SLOUGH BOROUGH COUNCIL

REPORT TO:	Slough Wellbeing Board	**DATE:**	19th July 2017
CONTACT OFFICER:	Alan Sinclair, Director of Adult Social Services Mike Wooldridge, Better Care Fund Programme Manager		
(For all Enquiries)	(01753) 875752		
WARD(S):	All		

PART I

FOR INFORMATION

BETTER CARE FUND PROGRAMME 2016-17 – ANNUAL REPORT

1. Purpose of Report

The purpose of this report is to inform the Slough Wellbeing Board of the quarter four outturn position 2016/17 and present the Annual Report on the Better Care Fund (BCF) programme for 2016/17.

2. Recommendation(s)/Proposed Action

The Wellbeing Board is requested to note the progress and performance of the BCF Programme for 2016-17.

3. The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan

3a. Slough Joint Wellbeing Strategy (SJWS) 2016 – 2020 Priorities

The BCF programme is developed and managed between the local authority and CCG together with other delivery partners aims to improve, both directly and indirectly, the wellbeing outcomes for the people of Slough in the areas of:

i) increasing life expectancy by focussing on inequalities and
ii) Improving mental health and wellbeing.

3b. The JSNA

The BCF programme is broad in scope and aims to address, or contribute significantly to a number of areas of need identified in the JSNA. This includes the improvement of health in Slough's adult population through risk stratification and proactive early interventions with people at risk of disease and ill health.

BCF also encompasses enabling people to age well by promoting good health and maximising independence but also providing short-term support and reablement when required, or help navigate to other sources of support.

There are also elements included that support children and young people in areas such as asthma and support to young carers.

3c. **Five Year Plan Outcomes**

The Slough BCF programme contributes to achieving the five year plan outcome of more people will take responsibility and manage their own health, care and support needs.

4. **Other Implications**

a) Financial - The size of the Pooled Budget in 2016-17 is £9.035m. The expenditure plan is across 31 separate schemes between the partners of the pooled budget agreement. These are listed within the finance summary in appendix B.

b) Risk Management - The BCF Joint Commissioning Board oversees and monitors a risk register for the BCF programme. The register identifies and scores risks of delivery of the programme together with actions to mitigate or manage the risks.

c) Human Rights Act and Other Legal Implications - No Human Rights implications arise. There are legal implications arising from how funds are used, managed and audited within a Pooled Budget arrangement under section 75 of the NHS Act 2006. The Care Act 2014 provides the legislative basis for the Better Care Fund by providing a mechanism that allows the sharing of NHS funding with local authorities.

d) Equalities Impact Assessment - The BCF aims to improve outcomes and wellbeing for the people of Slough through effective protection of social care and integrated activity to reduce emergency and urgent health demand. Impact assessments are undertaken as part of planning of any new scheme or project to ensure that there is a clear understanding of how various groups are affected.

e) Workforce - As highlighted in previous reports there will be significant workforce development implications as we move forward towards integration for Health and Social Care by 2020. This will lead to new ways of working in partnership with others which will be aligned together with other change programme activities such as that described in the New Vision of Care being led across the East of Berkshire, the Sustainability and Transformation Partnership (STP) and the integration of health and social care services within local Wellbeing Centres within Slough.

5. **Summary**

The Board is asked to note the content of the last quarter and summary annual report. A progress report template is completed and returned to NHS England from the Wellbeing Board area on each quarter and this was submitted on 31st May 2017. The summary of this is provided within the report.

Overall the activities within the BCF programme have continued to support and invest in integrated working between health and social care in Slough whilst delivering better outcomes for residents. Schemes have demonstrated an impact on reducing non-elective admissions to hospital although overall activity has been higher than that planned.

Delayed Transfers of Care have been above the ambitious targets set in this year but Slough continues to perform exceptionally well in this when compared to both region and national picture and this is a result of investments made in first two years of BCF.

Highlights of BCF supported activity in Slough in this year include the Complex Case Management approach has been referenced in the NHS Five Year Forward View as an example of how hospital activity can be successfully reduced. Another is the launch of integrated cardio prevention service as an example of innovative commissioning bringing together a range of support services that can be accessed through a single route to a qualified Wellness Coach.

6. Supporting Information

The annual report 2016-17 (at Appendix A) describes the ambition of the Slough Better Care Fund (BCF), the use of the funding and also provides a summary of the performance against the key metrics and national conditions.

7. Comments of Other Committees

The Annual Report has been presented and discussed at the Health Priority Delivery Group.

8. Conclusion

The Better Care programme in Slough continues to support integrated working and shared decision making between the partners to the pooled budget. This sets a sound platform from which to continue further towards greater integration by 2020 not only within Slough but across the wider Sustainability and Transformation Partnership.

The national Integration and Better Care Fund Planning guidance has recently been issued and the Slough Better Care Fund plan for 2017-2019 will be presented to the September board meeting.

9. Appendices attached

'A' - BCF Annual Report 2016-17

'B' - Financial outturn 2016-17

Appendix A

Slough Better Care Fund Programme

Annual Report 2016-17

1 Summary

The Slough BCF programme for 2016-17 has continued in line with the plan agreed by SWB and assured by NHSE. The plan was broadly to:

- continue investment in schemes that have an impact on avoiding non-elective admissions
- continue funding the services which actively contribute to achieving the BCF outcomes for Slough as described in the plan
- provide some additional investment into developed integrated care models and out of hospital services.

The programme has been governed through regular monthly meetings of the Delivery Group together with bi-monthly meetings of the Joint Commissioning Board (which meet as part of the Health Priority Delivery Group). There have also been regular reports to the Wellbeing Board on progress and performance, and quarterly monitoring returns to NHS England as required within the BCF guidance.

The impact of the programme on reducing non-elective admissions to hospital, a key performance indicator, has been evidenced within specific schemes supported by BCF, such as Complex Case Management, but overall activity remains consistently around 9% above that planned.

Delayed Transfers of Care have been significantly above an ambitious target of activity set in this year. However, Slough's performance is still exceptionally good when compared to the region and nationally and this is a result of investments made within the first two years of the Better Care Fund.

BCF made investment into new integrated ways of working in this year, including and integrated cardio prevention service which provides a single route for GP and self-referrals into individually tailored advice and lifestyle support from a Wellness Coach that helps people improve their cardio wellness. There was also investment to establish a single point of access through to community health and social care services.

2 Background

The BCF is a national initiative designed to encourage the transition of local health and social care services towards greater integrated care with the aim of improving health and care outcomes for their local community. It requires each Wellbeing Board area to establish a pooled budget that is jointly managed between the partners.

Slough's BCF programme this year has seen a continuation of the plan written and assured in 2015-16 in line with the published BCF policy and guidance. There was a total of £9,034,554 into the Pooled Budget for Slough, which consisted of the CCG minimum contribution of £8.259m together with the full Disabled Facilities Grant allocation of £775k.

A financial plan was agreed detailing the investment against each area as well as performance targets against the five key indicators (see performance summary). The planning guidance also required that BCF plans met the eight national conditions. These were:

1. Plans to be jointly agreed
2. Maintain provision of social care services
3. Delivery of seven day services across health and social care to prevent unnecessary admissions
4. Better data sharing based on NHS number
5. A joint approach to assessment and care planning
6. Agreement on the impact on providers
7. Agreement to invest in NHS commissioned out of hospital services, which may include social care
8. Agreement on DTOC target and joint local action plan

The BCF did not in this year set a plan for additional reductions in the non-elective activity but that the activities within the programme would contribute to the 2% reduction target set within the CCG Operational Plan for 2016-17.

There was new investment in 2016/17 assigned to the delivery of our Out of Hospital Transformation project (which was key part of the plan for reducing DToCs), commissioning of an integrated cardio prevention project and investment towards integration within local community wellbeing hubs. There was also additional funding going into Telehealth, Care Homes, Equipment and to maintaining social care.

3 Finance

Slough Borough Council host the Better Care Fund pooled budget which has been effective from 1st April 2015.

A pooled budget agreement is in place, signed by the two partners of Slough Borough Council and NHS Slough Clinical Commissioning Group under Section 75 of the National Health Service Act 2006. In 2016-17 the BCF comprised of 34 schemes grouped under the following workstreams:

- Proactive Care
- Single Point of Access & Integrated Care
- Strengthening Community Capacity
- Enablers, Governance & Social Care

The BCF also included a contingency fund of £542k, available for release into the pooled budget depending on performance against targets for reducing non-elective hospital admissions. As NEL admissions have been greater than the plan this contingency has been used to support this additional activity (see performance section below).

	2016/17	2015/16
	£000	£000
Funding provided to the pooled budget:		
Slough Borough Council	775	694
Slough CCG	8,260	8,068
	9,035	8,762
Expenditure met from the pooled budget:		
Slough Borough Council	775	694
Slough CCG	7,807	6,899
	8,582	7,593
Net surplus arising on the pooled budget during the year	452	1,169

In accordance with the section 75 agreement, NHS funded services that are commissioned directly by the Clinical Commissioning Group, do not require transactions to be via the Council. Consequently, the actual transfer of funding from the CCG to the council as a result of the fund is £5.335m.

There was an overall underspend in the pooled budget of £0.452m which has been used to support other activity, including £0.143m to maintaining Adult Social Care services in Slough. The use of underspend was agreed as per the s75 risk share agreement and leaves a balanced budget at year end.

4 Progress within BCF projects

4.1 Integrated cardio prevention service

A new integrated cardio prevention service was commissioned in this year for Slough and awarded to Solutions4Health. This has brought together several elements of cardiovascular health support into a single integrated service. Through a single referral route and one contact phone number people can access a Wellness Coach who provide brief Interventions and advice, signposting to local opportunities or onward referrals to specialised services if required. These include:

- Physical activity: *Active Slough, Exercise for referral*
- Adult Weight management: *Eat 4 Health*
- Children and Family Healthy Lifestyle: *Let's Get Going*
- Smoking: *Smokefreelife Berkshire*
- Alcohol misuse: *Slough Drugs and Alcohol service*
- Mental/Emotional wellbeing: *IAPT or Talking therapies*
- Falls prevention: *Slough FallsFree4life*

The service started in January and by end of May had received 421 referrals to behaviour change services and carried out 214 health checks and currently there are over 200 people supported within this range of interventions.

4.2 Falls Prevention

The Slough Falls prevention service has been recommissioned in this year and the FallsFree4Life programme has continued to provide both assessments and active interventions. In the last 6 months (Sept 16 - March 17) it carried out over 300 falls risk assessments with 161 referrals to well-balanced classes. The service is aimed at people with medium and low risk of falls and those who are assessed as high risk on assessment are referred into the Falls Clinic. Falls related non-elective admissions over people over 60 have reduced from the two previous years (399 against 434 in 2015-16, and 421 in 2014-15) and costs reduced by £198k.

4.3 Complex Case Management

Our Complex Case Management programme continued in this year using the ACG risk stratification tool to identify people most at risk of admission, allowing GPs to be proactive in providing focused primary care support over a 3 month period to help improve management of their health conditions. Data from month 6 to 12 shows that the numbers of non-elective admissions have reduced in this cohort by an average of 22.9%. This is an estimated cost saving of £205k (16% reduction on same period 2015/16). The numbers of A&E attendances and outpatient appointments for this group have also similarly reduced.

4.4 Community asthma service

The nurse led asthma service continues to provide valuable advice, training and support to children, families and to other health professionals in order to help improve management of asthma related conditions. In Jan- Dec 2017 the service held 171 clinics and had 861 'first contacts' with children and young people with asthma.

Overall asthma related admissions of under 18s has risen in 2016-17 (172, from 148 in 2015-16) but this is largely attributed to the service carrying a vacancy for one of the two nursing posts for four months of the year. This has now been recruited to and a programme of activity to work with local practices to identify and refer their cases into the services, continue raising awareness in schools and communities and provide training to other healthcare assistants and practice nurses.

4.5 Single Point of Access

This project has been running throughout the year to do the preparatory work to establish a single route and contact number for professional referrals to community health and social care. The process has been complex and involved having the appropriate Information Governance agreements in place, secure IT networking connections as well as developing clear referral pathways, operating processes and shared information records in order to inform decision and safe transfer of the onward referral. The SPA is due to go live in June 2017 by starting to take GP referrals into the Health and Social Care hub. It will be run by BHFT from their existing Healthcare hub based in Wokingham.

4.6 Responder service

The responder service was commissioned as a pilot scheme in 2015-16 to reduce the number of avoidable conveyances to hospital by the ambulance service when alerts have been raised with the community care line but have no one to respond. Between April 16 – Mar 17 there have been 589 call outs of the service, and 43 of these then led to an ambulance call out. About 45% of the call outs are related to a fall and the service arrives within 33 mins on average. The cost of the service has increased in this year to £73,500 largely due to number of bariatric cases requiring two people and higher number of calls as more people now using the telecare service. 273 calls were between 10pm and 8am when people would be more likely to be conveyed to A&E, saving on A&E attendance costs, and possible admission. Prior to the service being in place all these 589 calls would have been an ambulance call out with an estimated cost of at least £138k.

5 Performance summary

5.1 Non-elective admissions to hospital

During 2016-17 Slough has continued to maintain a steady position on performance against non-elective admissions (NEL) but overall outturn is that activity has been 9.2% above the planned trajectory for 2016-17. This equates to an additional 1707 NELs on the outturn activity in 2015-16 and 1515 above our plan. The estimated cost of this additional activity is £2.265m and therefore the £542k contingency within BCF has been used to support.

Actual NEL activity has been at a consistent level over the past 6 quarters and the pattern shows that whilst significant progress was made in the first part of 2015-16, it has been difficult to sustain that position. Schemes such as Complex Case Management have resulted in a reduction of NELs among the

cohort of people the scheme is reaching, but it is recognised that continuation of our existing BCF schemes in themselves will not contain increasing demand and that further investment and innovation in BCF schemes is needed to ensure a stronger position is achieved for next year and beyond.

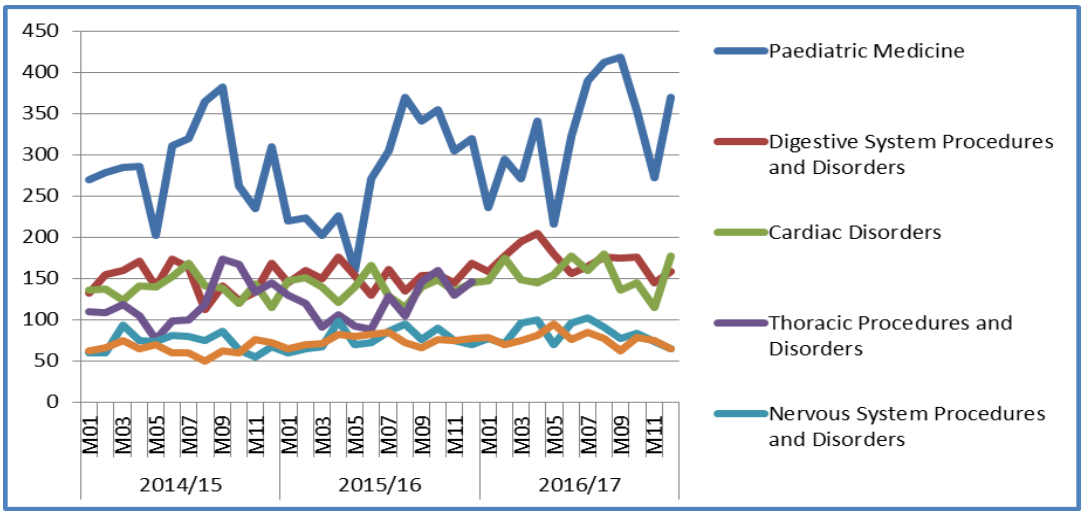
Table 1 – Non-elective admissions to hospital – performance against plan.

Year	Forecast	Pop	Year Plan	Activity Forecast	Qtrly Rate FOT	Var FOT
2016/17	Full Year	147,821	16,517	18,032	3,050	+9.2%

Year	Quarter	Pop	Activity Plan	Activity Actual	Rate Actual	Variance
2014/15	Q1	144,575	4,147	3,916	2,709	-5.6%
2014/15	Q2	144,575	4,297	4,066	2,812	-5.4%
2014/15	Q3	144,575	4,441	4,279	2,960	-3.6%
2014/15	Q4	146,304	3,798	3,780	2,584	-0.5%
2015/16	Q1	146,304	3,991	3,742	2,558	-6.2%
2015/16	Q2	146,304	4,161	3,844	2,627	-7.6%
2015/16	Q3	146,304	4,294	4,355	2,977	+1.4%
2015/16	Q4	147,821	3,665	4,384	2,966	+19.6%
2016/17	Q1	147,821	4,007	4,346	2,940	+8.5%
2016/17	Q2	147,821	4,142	4,480	3,031	+8.2%
2016/17	Q3	147,821	4,373	4,809	3,253	+10.0%
2016/17	Q4	149,285	3,995	4,398	2,946	+10.1%

Analysis of the 3 top Acute Healthcare Resource Group (HRG) subchapters for Slough NEL shows that paediatric admissions continue to generate the highest activity, followed by digestive system and cardiac disorders at similar rates. Although Q4 NEL activity is above plan is it comparative to the Q4 activity in 2015-16 (a 0.3% increase for Q4 2016-17). The costs of these admissions are, however, significantly higher (increase of £237k) which indicates greater acuity generally of those being admitted. This in line with local ambition to treat our population as close to home as possible, and to only call on acute services when absolutely necessary.

Graph 1 - Top 6 HRG (Healthcare Resource Group) subchapters for 2014-2017



5.2 Delayed Transfers of Care (DTOC)

Slough set an ambitious target to improve its DTOC position in 2016-17 setting a trajectory to maintain a strong performance baselined in Q2 of 2015-16. The Out of Hospital transformation programme was the vehicle through which we would drive these improvements but has experienced delays from factors

arising from the complexity of working and aligning together the necessary pathways and resources with Local Authority, CCG and providers across the wider Wexham hospital and STP footprint.

Performance outturn against DTOC this year is 97.2% above plan (3687 delayed bed days against plan of 1870). The main causes of delays are waiting for completion of assessment (889 days) and nursing home placements (771), but this year also had significant increases in non-acute NHS care (534 days, up from 180 in 2015-16) and patient/family choice (322, up from 192 in 2015-16). Delays have increased in all areas apart from those due to community equipment which have improved (128 delayed bed days, down from 182 in 2015-16).

There is continued focus on improving performance on this area and this will form an integral part of BCF plans for 2017-19 as we work as across the STP system to introduce High Impact Changes in transfers of care.

Table 2 – Delayed Transfers of Care (delayed bed days)

Year	Forecast	Pop	Year Plan	Activity Forecast	Qtrly Rate FOT	Var FOT
2016/17	**Full Year**	**106,723**	**1,870**	**3,687**	**864**	**+97.2%**
Year	Quarter	Pop	Activity Plan	Activity Actual	Rate Actual	Variance
2014/15	Q1	104,708	490	573	547	+16.9%
2014/15	Q2	104,708	490	534	510	+9.0%
2014/15	Q3	104,708	490	395	377	-19.4%
2014/15	Q4	105,864	480	336	317	-30.0%
2015/16	Q1	105,864	496	771	728	+55.4%
2015/16	Q2	105,864	493	492	465	-0.2%
2015/16	Q3	105,864	496	645	609	+30.0%
2015/16	Q4	106,723	490	654	613	+33.5%
2016/17	Q1	106,723	470	895	839	+90.4%
2016/17	Q2	106,723	465	947	887	+103.7%
2016/17	Q3	106,723	465	989	927	+112.7%
2016/17	Q4	107,546	470	856	796	+82.1%

Graph 2 - Patient days delayed (comparison by month/year)

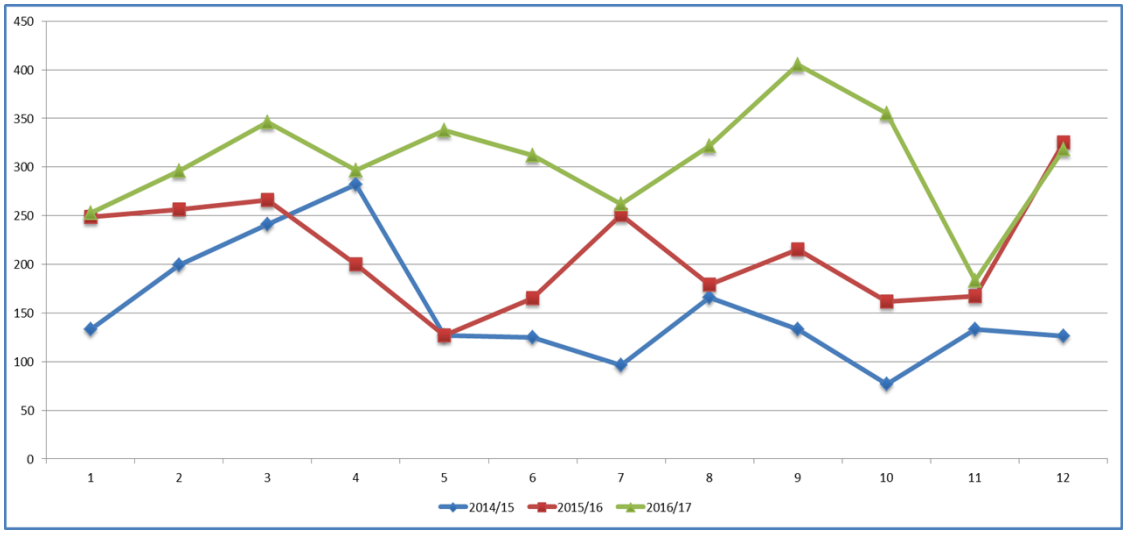


Table 3 - Reason for delays (as categorised in definitions and guidance)

Days	2014/15	2015/16	2016/17
A COMPLETION ASSESSMENT	502	726	889
DII NURSING HOME	374	662	771
C FURTHER NON ACUTE NHS	361	180	534
DI RESIDENTIAL HOME	231	279	403
E CARE PACKAGE IN HOME	78	200	348
G PATIENT FAMILY CHOICE	73	192	322
F COMMUNITY EQUIP ADAPT	197	182	128
B PUBLIC FUNDING	16	76	112
I HOUSING	6	65	83
H DISPUTES			97
Grand Total	**1,838**	**2,562**	**3,687**

5.3 Rate of permanent admissions to residential care

The plan for 2016-17 was to maintain the low admission rate to care homes in Slough against an increasing population. The indicator is reporting a maximum of 75 older people have been placed in this year (against a plan of 76). This figure is still undergoing validation and final figure may be lower still.

		Actual 14/15	Planned 15/16	Actual 15/16	Planned 16/17
Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual rate	558.1	554.8	518.7	534.7
	Numerator	76	77	72	76
	Denominator	13,620	13,880	13,880	14,215

5.4 Reablement

The final outturn for this indicator is 87.4% of people discharged into reablement services remained at home 91 days later. In terms of actual numbers this was 83 of a total of 95, which is lower than the planned activity but is in line with the performance in the previous year. Planning precise numbers to be discharged from hospital into the service is difficult to predict but numbers do reflect Slough's ambition to provide the benefits of reablement to all older people leaving hospital in order to regain and maintain their independence once they return home.

		Actual 14/15	Planned 15/16	Actual 15/16	Planned 16/17
Proportion of people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services	Annual %	100.0%	94.3%	87.6%	90.4%
	Numerator	60	66	99	104
	Denominator	60	70	113	115

5.5 Confidence in managing own health

A baseline set in Jan 2016 of 90% of patients reporting that they were confident in managing their own health. The latest survey data available is from July 2016 and is reporting 89%. Data for confidence in managing health for Jan 2017 is not yet available. Improvement on this indicator fits with our ambition to support more people towards self-help but also knowing where to go for information and advice, having access to support when needed and proactive case management for those with complex long term conditions

5.6 Client satisfaction with care and support

This indicator is collected as part of the annual social care survey. The plan is to maintain at 58.7% in the survey for 2016-17 but results are not yet available.

		Actual 15/16	Planned 16/17
Client satisfaction with care and support (3a of the ASCOF framework). This is a provisional proxy baseline indicator and Slough will use the national metric when availale.	Metric Value	58.2	58.7
	Numerator	645.0	651.0
	Denominator	1,108.0	1,108.0

6 National Conditions

The Better Care programme nationally continues to be monitored through a central support team. Progress is reported against each of the national conditions (page 2) and whether they are on track as per the BCF Plan. Slough has made good progress against these and achieved most of the conditions with the following exceptions:

Delivery of 7 day services to prevent unnecessary admissions and facilitate transfer to alternative care settings.	Some services are now operating seven days a week but these are not universal or consistent across the wider system.
The NHS number being used as a consistent identifier across health and social care services	The number of ASC records with NHS number as consistent identifier has increased significantly in this year. Once Slough establishes N3 connection and goes live with the Connected

	Care programme in September 17 this will be used for all records
A joint approach to assessments and care planning and ensure that where funding is used for integrated packages of care there will be an accountable professional	This continues to happen in parts of the system but still not consistent in all areas. There are some joint funded packages of care and a lead agency and worker for these. Further progress against this will form part of our delivery against the High Impact Change model which includes trusted assessors using an agreed single, shared assessment.
Agreement on the consequential impact of the changes on the providers that are predicted to be substantially impacted by the plans	The A&E Delivery Board and STP Board group continues to work through system wide changes, their impact and plan for any mitigation needed.

7 Conclusion

The Better Care programme in Slough has continued to be a catalyst toward improved joint working and as well as shared decision making over use of the funds. It has promoted open discussion to share perspectives and priorities as well as strengthen the shared commitment to improving outcomes for our residents. The Joint Commissioning Board has now been incorporated into the Health Priority Delivery Group which has broadened the scope of discussions between partners beyond BCF funded activity.

The majority of schemes have been developed as planned. There have been delays in establishing the Single Point of Access within this year and it has been a complex piece of planning and development work but is set to go live in June 2017. Our Out of Hospital programme has not progressed significantly in this year but this work has new impetus within the new Sustainability and Transformation Partnership (STP) and commitment to delivery of the High Impact Change model. This will see greater integration of community health and social care short term services working as a multi-disciplinary team to deliver a 'home first' discharge model and support us to maintain a strong performance against delayed transfers of care in Slough.

There has been evidence within schemes of positive impact non-elective admissions although at population level these have been greater than that which was planned. Overall BCF made positive contribution to containing and maintaining levels of A&E activity and admissions against increasing demand.

There are challenges and opportunities that remain and these include whole system review and resign of the existing services within BCF (integrated care teams, short term reablement, intermediate care and community rehabilitation) in support of the High Impact Change model. Linked to this is the importance of their being clarity around governance processes and decision making responsibilities between BCF (Wellbeing Board), A&E delivery, CCG Governing Body and the new STP with the larger change programme ahead towards an accountable care system, and aligning the programme objectives, activities and delivery plans.

Appendix B - Final outturn financial statement 2016-17 by scheme

SLOUGH BETTER CARE FUND FINANCIAL REPORT

Workstream	No.	Scheme	Area of spend	Commissioner	Provider	Source	Risk	Category	2016-17 Approved Plan	2016-17 Final Plan	2016-17 Final Outturn	2016-17 Variance
Proactive Care	1	Enhanced 7 day working	Other	CCG		CCG Minimum Contribution	CCG	1	99	99	-	99
	2	Complex Case Management	Primary Care	CCG	CCG	CCG Minimum Contribution	CCG	1	60	60	3	57
	3	Falls Prevention	Other	Local Authority	Private Sector	CCG Minimum Contribution	SBC	3	50	75	75	-
	4	Stroke	Other	Local Authority	Charity/Voluntary Sector	CCG Minimum Contribution	SBC	1	57	57	50	7
	5	Dementia Care Advisor	Other	Local Authority	Charity/Voluntary Sector	CCG Minimum Contribution	SBC	1	30	30	30	-
	6	Children's Respiratory Care	Community Health	CCG	NHS Acute Provider	CCG Minimum Contribution	CCG	1	95	95	79	16
	7	Proactive Care (children)	Other	CCG		CCG Minimum Contribution	CCG	1	127	127	5	122
Single Point of Access	8	Single Point of Access	Community Health	CCG	NHS Community Provider	CCG Minimum Contribution	ALL	2	150	150	49	101
Integrated Care	9	Telehealth	Social Care	Local Authority	Private Sector	CCG Minimum Contribution	SBC	1	50	50	50	-
	10	Telecare	Social Care	Local Authority	Private Sector	CCG Minimum Contribution	SBC	3	62	62	62	-
	11	Disabled Facilities Grant	Social Care	Local Authority	Private Sector	Local Authority Social Services	SBC	4	775	775	775	-
	12	RRR Service (reablement and intermediate care)	Social Care	Local Authority	Local Authority	CCG Minimum Contribution	SBC	1	2,184	2,184	2,184	-
	12a	RRR Service (reablement and intermediate care)	Social Care	Local Authority	Local Authority	Local Authority Social Services	SBC	1				-
	13a	Joint Equipment Service	Social Care	CCG	Private Sector	CCG Minimum Contribution	CCG	1	663	663	696	- 33
	13b	Joint Equipment Service	Social Care	Local Authority	Private Sector	CCG Minimum Contribution	SBC	1	130	130	130	-
	13b	Joint Equipment Service	Social Care	Local Authority	Private Sector	Local Authority Social Services	SBC	1				-
	14	Nursing Care Placements	Social Care	Local Authority	Private Sector	CCG Minimum Contribution	SBC	3	400	400	400	-
	15	Care Homes - enhanced GP support	Primary Care	CCG	CCG	CCG Minimum Contribution	CCG	1	110	110	65	45
	16	Domiciliary Care	Social Care	Local Authority	Private Sector	CCG Minimum Contribution	SBC	3	30	30	30	-
	17	Integrated Care Services / ICT	Community Health	CCG	NHS Community Provider	CCG Minimum Contribution	ALL	2	748	748	748	-
	18	Intensive Community Rehabilitation	Social Care	Local Authority	Local Authority	CCG Minimum Contribution	SBC	3	82	82	82	-
	19	Intensive Community Rehabilitation	Community Health	CCG	NHS Community Provider	CCG Minimum Contribution	CCG	3	170	170	170	-
	20	Responder Service	Social Care	Local Authority	Private Sector	CCG Minimum Contribution	SBC	1	60	60	60	-
	21	Out of Hospital Transformation (integrated short term services)	Other	Joint		CCG Minimum Contribution	ALL	2	200	150	150	-
	22	Integration (local Wellbeing Hubs)	Social Care	Joint		CCG Minimum Contribution	ALL	2	272	-	-	-
	23	Digital roadmap - Connected Care	Other	Joint	Private Sector	CCG Minimum Contribution	CCG	3	172	147	197	- 50
	24	Integrated Cardiac prevention programme	Community Health	Local Authority	NHS Community Provider	CCG Minimum Contribution	SBC	1	151	151	62	89
Community Capacity	25	Carers	Social Care	Local Authority	Charity/Voluntary Sector	CCG Minimum Contribution	SBC	3	196	196	196	-
	26	EoL Night Sitting Service	Community Health	CCG	Charity/Voluntary Sector	CCG Minimum Contribution	CCG	1	14	14	14	-
	27	Community Capacity	Social Care	Local Authority	Charity/Voluntary Sector	CCG Minimum Contribution	SBC	3	200	200	200	-
Enablers	28	Programme Management Office & Governance	Other	Joint		CCG Minimum Contribution	ALL	2	260	260	260	-
Other	29	Contingency (risk share)	Other	CCG		CCG Minimum Contribution	ALL	2	542	542	542	-
	30	Care Act funding	Social Care	Local Authority	Local Authority	CCG Minimum Contribution	SBC	3	296	296	296	-
	31	Additional Social Care protection	Social Care	Local Authority	Local Authority	CCG Minimum Contribution	SBC	3	600	922	922	-
						Total BCF Pooled Budget			**9,035**	**9,035**	**8,582**	**452**

CCG Share of Underspend per Risk Share	310
SBC Share of Underspend per Risk Share	143