Overview:

- The process used to evaluate the 2016/17 Better Care Fund schemes presents a somewhat fragmented picture, however, all evaluated schemes are contained within this paper to aid decision making for 2017/18.
- The decision was taken not to evaluate MANDATORY schemes, therefore Disabled Facilities Grants, Carers Assessments, the Social Care Act, Programme Enablers have not been subject to formal evaluation.
- CCG colleagues opted NOT to evaluate schemes/services which are currently part of service redesign.

Date	Process	Action	Outcome
Nov	Initial evaluation template devised	Life Links evaluated (scored 66) 03/11/16	Decision taken at BCF meeting on
2016			
Dec 16	Updated evaluation template devised	Carers Breaks, Assistive technology and Dementia	Decision outstanding regarding
/ Jan 17		reablement evaluated using this criteria (as below)	continuation of these schemes into
			2017/18
Feb /	Review of Mental Health reablement Service	Mental Health Reablement reviewed using NHS	Decision outstanding regarding the
Mar 17		Commissioning Intelligence Model, as this scheme	ongoing funding of this scheme
		required a more detailed review	

Evaluation processes used in 2016/17

Context:

Scheme	Prior discussions/agreements from BCF Meetings		
STAIRRs Programs	CONTINUE - CCGs considered should continue without formal BCF evaluation at this stage		
Dementia Reablement Service	CONTINUE was Reviewed using evaluation matrix and scored very well - final matrix concluded		
Early Discharge Schemes	DISCONTINUE AS IS (AGE UK FROM 1/4/17 AND RED CROSS FROM 1/7/17) REDESIGN / REPROCURE - agreed with CCGs at Dec 16 meeting		

East Community Based Co- ordinated Care	In the process in CCGs of re-design - CCGs consider not appropriate time to consider in BCF group	
South Integrated Community Teams	In the process in CCGs of re-design - CCGs consider not appropriate timing for BCF to consider	
Carers Assessments	MANDATORY	
Social Care Act	MANDATORY	
Program Enablers	REDUCE - agreed with CCGs at meeting of Dec 16	
Community Equipment Store - additional contribution	REMOVED FROM FUTURE BCF - agreed with CCGs at 6 Jan 17 meeting - only minimum funding to be pooled.	
Supporting Empowerment	REVIEWED - DISCONTINUE - agreed with CCGs at Dec 16 meeting	
Carers Breaks	REVIEWED - CONTINUE – as part of Care Act provision	
Life Links	REVIEWED - DISCONTINUE PILOT AS PLANNED FROM 1/7/17 - agreed with CCGs at Dec 16 meeting.	
Assistive Technology REVIEWED - scored well against new evaluation matrix - needs final discussion with regards to con		

Schemes evaluated using updated evaluation template:

Schemes evaluated using updated template			Carers	Assistive	Dementia
Grouping	Factor		breaks	Technology	reablement
			£376,000	£734,000	£637,000
	1.1	Strategic Goals : Will project contribute to joint strategic goals or wider footprint strategic goals?	4	6	6
Strategic Goals and Innovation	1.2	Hospital Avoidance: What level of impact can be attributed to this service/proposal to hospital admission avoidance?	1	6	6
<mark>(Scores out of</mark> <mark>10)</mark>	1.3	Innovation: What level of evidenced innovation can be attributed to this service/proposal to reduce DTOC, NEL admissions, admissions to nursing or	2	6	2.5

		residential care?			
	2.1	Strength of Evidence: What is the strongest evidence that the proposed service / intervention has a positive effect in reducing DTOC, NEL admissions, admissions to nursing or residential care? Please be specific as to which metric.	3	4	3
	2.2	Magnitude of the Clinical Benefit: To the individual	2	2	4
Quality and Effectiveness <mark>(Scores out of</mark>	2.3	Numbers of people that will benefit OR impact on low numbers but complex needs therefore high impact for system	4	4	2
<mark>35)</mark>	2.5	Quality of Life: E.g. disability reduction, independence, pain reduction, improving social relationships	4	4	5
	2.6	Access and Equity: Enables more equitable access to health care and/or reduces health inequalities benefiting the system outcomes	4	3	2
	2.7	Prevention: the proposal significantly reduces ill health and/or need for further health and care services	3	4	3
		Risk of not achieving BCF Metrics relating to			
Risk <mark>(Scores out of</mark> 25)	3.1	reductions in DTOC, NEL Admissions and Admissions to residential and nursing homes if this project does not go ahead? Be specific as to metric.	5	4.5	3
	3.2	Health and Social Care Economy Financial risk: what is the risk if the project does not go ahead?	4	2.5	4

		Totals (from a possible 85)	56	69.5	62.5
	5.4	Return on investment : How quickly will the initial investment be paid back?	4	4	3
<mark>15)</mark>	5.3	Increasing Productivity: What evidenced increases in service productivity will be realised by the scheme/project?	1	1	0
Finance and Productivity <mark>(Scores out of</mark>	5.2	Rate of return: How quickly can the identified system savings (both financial and performance) project be delivered?	4	4	1
	5.1	Validated savings across health and social care	1	8	6
	3.5	Impact on other services: What is the impact on other services or providers if the service goes ahead?	4	2	4
	3.4	Clinical risk: what is the risk if the project does not go ahead?	1	2	4
	3.3	Political / reputational risk: what is the risk if the project does not go ahead?	5	2.5	4

For reference, full scheme evaluations:

Scheme	Full evaluation	
Life Links (evaluated on old template)	Life Links BCF Evaluation 201617.xl	
Carers Breaks	Carer Breaks BCF Evaluation 201617.xl	

Better Care fund Evaluation of schemes in 2016/17

Assistive Technology	Assistive technology BCF Evaluation 20161
Dementia Reablement	Dementia Reablement BCF Eval

National conditions

- 1) National Condition 1: a jointly agreed plan
- 2) National Condition 2: NHS contribution to social care is maintained in line with inflation
- 3) National condition 3: Agreement to invest in NHS-commissioned out-of-hospital services
- 4) National condition 4 Implementation of the High Impact Change Model for Managing

National metrics

- a) Non-elective admissions (General and Acute)
- b) Admissions to residential and care homes
- c) Effectiveness of reablement
- d) Delayed transfers of care (reducing Delayed Transfers of Care (DToC) nationally to 3.5% of occupied bed days by September 2017)