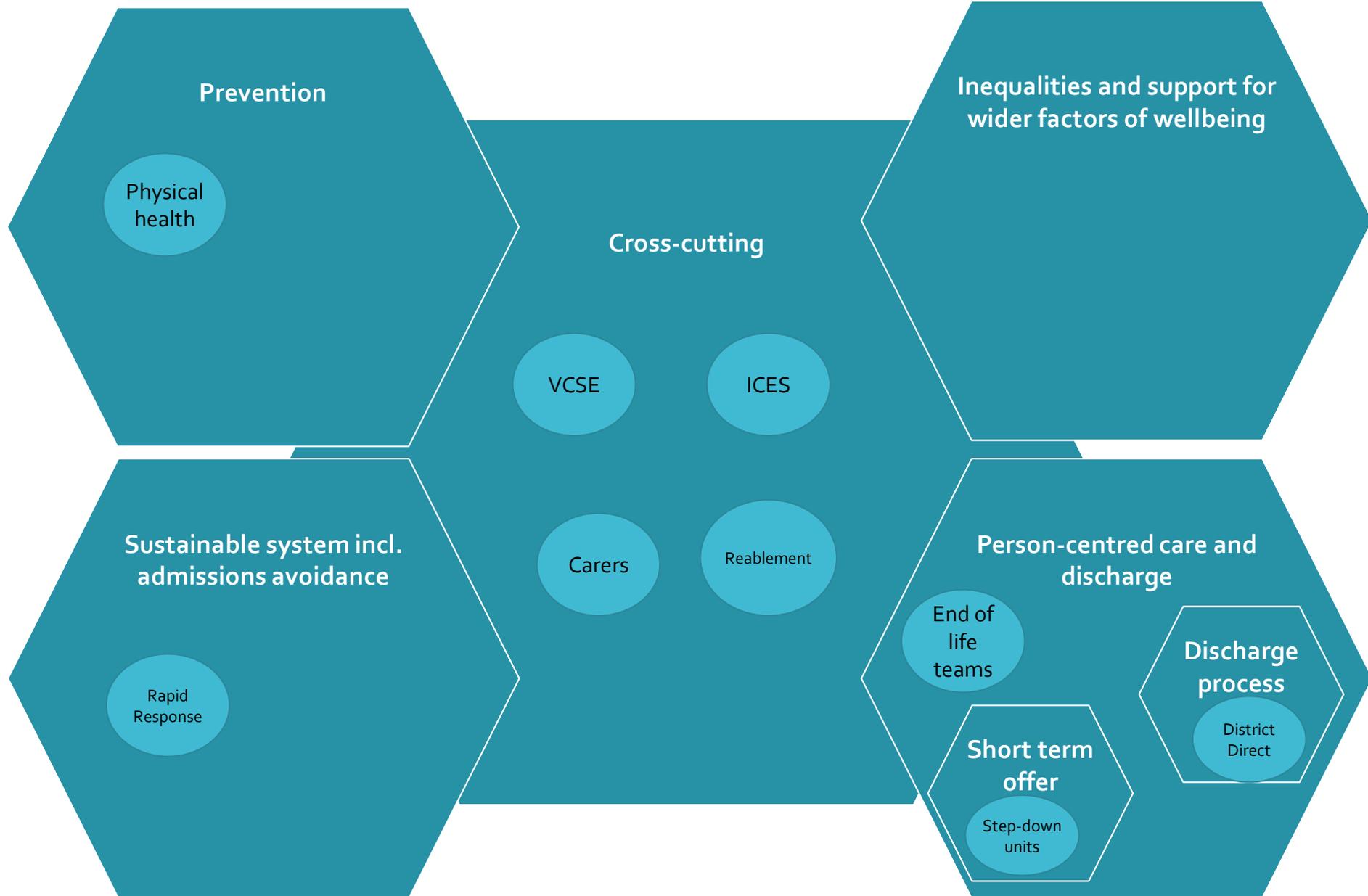
1. There is an Opportunity to shape the future of the BCF even more around meeting local system priorities – likely to emerge as a national recommendation
2. The BCF will be a key aspect of future joint working, focusing on some of the most important priorities of integration (prevention, discharge and flow). The local approach desired by partners in Norfolk will likely be reflected in national direction



Local strategy → Local objectives → BCF aims → Delivery → Outputs/Outcomes (examples)

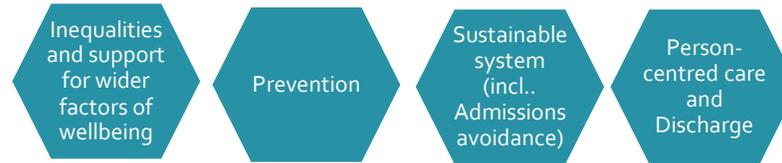


1. Create a series of BCF 'buckets' that support both BCF aims and local system priorities – having a solid baseline will enable medium-long term joint decisions
2. Each bucket would act as a container for money, driver for integration and focus on system & place priorities
3. Use BCF to help focus on some system priorities that are developing/do not currently have multi-partner strategy
4. Develop 'framework' for levels/structure of joint budgets and alignment with ICS aims



Next Steps

1. Re-baseline Core BCF around key Norfolk strategic 'buckets' – inclusion must meet those bucket's aims and be a key area of joint working/integration for health and care with ability to influence and shape together.



2. Complete high level outcomes/vfm/commissioning review assessment, as part of re-baselining, of services transitioning into and out of the re-baselined BCF
3. Engage with system and place to ensure re-baselined BCF reflects local priorities, and include in re-baselined BCF indication of spend in each place
4. Explore options for portion of BCF to be in-year spend
5. Develop 'framework' for levels/structure of joint budgets and alignment