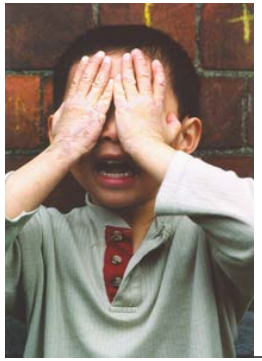
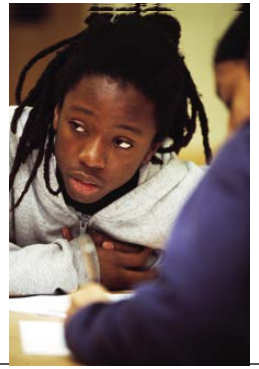
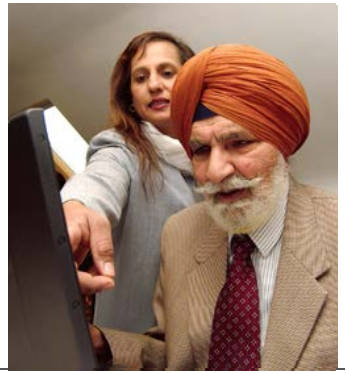
The Better Care Fund

Christine Lewington
People Group
Strategic Commissioning





Warwickshire County Council

Working for Warwickshire

Agenda for Today

1. To provide overview of the Better Care Fund model
2. The Assurance process outcome
3. Next Steps.

Purpose of the Better Care Fund

The Better Care Fund is a central government driven initiaitive to further integrate health and social care so that there is; real improvement in the outcomes delivered, value for money achieved and patient experience of the health and social care economy improved.

Government has stated that : *…we need to move more care out of hospitals and into the community, so that we can intervene earlier to prevent people from reaching crisis points. We need much better integration between health and social care, so that care is centred around the person rather than ther service, and to reduce the amount of money that is wasted when services do not work together effectively…*

A key driver for integration is the opportunity to deliver end to end care, to find more innovative cost effective models of delivery…

BCF National Conditions

1. Protecting Social Care Services
    1. Principles used:
        1. Making the whole system better
        2. Preventing Cost Shunting
        3. Covering savings that are damaging to the whole system.
2. 7 day services to support discharge
3. Data sharing
4. Joint assessment and accountable lead professional

Better Care Funding

The table below summarises the elements of the Spending Round on the Fund:

The June 2013 Spending Round set out the following:	
2014/15 A further £241m transfer from the NHS to adult social care, in addition to the £859m transfer already planned	**2015/16** £3.8bn to be deployed locally on health and social care through pooled budget arrangements

In 2015/16 the Fund will be created from:
£1.9bn of NHS funding
£1.9bn based on existing funding in 2014/15 that is allocated across the health and wider care system. This will comprise: £130m Carers' Break funding £300m CCG re-ablement funding £354m Capital funding (including £220m Disabled Facilities Grant) £1.1bn existing transfer from health to adult social care.

Better Care Fund Allocation

NHS Warwickshire North CCG	11,036
NHS South Warwickshire CCG	15,500
NHS Coventry & Rugby CCG	6,722
TOTAL Allocation	**36,427**

Better Care Fund Vision and Purpose

Vision

Individuals will experience better outcomes by delivering the Right Care – At Right Time - Together.

Purpose

The core purpose of this integrated model is to improve outcomes for all people who need health and social care services. This means:

- **People will be helped in their goal to manage their own care and remain healthy and independent;**
- **People will have real choices and greater access in both health and social care;**
- **Far more services will be delivered – safely and effectively – in the community and/or at home.**

Better Care Fund Guiding Values and Principles

Values

We will be:

- **Person centred**
- **Seamless and aligned**
- **Collaborative**
- **Efficient**
- **Open**
- **Trusting**

Principles

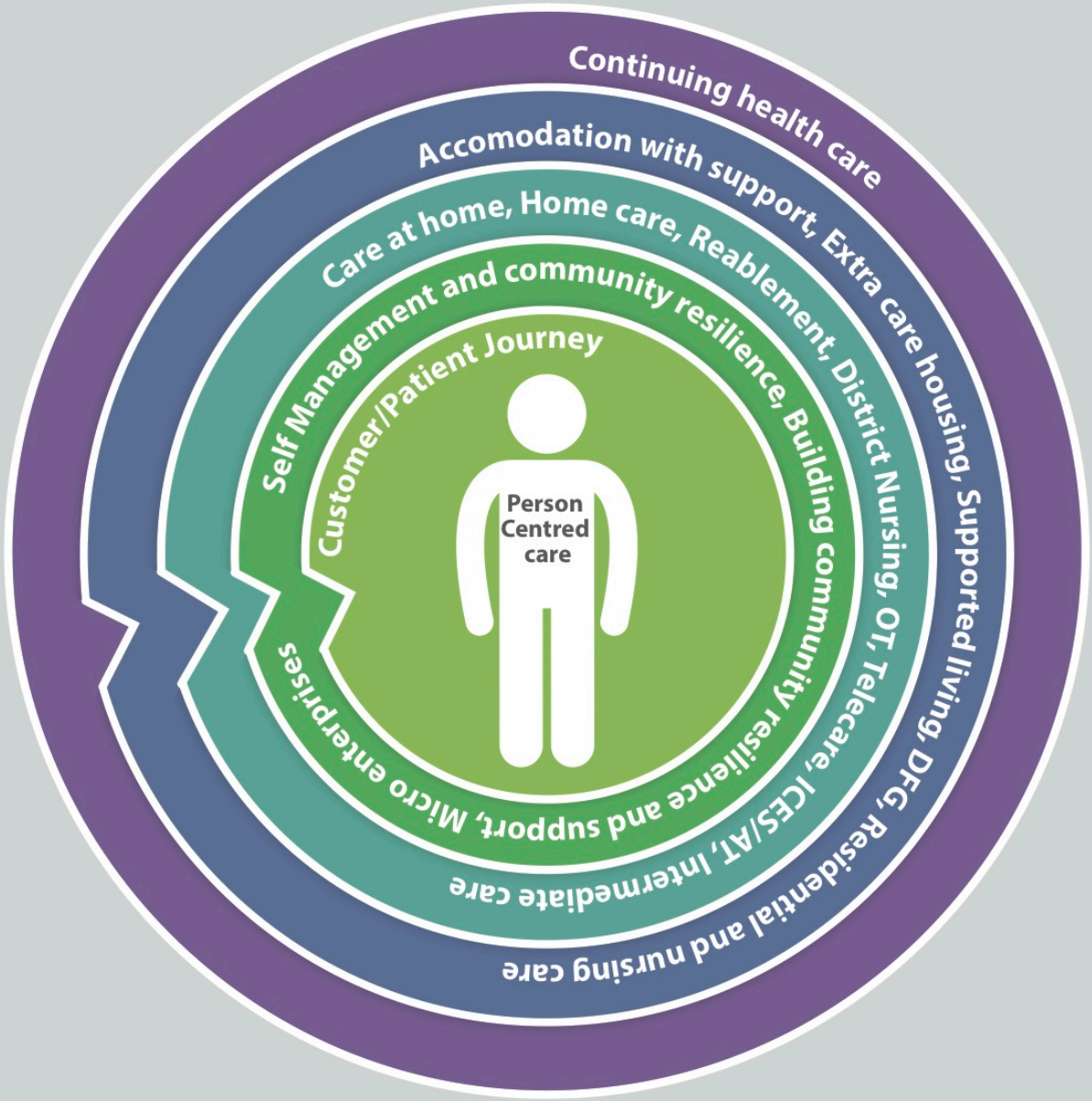
We will:

- **Make the whole system better**
- **Prevent cost shunting**
- **Cover savings that damage the whole system**
- **Consider joint first**
- **Apply the affordability challenge**
- **Always focus on outcomes**
- **Be agile**

Better Care Fund Objectives

- To build relationships with patients and our communities and determine how the voice of the public remains central to the evolution of the BFC and the associated work programme;
- To identify opportunities for prevention and to promote wellbeing as underpinning patient/user contact;
- To facilitate a risk based model and act as an enabler for people to retain their independence and autonomy;
- To re-engineer how the public and the workforce consider this revised core offer from the health and social care economy to the public;
- To systematically tackle the pressures within the health and social care system to deliver better outcomes for our people and support the transformational, transitional and transactional elements of integration, within available resources;
- To stimulate and drive innovation across the health and social care economy ensuring continued safety and quality of services;
- To build further the close working relationships between all partners to deliver improved outcomes within local resources and establish a single solution to meet need that is affordable for the whole system and each agency;
- To recognise each partners strategic priorities, constraints and responsibilities in order to achieve mutual beneficial outcomes;
- To secure strong and effective clinical and professional practice engagement and leadership across the health and social care economy;
- To demonstrate system wide projects and programmes that deliver value for money;

People Group



Better Care Fund Schemes

Theme 1:
Patient Pathway; Joint Assessment and Care Planning, 7 day working.
We will build a joint assessment and care planning process on the trusted assessor model and utilise technology in its wider capabilities.

Theme 2:

Promoting Independence and Community Resilience.

We will work with the voluntary and community sector to capitalise and build stronger more cohesive communities that will support people to live well in their own homes for as long as possible.

Theme 3:

Care at Home; Re-ablement, Home Care, Intermediate Care, CERT.

Using a reabling/recovery model we will build a stronger workforce at the frontline that delivers care based on outcomes and not tasks. Using person centred approaches we will redesign the way services are delivered that is based on customer insight .

Theme 4:
Accommodation with Support.
Market management will be a key feature of our joint work. We will continue to build on D2A and our model of Moving On to move people much more quickly through the health and social care system. A key element is the Extra Care model already established and that we will increase substantially over the next 4 years to reduce the number of admissions into residential and nursing care

Theme 5:
Continuing Health Care
We have already agreed that there are real opportunities through joint commissioning to;
•Develop a sustainable residential and nursing care market strategy
•Improve the quality, diversity, and sustainability of provision
•Redesign the pathway and processes for CHC across the health and social care system to better align the systems to improve outcomes and deliver value for money for the health and social care economy.

Target Setting Parameters

"…improvements below a certain threshold will not be differentiable from year-to-year random fluctuations and therefore may not provide sufficient assurance that 'real' improvement has been made."

1 Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population

Baseline

Period = April 2012 to March 2013

Number of Admissions = 703

Rate per 100,000 population = 673.5

Target

Period = April 2014 to March 2015

(note: no first payment period)

Statistically significant reduction = -8%

Approx target number of admissions = 684

Approx target rate = 616.4

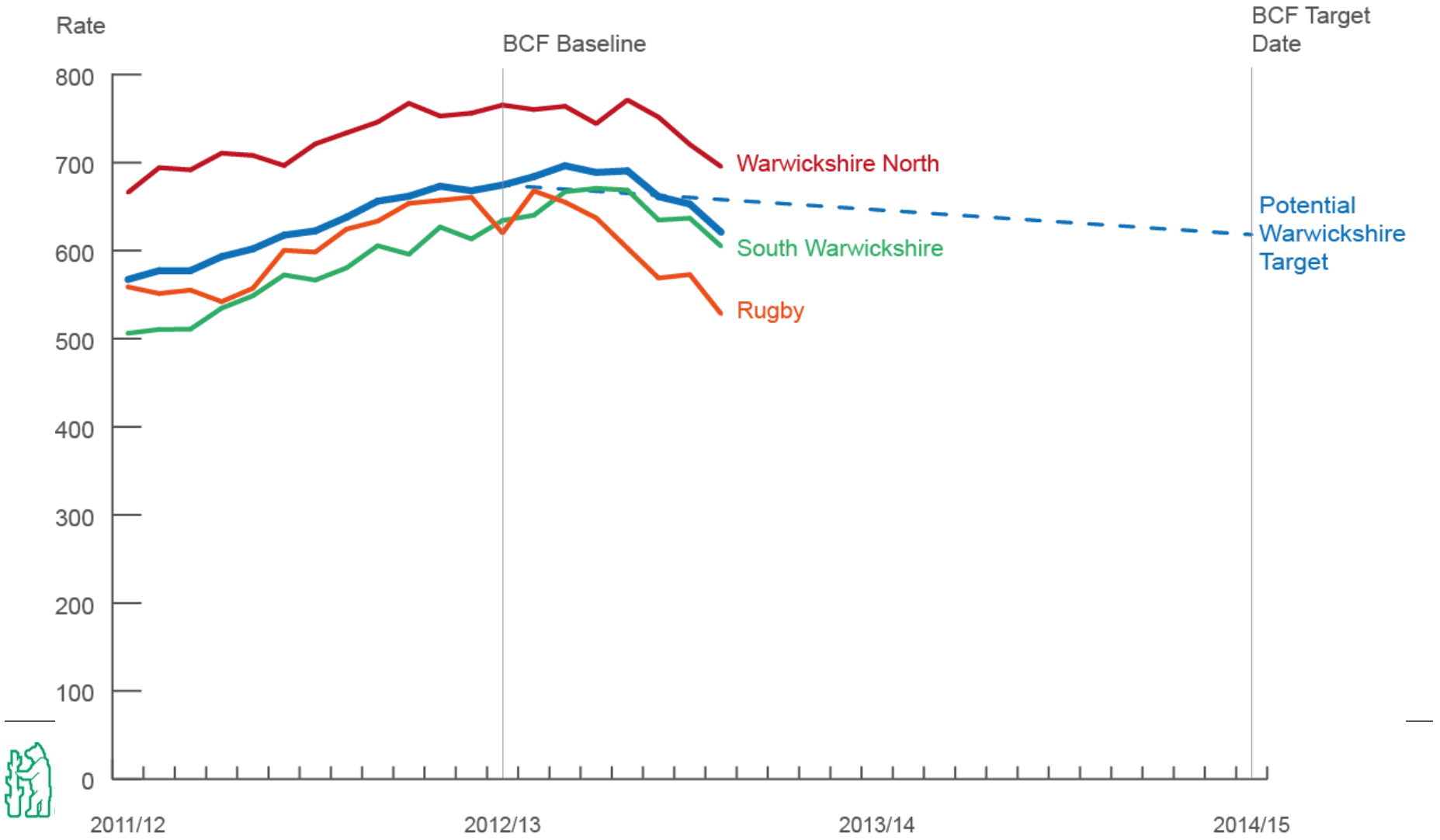
Warwickshire County Council

1 Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population

Sub-County: Baseline Period

	Number	Rate
Warwickshire North	260	765.3
Rugby	113	620.1
South Warwickshire	331	634.3
Warwickshire	704	674.5

1 Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population



2 Proportion of Older People (65+) who were still at home 91 days after discharge from hospital into Reablement/rehabilitation services

Baseline
Period = April 2012 to March 2013
Number = 695 of 845
Percentage = 82.2%

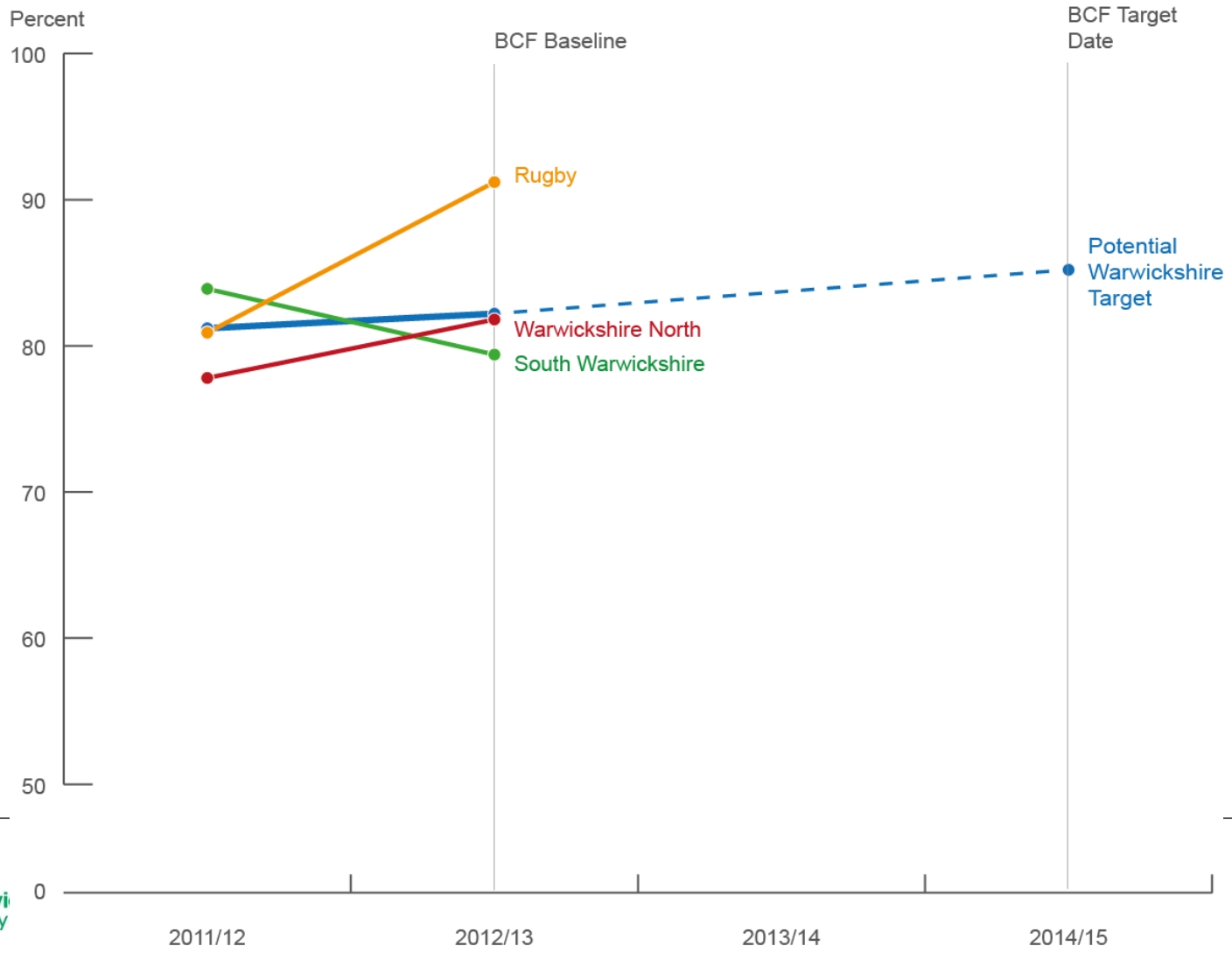
Target
Period = April 2014 to March 2015
(note: no first payment period)
Statistically significant improvement = +4%
Approx target number = 804 of 944
Approx target rate = 85.2%

2 Proportion of Older People (65+) who were still at home 91 days after discharge from hospital into Reablement/rehabilitation services

Sub-County: Baseline Period

	Number	Denominator	%
Warwickshire North	135	165	81.8%
Rugby	125	137	91.2%
South Warwickshire	432	544	79.4%
Warwickshire	695	845	82.2%

2 Proportion of Older People (65+) who were still at home 91 days after discharge from hospital into Reablement/rehabilitation services



3 Delayed Transfers of Care from Hospital per 100,000 population

Baseline

Period = April 2013 to November 2013

Average number of days per month = 1,295

Rate per 100,000 population = 293.6

Note: now being measured in average days per month not patients

Target

Payment 1 = April 2014 to December 2014

Payment 2 = January 2015 to June 2015

Statistically significant reduction = -6%

Approx target days per month = 1,233

Approx target rate = 275.0

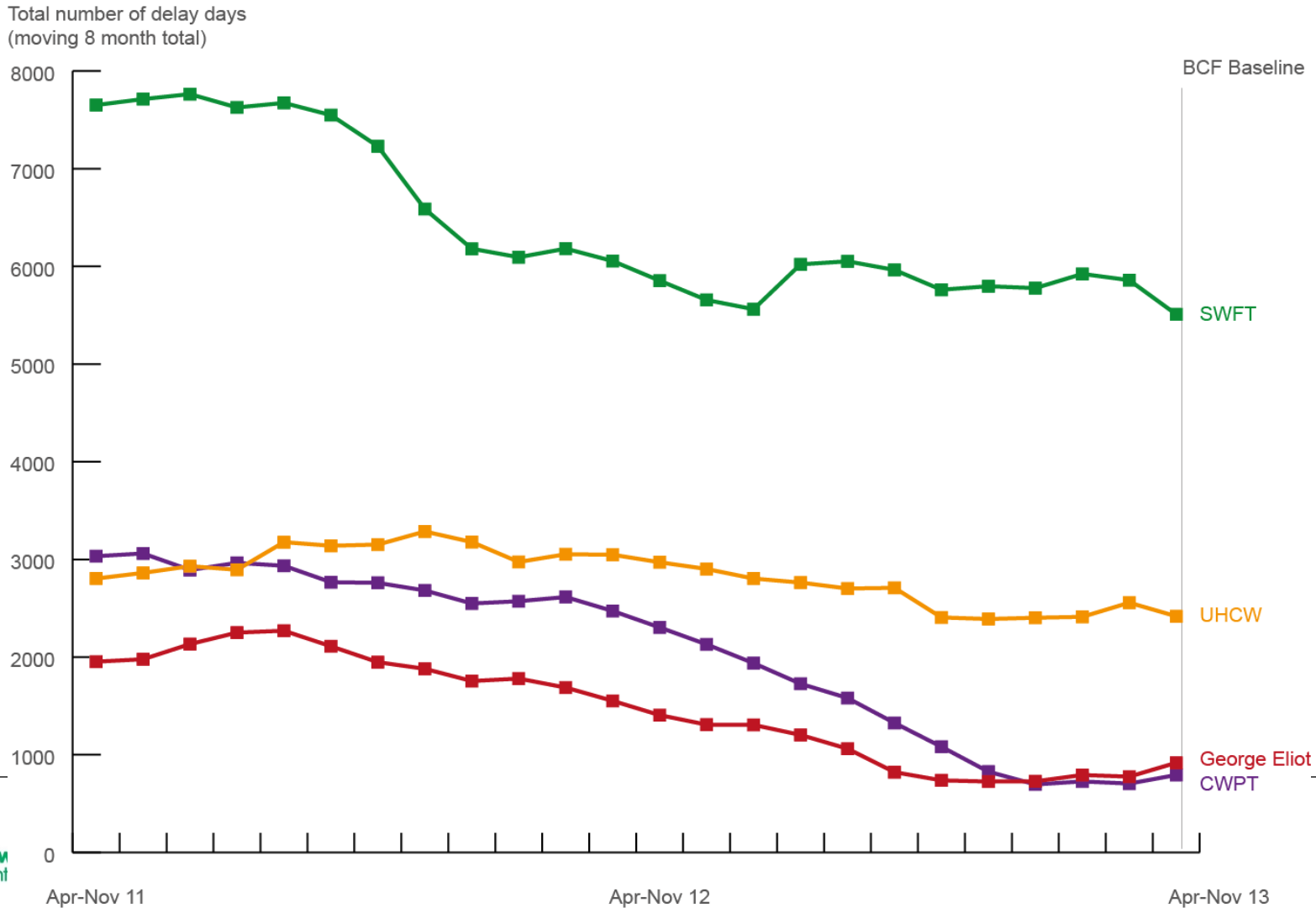
3 Delayed Transfers of Care from Hospital per 100,000 population

Sub-County: Baseline Period

	Average day delays per month
George Eliot	124
UHCW	297
SWFT	690
Coventry & Warwickshire Partnership NHS Trust	101
Warwickshire	1,294

Warwickshire County Council

3 Delayed Transfers of Care from Hospital per 100,000 population



4 Avoidable emergency admissions per month per 100,000 population

Baseline

Period = April 2013 to September 2013

Average number of admissions per month = 852

Rate per 100,000 population = 155.5

Target

Payment 1 = April 2014 to September 2014

Payment 2 = October 2014 to March 2015

Statistically significant reduction = -8%

Approx target admissions per month = 809

Approx target rate = 143.5

…the overall expectation remains and reduction of 15% 'over the life of the BCF'

Warwickshire County Council

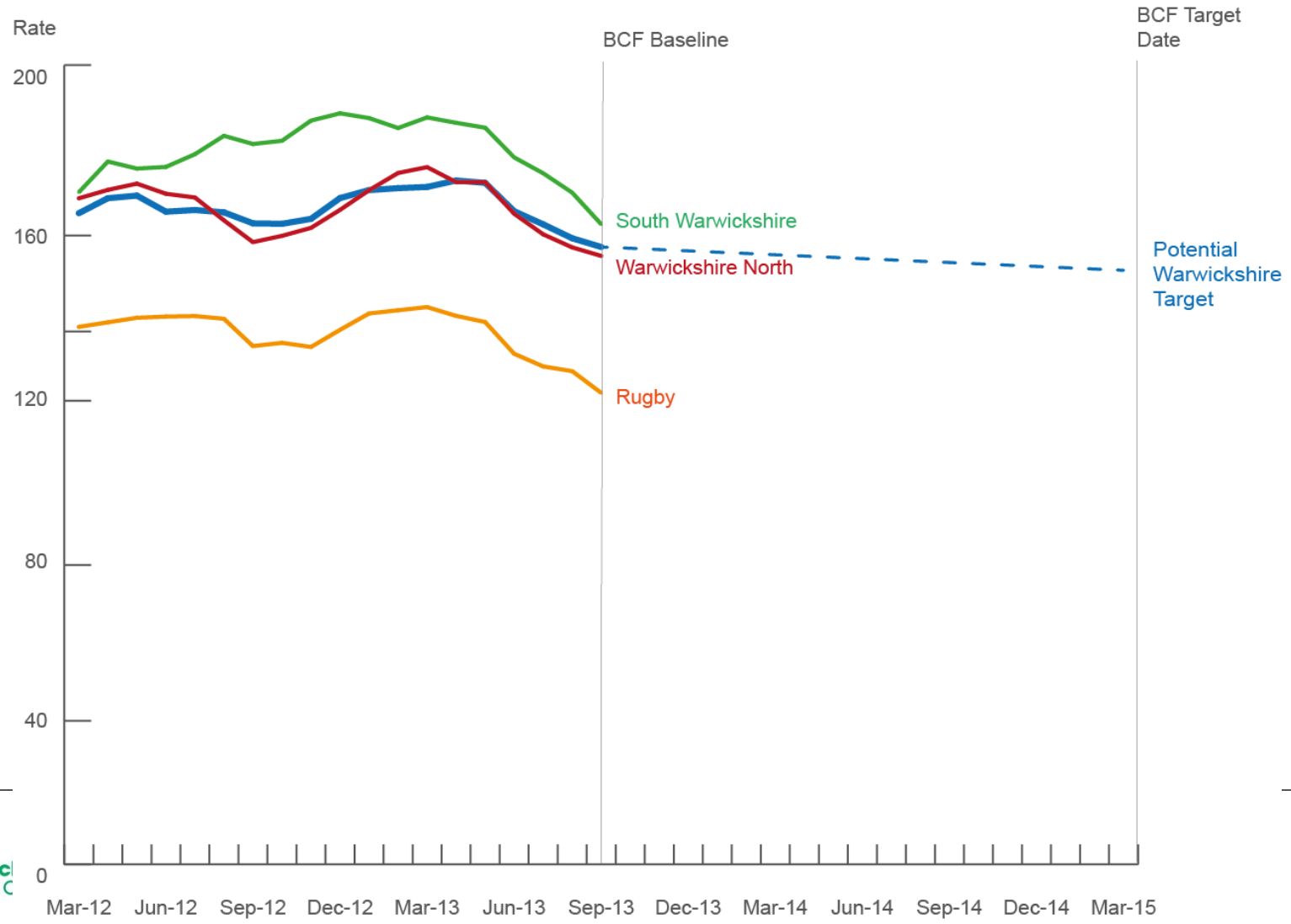
4 Avoidable emergency admissions per month per 100,000 population

Sub-County: Baseline Period

	Numerator	Denominator	Metric
Warwickshire North	287	189,456	151
Rugby	120	102,677	117
South Warwickshire	418	262,487	159
Warwickshire	852	554,620	154

Warwickshire County Council

4 Avoidable emergency admissions per month per 100,000 population



5 Patient / User Experience

Either an existing or a newly developed local metric or a national metric.

No details of the new national metric at this stage.

If local metric, needs to reflect experience across entire journeys of care and sectors.

5 Patient / User Experience

One potential metric…

- ‘Social Care-related Quality of Life’
- Derived from the annual National Social Care Survey
- Comprised of eight specific questions
- Presented as a score out of 24
- Current baseline ASCOF score (2012/13) survey was 18.5
- No trend data

6 Local Metric

"Required to either select one of the following metrics or another suitable local metric to underpin both the April 2015 and the October 2015 payment."

6 Local Metric

NHS Outcomes Framework

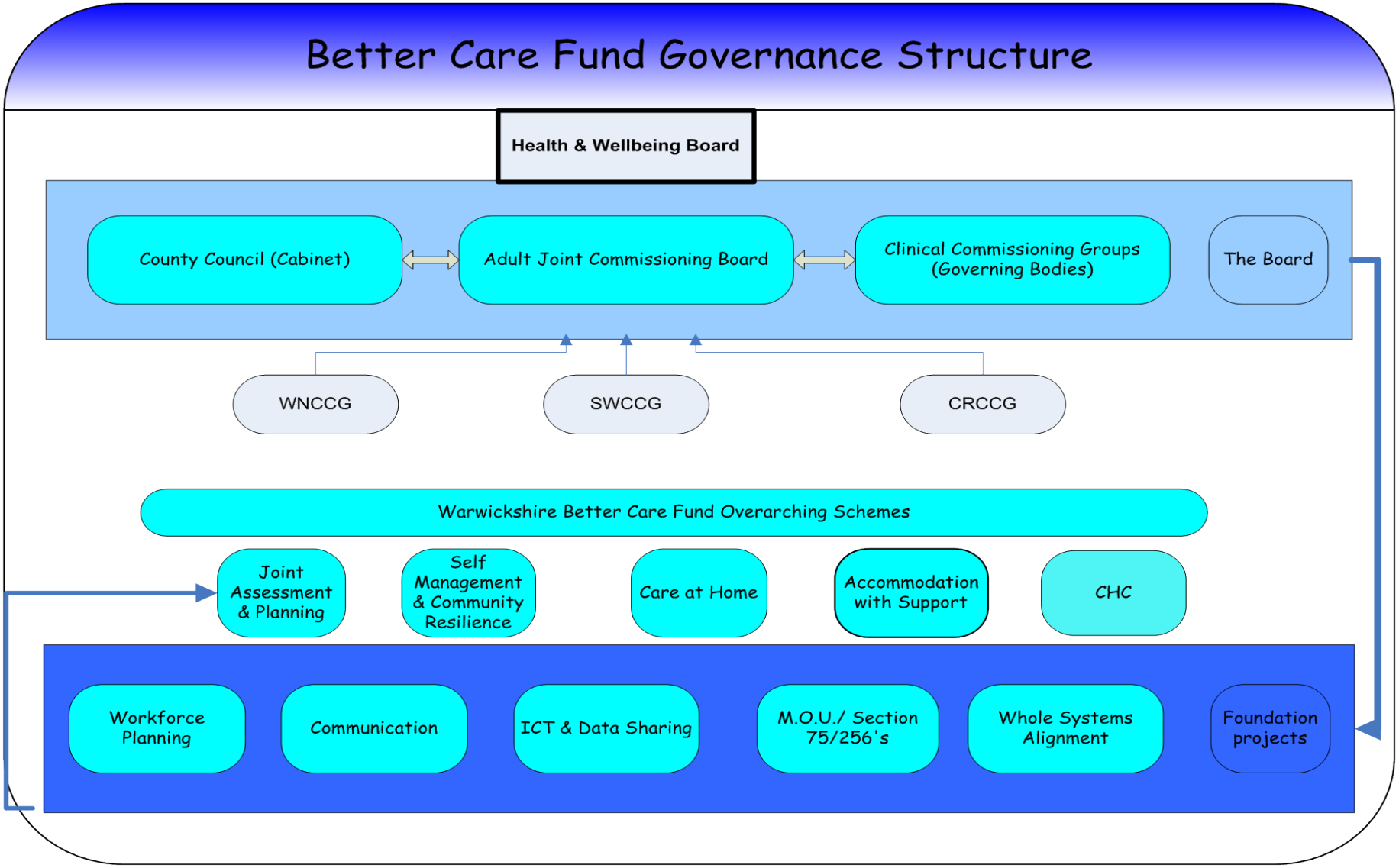
- Proportion of people feeling supported to manage their (long term) condition
- Estimated diagnosis rate for people with dementia
- Proportion of patients with fragility fractures recovering to their previous levels of mobility / walking ability at 30 / 120 days

Adult Social Care Outcomes Framework

- Social care-related quality of life
- Proportion of adults in contact with secondary mental health services living independently with or without support
- Carer-reported quality of life

Public Health Outcomes Framework

- Proportion of adult social care users who have as much social contact as they would like
- Proportion of adults classified as “inactive”
- Injuries due to falls in people aged 65 and over


Better Care Fund Governance Structure
Health & Wellbeing Board
County Council (Cabinet)
Adult Joint Commissioning Board
Clinical Commissioning Groups (Governing Bodies)
The Board
WNCCG
SWCCG
CRCCG
Warwickshire Better Care Fund Overarching Schemes
Joint Assessment & Planning
Self Management & Community Resilience
Care at Home
Accommodation with Support
CHC
Workforce Planning
Communication
ICT & Data Sharing
M.O.U./ Section 75/256's
Whole Systems Alignment
Foundation projects

Feedback from L.A.T

Commentary – Warwickshire

•The plan has been strengthened in line with feedback from both the local peer review process and the national aggregate view of BCF returns as of February 14th. There is good agreement and strong joint working It remains high-level at this stage and some of the interventions are relatively upstream so that the actual impact on providers cannot accurately be quantified as yet. Without this further detail it is difficult to completely assure that there will be adequate protection for social care services although this is clearly the overarching ambition. The governance arrangements are clearer. Warwickshire are looking to pool a substantial amount of funding over and above the minimum required in 2015/16 including a significant tranche of CHC and jointly funded packages. From a CCG perspective, as things currently stand, the plans are affordable and the CCGs have made provision within their financial, risk and mitigation plans (however WNCCG plans represent the highest risk) The metrics are broadly aligned with the proposed schemes. Metrics have been given an amber rating where potential further challenge has been identified from the national quantitative analysis, however the HWbB have reviewed and agreed that the ambitions are realistic and deliverable..

Feedback from L.A.T

General			
Confidence that the plan is deliverable	Confidence that plan is affordable	The plan must not have a negative impact on the level and quality of mental health services	The plan includes a clear risk mitigation plan, covering the impact on existing NHS and social care delivery and the steps that will be taken if activity volumes do not change as planned
R/A/G (type "R","A" or "G") - see info below table			
G	*G*	*G*	*A*

Confidence that plans will deliver national conditions					
Plans jointly agreed	Protection for social care services (not spending)	As part of agreed local plans, 7 day working in health and social care	Better data sharing between health and social care, based on the NHS number	Where funding is used for integrated packages of care, there is an accountable professional	Agreement on consequential impact of BCF plan on the provider sector, including consultation with providers
		R/A/G (type "R","A" or "G") - see info below table			
G	*A*	*A*	*G*	*G*	*A*

Warwickshire County Council

Feedback from LAT

	Outcomes and Metrics					
Are there realistic but challenging levels of ambition for:						
Patients and the public have been engaged in the development of the plan	Admissions to residential and care homes?	Effectiveness of reablement?	Delayed transfers of care?	Avoidable emergency admissions?	Patient / service user experience?	Local Metric?
	R/A/G (type "R","A" or "G") - see info below table					
G	*A*	*A*	*G*	*G*	*G*	*G*

Assurance?		
From your assessment is this a high risk plan?	If yes, why is it high risk, and what remedial actions do you propose?	Should the BCF plan be recommended for final sign off?
N	*[complete]*	*Y*

Better Care Fund – Agreed Next Steps

1. That the Adult Joint Commissioning Board will be the Warwickshire wide Integration body
2. That Detailed Delivery Plans will be produced at a CCG level and time needs to be taken to make this sustainable.
3. A systems wide planning event to be held in early July to help shape and inform detailed plans
4. Governance, in particular decision making criteria, will be strengthened.
5. The BCF is one of the enablers for the 5 year CCG strategic plans and the Implementation of the Care Bill.
6. Public engagement is key – appoint an ‘Artist in Residence’
7. Housing to form part of the local delivery planning process
8. Systems changes will be difficult for some key players.