Better Care Fund

20 November 2014

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WHAT IS THE BETTER CARE FUND?

- **£3.8 bn national fund in 2015/16**
- **Not 'new money' - consolidating existing funding**
- **Designed to be spent locally on health and social care to :**
  - Improve outcomes for people
  - Drive closer integration between health and social care
  - Increase investment in preventative services in primary care, community health and social care
- **Focus on the frail elderly - nature of our population / highest area of spend**
- **Covers two financial years**
  - 2014/15 Whole Systems Funding for Surrey = £18.3m
  - 2015/16 revenue allocation £65.5m + capital £5.9m = £71.4m in total
- **Part of Surrey's Public Service Transformation Programme**
- **Supports delivery of Surrey's Older Adults Health & Wellbeing Action Plan**

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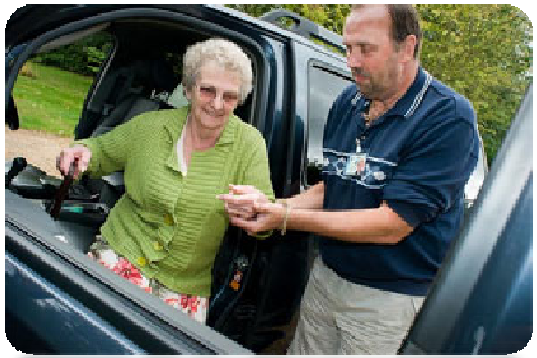
SURREY CONTEXT

- **The challenge is significant**
  - Complexity of Surrey's health and care system
  - The financial backdrop for all partners
  - Our integration 'starting point'

But...

- **Our journey – we have come a long way**
- **There is real and shared commitment across partners**
- **We know there is more to do**
  - Refining, preparing and implementing plans
  - Engaging further with partners and key stakeholders
  - Working with Healthwatch to ensure the voices of consumers are heard and integral to the design of health and social care services



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SIX NATIONAL CONDITIONS

- Plans to be jointly agreed
- Protection for social care services (not spending)
- 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends
- Better data sharing between health and social care, based on the NHS number
- 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
- Agreement on the consequential impact of changes by the acute providers

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OUTCOMES FOR PEOPLE IN SURREY

- **Enabling people to stay well** - Maximising independence and wellbeing through prevention and early intervention for people at risk of being unable to manage their physical health, mental health and social care needs
- **Enabling people to stay at home** - Integrated care delivered seven days a week through enhanced primary and community services which are safe and effective and increase public confidence to remain out of hospital or residential/nursing

- **Enabling people to return home sooner from hospital** - Excellent hospital care and post-hospital support for people with acute, specialist or complex needs supported by a proactive discharge system which enables a prompt return home

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PLAN OF ACTION

- **Each of six Local Joint Commissioning Groups (LJCGs) has developed local joint Better Care Fund schemes**
- **'Enabler' projects:**
  - Equipment and adaptations
  - Data and information
  - Workforce and team development
- **To deliver scale of change and benefits, at pace needed in Surrey, 'hot house' in mid-September identified further Surrey-wide plans:**
  - Total team
  - Whole system demand management
  - Mission 90
  - Call for back-up
- **On-going work to plan and model these schemes over next few months to confirm expected outcomes and savings**
- **Local schemes essential to successful delivery in complex system**

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PLAN OF ACTION

Total team – out of hospital local integrated care teams for 65+	
East Surrey • Enabling people to stay well • Enabling people to stay at home • Enabling planned access to services • Enabling people to return home sooner from hospital	North East Hampshire & Farnham • Telecare / telehealth • Reablement • Discharge to assess • Workforce efficiency / integrated case management • Primary Care Development
Guildford and Waverley • Primary Care Plus • Rapid Response • Telecare • Virtual Wards • Social Care/Reablement/Carers • Mental Health	Surrey Downs • Primary care networks; community medical teams • Continuing care assessment process • An improved and integrated discharge pathway • Rapid response / intermediate care / reablement
North West Surrey • Integrated health and social care locality hubs	Surrey Heath • Admission Avoidance • Early Discharge from hospital • Rehabilitation / reablement

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PLAN OF ACTION

Whole system demand management – using health and social care commissioning levers for nursing, residential and home based care	
East Surrey • Contractual levers as an enabler to change	North East Hampshire & Farnham • Care at Home • Continuing Health Care / FNC
	Surrey Downs • Continuing care assessment process
North West Surrey • Joint whole system demand management	Surrey Heath • Nursing Home and Residential Support

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PLAN OF ACTION

Mission 90 – commissioning framework for voluntary sector, to enable over 75's to stay independent at home for one year longer

Reviewing historic voluntary sector funding across health and social care

Call for back-up – crisis response service, with different levels of interaction, to respond to social care emergency or a non-injury fall

County wide scheme under development

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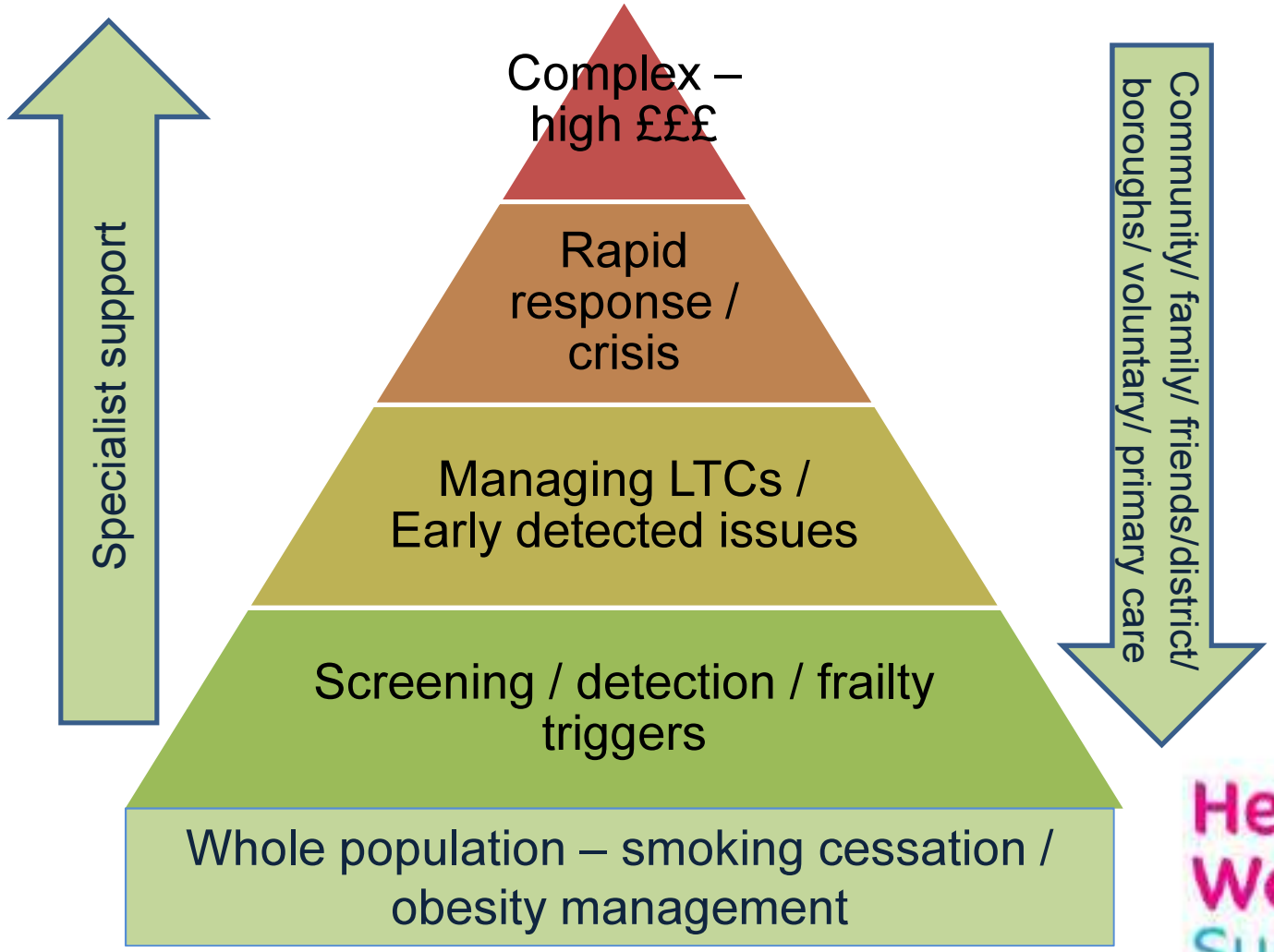
MANAGING DOWN ACUITY

Integrated teams at heart of communities – managing down acuity



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EXPENDITURE PLAN 15/16

	£000's
Protection of Adult Social Care	25,000
Care Act revenue	2,563
Carers	2,463
Subtotal – Adult Social Care and Carers	**30,026**
Health commissioned out of hospital services	17,468
Health commissioned 'in hospital' services	1,455
Subtotal – Health commissioned service	**18,923**
Continuing investment in health and social care	16,526
Total revenue	**65,475**
Disabled Facilities Grant	3,723
Care Act capital	946
ASC capital	1,278
Total capital	**5,947**
Total Better Care Fund	**71,422**

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PROTECTING SOCIAL CARE SERVICES

One of the national conditions of the Better Care Fund is 'protecting' social care services. Our definition:

- Funds for the protection of social care must be used for the CCG population from which the funding has come
- Funds for the protection of social care cannot be used to fund local authority statutory functions or services
- Health and social care will agree jointly what specific services will be protected in each CCG area
- Joint monitoring, transparency and open book approach
- Dedicated commitment to transformation and integration at CCG level

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PRINCIPLES

Local schemes and spending plans will support the commitment to protect social care by ensuring:

- Any contribution towards £25m is dependent upon clear implementation plans, with related impact assessments, agreed risk sharing and delivery of agreed metrics – all to be agreed locally before end November 2014. If partners do not agree, then a third party will be asked to arbitrate
- Assumption that Whole System Partnership Fund (existing Section 256 agreement) ceases from 1 April 2015 and then services are explicitly renegotiated at local level
- A named social care lead with decision making authority and a dedicated finance lead to be part of each LJCG
- £25m payment will not be received as lump sum on 1 April 2015 and may be by 1/12th payment per month

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METRICS

Our ambition through the Better Care Fund is to improve outcomes for the people of Surrey - we have adopted the following metrics for 2015/16

Metric	Surrey target (annual % change from 14/15)
Total non-elective admissions in to hospital (general and acute), all age per, 100,000 population *	-1.0%
Permanent admissions of older people (65+) to residential and nursing homes, per 100,000 population	-1.4%
Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation	3.2%
Delayed transfers of care (delayed days) from hospital per 100,000 population (18+)	-0.6%
Patient/service user experience – friends & family test (in-patient)	+0.2%
Estimated diagnosis rate for people with dementia	21.8%

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* Performance element of fund will be paid on delivery of this target

NEXT STEPS

Surrey received positive feedback from the National Assurance Review (NAR) - next steps:

- Respond to feedback from the NAR including:
  - provider engagement with non-elective admission targets
  - reviewing metric targets
  - aligning individual schemes with benefits and change in activity
- By end November - clear implementation plans, with related impact assessments, agreed risk sharing and delivery of agreed metrics
- By end November – governance framework including pooled funding and risk sharing arrangements
- From 1 April – implementation of local Better Care Fund plans by each LJCG
- Throughout – robust programme management, with communication and engagement, monitoring and reporting etc
- Next Better Care Member Reference Group Meeting on 8 December 2014

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