

Annex 1 Meeting the national conditions

The table below provides a short statement confirming how our Better Care Plan meets the national condition and/or references where further information/evidence can be found in the Plan.

National Condition	Definition	Evidence of how our plans meet the condition
Plans to be jointly agreed	The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Round, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Well Being Board itself, and by the constituent Councils and Clinical Commissioning Groups.	CCG Board sign-off 27/03/2014 Health & Wellbeing Board sign-off 26/03/2014. Full Council (18/02/2014) delegated sign-off of the Better Care Plan to the Health & Wellbeing Board in consultation with the Council's Chief Executive, Leader and Cabinet Member for Resources
Protection for social care services (not spending)	Local areas must include an explanation of how local adult social care services will be protected within their plans.	See page 20 " <i>Protection for Social Care Services</i> ". References: Annex 5

National Condition	Definition	Evidence of how our plans meet the condition
<p>As part of agreed local plans, 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends</p>	<p>Local areas are asked to confirm how their plans will provide 7-day services to support patients being discharged and prevent unnecessary admissions at weekends.</p>	<p>BCF will enable continuation of 7-day hospital social work services & the core reablement service, which is focused on hospital discharge both of which are currently s256 funded.</p> <p>Implementation of the Community Cluster model will see further enhancement of 7-day services to support discharge, including the District Nursing Service and the Access Team.</p> <p>Patients requiring an urgent response regarding potential admission to the “virtual ward” will be seen within two hours by a member of the Multi-Disciplinary Team (MDT). Patients requiring planned interventions will be seen within 24 hours.</p> <p>The expanded integrated reablement service funded from the BCF will operate from 07:00 hours to 23:00 hours, seven days a week.</p> <p>The emergency response replacement care service for Carers is accessible 7-days a week and established protocols are in place and recognised by emergency services and primary care.</p> <p>During 2014-15 we are funding increased capacity in the out of hours emergency response service for social care, including the Approved Mental Health Practitioner service in light of the significant increase in activity over the past 12-months, which we are now satisfied is a longer-term trend. This service interfaces with the adult social care services provided by Sirona Care & Health and Avon & Wiltshire Mental Health Partnership NHS Trust.</p>

National Condition	Definition	Evidence of how our plans meet the condition
Better data sharing between health and social care, based on the NHS number	Local areas should confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to.	The current social care record does not enable the use of the NHS Number as the primary identifier. However, agreed plans are in place for Sirona to move to a single, integrated care record by April 2015. 2014/15 BCF non-recurrent funding will be used to support the transition of the adult social care record to a single IT system that supports this single, integrated record.
Ensure 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	Local areas should identify which proportion of their population will be receiving case management and a lead accountable professional, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by accountable professionals.	<p>The Community Cluster Team model (see page 9) and, in particular, weekly Multi-Disciplinary Team (MDT) meetings, will support personalised care planning, identification of the lead accountable professional and communication/information sharing including a single record.</p> <p>The focus of the service will be those older people and people with long term conditions who are most at risk of loss of independence or hospital admission, as identified using the risk stratification tool.</p> <p>We have selected as our local metric, the number of people from this population, who have a personalised care plan and lead accountable professional.</p>

Protection for Social Care Services

Protecting social care services in B&NES means ensuring that those in need within our local communities continue to receive the support they need, in a time of growing demand and budgetary pressures. Whilst maintaining current eligibility criteria at “Substantial” under Fair Access to Care Services (FACS) criteria is one aspect of this, our primary focus is on further developing integrated care and support which help ensure that individuals remain healthy and well, and have maximum independence, with benefits to both themselves and their communities, and the local health and social care economy as a whole. By proactively intervening to support people at the earliest opportunity and ensuring that they remain well, are engaged in the management of their own wellbeing, and wherever possible enabled to stay within their own homes, our focus is on protecting and enhancing the quality of care by tackling the causes of ill-health and poor quality of life, rather than simply focussing on the supply of services.

Section 256 funding is currently allocated to offset pressures arising from demographic change and sustain the current level of eligibility ensuring the provision of timely assessment, care management and review and commissioned services to clients who have substantial or critical needs and information and signposting to those who are not FACS eligible. Having already recognised the value within the health and social care partnership of investing in social care services to support better management of need for health services, we intend to continue with this approach. Provision has been made to sustain this level of investment in 2014/15 and from the Better Care Fund in 2015/16 in order that this level of offer be maintained, both in order to deliver 7 day services and in particular as the new Care Bill, once enacted, requires additional assessments to be undertaken for people who did not previously access Social Services. The Better Care Fund is to be invested in the expansion of integrated reablement services (see page 9-10) and in lower level early intervention and preventative services, including for people who are not FACS eligible