

HEALTH AND WELLBEING BOARD

2 APRIL 2014

BETTER CARE FUND PLAN UPDATE

Report from: Barbara Peacock, Director of Children and Adults Services

Author: Ian Robinson, Interim Programme Manager

Summary

This report provides the Health and Wellbeing Board with an update on progress on the Better Care Fund plan for Medway. This includes feedback to comments raised by NHS England and the LGA through the assurance process following the draft submission on the 14 February 2014.

Members were invited to send comments by 12.00 on the 26 March 2014 to allow these to be considered prior to the Health and Wellbeing Board Meeting on 2 April 2014, and the final submission of the plan on the 4 April 2014 hence this report is being considered as an urgent report.

1. Introduction

- 1.1 Medway submitted a draft plan to NHS England/LGA for the Better Care Fund (BCF) on 14 February 2014 in line with national planning requirements. Medway has received initial feedback from NHS England and the Local Government Association on its draft submission, which is green rated overall reflecting confidence that the final submission will fulfil the national criteria for the fund.
- 1.2 This report summarises the process for developing the final submission on 4 April 2014, the key features of our submission and the how we are proposing to address the issues raised in the assurance process.
- 1.3 The Board is requested to accept this item as urgent to allow the Health and Wellbeing Board time to make additional comments following distribution of the feedback on the 14 February submission as the submission date is 4 April 2014. This report incorporates the feedback received from members.

2. Background to the Medway Better Care Fund Plan

- 2.1 The vision for health and social care services across Medway for 2018/19 outlined in the Better Care Fund plan is based on the underlying principles identified in Medway's Joint Health and Wellbeing Strategy (2012 -2017) and is reflected in the wider CCG Strategic Plans and 2 year and 5 year plans being developed. These are a commitment to an integrated systems approach and partnership working; a focus on prevention and early intervention in all areas; on-going and effective stakeholder communication and engagement and a commitment to sustainability. It is recognised that the challenges facing the health and social care system, in part through an ageing population, cannot be met in isolation, but must be addressed through greater integration of health and social care funding and systems and a whole system transformational approach.
- 2.2 We are committed to enabling people in Medway to live more independent and healthier lives by giving them greater choice and control, maximising their social support systems, through building resilient communities. We will engage with the people who use our services to understand and map their experiences, capabilities and needs in order to put people at the centre of what we do. We will put the people who use our services at the centre of what we do, doing this with them rather than to them. This is about a real commitment to understanding the challenges people face in their day-to-day lives and how these challenges can be addressed so people have more positive experiences and outcomes in the future.
- 2.3 As a result of the changes proposed, by 2018/19 Medway CCG and Council anticipate that these changes will have come into effect:
- More people living independently in their homes for longer
 - Improved satisfaction of people's experiences of the health and social care system
 - Reduction in long term dependency on statutory services through a healthier population and improved community and neighbourhood responses
 - Less people, including children, using A&E inappropriately
 - More resilient communities and a new relationship between urgent care and community services
 - Reduction in non-elective acute admissions and inappropriate use of A&E

3. NHS England/LGA Feedback

- 3.1 The local team from NHS England/LGA assessing the BCF plan used a national guidance assessment tool to determine delivery against the basic principles for BCF and linked with the assessment methodology for CCG 2 and 5 year plans. The feedback of areas requiring further development was expected and these have been continually worked on since the plan was submitted. The areas for development are also in keeping with the national picture. The key areas for further development centred around the following:

- The need to show greater alignment with the CCG 2 and 5 year plans
- Requirement for greater financial detail and metrics
- Greater detail on the impact on providers, particularly on the Acute Trust

2.4 The Medway BCF plan assessment (attached as Appendix 1) provides high level commentary on the areas that were considered needing further development to be fully assured by the final submission date on the 4th April.

2.5 The general assessment concludes that the plan is in early stages of development and requires some further work to present the detailed information necessary for assurance. The review commented that the plan appears to be well considered with the progress of existing CCG schemes meshing well with BCF requirements, and considers that the plan should be in a good position to deliver, notwithstanding the impact of the ongoing strategic challenges currently being addressed.

2.6 The main issues identified were:

2.6.1 **Details of metrics and financial plans:** the plan does not yet provide the level of granularity of financial scope. The Area Team has undertaken a financial reconciliation between CCG finance plans and information contained in the BCF submission and this analysis indicates that further work is required prior to final submission to validate the financial assumptions presented in BCF plans and schemes with the CCG's financial plans.

At this stage in development, the template for finance and outcome metrics presents limited detail. This is in line with findings nationally and regionally, where approximately 1/3rd of submissions had no financial information available. There will be a further exercise post the April submission at which stage consideration will be given to areas with the highest risk will be considered for specific support; Medway is not expected to be in this group. Discussions are underway to define agreed health and social care metrics and outcome measures which will ensure social care and health deliverables are measurable and can be monitored effectively.

Medway response: Medway was unwilling to submit financial information or metrics in the February submission which it had not been able to fully work through with any confidence in their validity. The finance teams from the Council and CCG have been working together to ensure that there is overlap between the BCF finances and those outlined in the CCG 2 year plan are in alignment. These include any savings and cost benefits of activities and their corresponding impact on activity in the acute sector.

The submission in April will provide assumptions on how the pooled budget will be allocated, both in shadow form in 2014/15 and then through a Section 75 agreement in 2015/16. The Council and CCG are working with the Institute

for Public Care (IPC) in ensuring that any metrics and targets are in keeping with national evidence and that while showing a degree of ambition are able to be achieved during this period of transformation.

- 2.6.2 **Engagement with providers:** The CCG has presented varying levels of engagement with providers; however yet to define the implications for provider activity, capacity and workforce requirements. We would expect to see strong correlation between the CCG 2 and 5 year plans in this respect and are working with CCGs to align activity and financial assumptions.

Medway response: As part of the formation of the BCF Plan, a high level executive meeting has been held with the key health providers in Medway – Medway Foundation Trust (MFT), Medway Community Health (MCH) and Kent and Medway NHS and Social Care Partnership trust (KMPT). At this meeting the partners confirmed their commitment to working with the CCG and the Council in delivering the vision, aims and objectives described in the BCF plan. This included a commitment to delivering the necessary transformational agenda, including senior clinical input to the various community based and preventative schemes being developed. At an executive level the partners will continue to meet with the Council and the CCG on a regular basis and a number of operational level groups developed both project specific and cover wider integration.

- 2.6.3 **Impact on the health economy:** in line with above the plan, together with the CCG's 5 year commissioning strategy needs to consider in more detail, the impact on the health and social care economy and specifically acute provision. This should include direct and indirect positive and negative impacts, for example freeing up community resources which could relieve acute pressures.

Medway response: detailed work has been carried out, including through engagement with the provider sector, to minimise the impact on the Acute Trust. This includes phasing in projects from mid-2014/15 to enable some early shift in activity away from acute care, redesigning services in the community sector including through integrating services, decommissioning of some services and then undertaking a joined procurement exercises with the Council and CCG, redesigning the urgent care pathway.

- 2.6.4 **Local schemes:** the individual schemes in general seem to be well thought through although evidently the majority require further development to provide the detail of outcome benefit. The measurable impact of each scheme will need to be confirmed and be formulated into the agreed assurance process detailed below.

Medway response: Detailed work is being carried out working up the individual schemes. Some, such as the proposed falls service already have a

significant evidence base to correlate from other areas, while others such as the Integrated Discharge Team is an expansion of an existing pilot. In these cases it is relatively straightforward to determine outcome benefits. Schemes which are still in their early stages and are being co-designed with both service users and providers will be less specific in their outcomes as these are worked through over the coming months.

- 2.6.5 **Public Engagement:** the plan sets out examples of public engagement recognising that further work is required as the detail of the plans and their impact on services is better defined. The joint communication strategy will underpin the roll out of the BCF plan as part of the wider communication of CCG 5 year strategic vision.

Medway response: A key element of engagement with the public and the provider sector will be a series of Simulation Events. In these events a number of 'real life' scenarios will be played through existing and proposed service redesign. Participants will include patient representatives, carers, A&E and ward staff, community health, social workers and voluntary sector representatives.

3. Financial and Legal Implications

- 3.1 For the Better Care Fund in 2015/16 there will be significant transfer of monies from the CCG budget to the pooled Better Care Fund, this has been accounted for in the CCG's 2 year plan.
- 3.2 The minimum value for the Better Care Fund in 2015/16 is £17,632,000. This is made up of the following elements:

	£m
NHS Medway CCG	16.154
Social Care Capital Grant	0.556
Disabilities Facilities Grant	0.922
Total Better Care Fund	17.632

- 3.3 Of the contribution from NHS Medway CCG (£16.154m) to the total Better Care Fund:
- £3.6 million represents large proportion of the Intermediate Care Beds spend which will be refocused (following review) on a model that supports a wider model of integrated care (not just beds)
 - £505,000 for the Integrated Discharge Team
 - £600,000 representing the CCG contribution for CELS (community equipment), which will be tendered under a joint health and social care framework.
 - £6,405,000 already part of a transfer agreement with Medway Council (covering reablement, NHS monies for social care and carers)

- 3.4 This means that a further £5,044,000 will need to be saved through a reduction in activity in the acute sector and other areas of current health spending.
- 3.5 The CCG is working closely with providers, in particular the acute trust, to ensure that the financial impact on them is fully understood both in terms of the reduction in activity and income but the associated fixed costs that remain. Through service development (falls service, integrated discharge team, care co-ordination) and redesign of existing provision in 2014/15 it is anticipated that some of the necessary changes in acute activity will begin to take effect. Beginning projects early will allow the partnership to ascertain the actual affect of new community based and preventative services against their projected impact. This will allow some reconfiguration of plans at an early stage.
- 3.6 Work is being carried with MFT to ensure that any projected change in activity levels necessary to achieve the necessary funding diversion is reflected in their operational plans.
- 3.7 As part of the ongoing governance and assurance processes, and to ensure that activity levels are in accord with the planned targets and that any performance issues are identified early, it has been proposed that the Medway and Swale Executive Programme Board has ongoing operational oversight of the BCF development and delivery. This will link to and sit alongside the strategic commissioning oversight provided by the Joint Commissioning Management Group.
- 3.8 There are no direct legal implications resulting from the report. As set out in the previous report, section 75 agreements between the Council and the CCG will need to be agreed prior to 2015/16 to allow for the pooling of budgets.

4. Health and Wellbeing Board Member Responses

- 4.1 The following areas were raised by members of the Board, following distribution of feedback from NHS England and the LGA:

- 4.1.1 **Comment:** There is a comprehensive list of projects but what is not clear is the scale of the projects in terms of activity and cost nor of their impact on the programme outcomes.

Response: *The actual size of each project is still being worked through. Some of this funding will be through existing funding sources and supplemented with additional BCF funding where required, e.g. Community service redesign will use existing resources and where additional resource is identified for integrated working then this will be paid for from the BCF. Clearly the biggest theme areas and spend will relate to the redesign and transformation of areas of activity such as hospital discharge team, integrated community response service and care co-ordination – these will also yield the biggest financial benefits and impact on the acute activity levels.*

- 4.1.2 **Comment:** There was a comment in the feedback about showing alignment to public health programmes.

Response: *The themes identified in the Better Care Fund are closely aligned to the priorities of the Health and Wellbeing Board, and in the Joint Health and wellbeing strategy. Each theme, will have a task and finish group to develop the work programme through 2014/15 with a Commissioner lead, clinical lead, operational input and where appropriate a Public Health lead (e.g. falls, community services redesign, social isolation, dementia pathways). The themes of the BCF have all be matched against public health work programme to ensure complementarity and mutual support.*

- 4.1.3 **Comment:** There is an example given in the falls project that 33% of ambulance conveyances did not need to go to hospital. This then leads to an expected outcome of a 33% reduction in hospital admissions. Unless you have other data to support this it may be an overestimate as not all conveyances would be admitted.

Response: *In developing the plan a report was commissioned by the Institute of Public Care (IPC) to ensure that any metrics and targets established under the BCF are ambitious but also achievable and evidence based. The ambition for the falls service has been significantly reduced to ensure that savings and activity levels are achievable. The Joint Commissioning Management Group will monitor progress on this, and other targets, to ensure that necessary changes to activity are being made and remedial action taken quickly when needed.*

- 4.1.4 **Comment:** There is a need for the HWB to understand the impact of the plans on all providers in the health economy – although some impacts are implicit in the plan this does need to be presented explicitly to the HWB in as much detail as is known at this stage.

Response: *The impact on all local providers has been carefully considered and has been part of contract negotiations and senior level discussions with MFT and MCH. Work is being done to determine what community services must do in order to reduce attendances at A&E and hospital admission, of people with particular conditions and age groups.*

5. Next Steps

- 5.1 The following areas are being progressed prior to the submission on the 4th April 2014, and details are being further developed and verbal updates will be provided at the meeting of the Health and Wellbeing Board on the 2nd April 2014:

- Details of financial plans and benefits, worked through to give assurance that the impact and benefits of the proposed schemes will ensure that the proposed transformation is both affordable and effective.
- Common agreement on the health and social care metrics and delivery requirements

- Joint agreement on the safeguards for non-delivery of aspects of BCF and necessary rectification arrangements where health economies are demonstrating system challenges
- Joint agreement on approach to disbanding services/schemes which are not delivering

6. Risk management

Risk rating:

Likelihood	Impact:
A Very high	1 Catastrophic (Showstopper)
B High	2 Critical
C Significant	3 Marginal
D Low	4 Negligible
E Very low	
F Almost impossible	

Risk	Description	Action to avoid or mitigate risk	Risk rating
Meaningful engagement with stakeholders, users and carers given the tight externally imposed timescales	It is a requirement of the Better Care Fund Plan that meaningful engagement is undertaken to understand the impact on the private and voluntary sector and acute services.	Every opportunity is being identified to engage with key stakeholders.	C2
Medway NHS Foundation Trust (MFT) already under significant pressures and Shifting of resources to fund new joint interventions and schemes will destabilise current service providers, particularly in the acute sector.	There is a need to ensure that activity reduces significantly in the acute sector through changes, including new service provision, implemented in the community.	There is a focus on developing new preventative and community based services which will reduce activity in the acute sector. Activity levels in the acute trust will be closely monitored to ensure that the required changes are taking place and remedial action put in place where necessary.	C2
Preventative services will fail to translate into the necessary reductions in acute and nursing / care home activity by 2015/16, impacting the overall funding available to support core services and future schemes.	There is a focus on more people being able to live at home for longer – including less use of nursing homes, residential homes, intermediate care bed based services.	New services will be commissioned which are incentivized against specific performance measures. There will be careful monitoring of all new services and flexible arrangements in place to ensure that these services are flexible and responsive to necessary demands.	C2

7. Recommendation

- 7.1 That the Health and Wellbeing Board note and support the direction of travel for the delivery of the Better Care Fund Plan.
- 7.2 That the Health and Wellbeing Board note that the plan is an iterative process that will continue to be developed as more work is carried out to ensure that the impact on existing services is minimised and new community preventative services are worked up
- 7.3. That the Health and Wellbeing Board endorses the plan and notes that Cabinet agreed a delegated authority be given to the Director of Children and Adults in consultation with the Portfolio Holder for Adults Services to finally sign off the plan, following this Board's endorsement.

Lead officer contact

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Background documents

February submission documents

APPENDIX 1: MEDWAY BETTER CARE FUND ASSURANCE

Better Care Fund Assessment Criteria		AT Comments	MEDWAY ACTION PLAN
<p>Overall context:</p> <ul style="list-style-type: none"> Quality of local relationships and leadership Track record of delivering improvement Ability to deliver transformational integration 	Further development	<ul style="list-style-type: none"> Evidence of good leadership and effective partnership between health and LA. Historical evidence of integrated working – however continued challenges in children's and adult services noted through external review. The individual schemes seem well thought through, accepting that further financial detail and benefits analysis will follow 	<p>Individual schemes (themes) being worked up including specific details around level investment required, financial benefits that will accrue to both the health and social care sector.</p> <p>'Task and Finish' groups are being established on all of the themes at both commissioning and operational level to ensure that the schemes are developed effectively and milestones set and adhered to.</p>
Plan provides sufficient details of metrics and financial plans	Further development	Some 2014/15 recurrent spend presented with recognition that further detail will follow prior to April submission	Financial benefits and metrics being worked on, ready for the April submission and triangulated with CCG QIPP targets.
Plans are aligned with the developing 5 yr plans and whole system savings targets	Assured	Clear alignment with the CCG 2 and 5 year plans, whole system savings targets not articulated	
<p>Engagement with providers</p> <ul style="list-style-type: none"> Plan addresses implications for provider activity Capacity and workforce requirements Alignment with 	Further development	<p>Engagement with GP members progressing. Stakeholder events are evident but it is not clear. There is reference to sharing the plan with Medway Foundation Trust and future work with Monitor, however the detail to take this forward is not clear.</p>	<p>As part of the formation of the BCF Plan, a high level executive meeting has been held with the key health providers in Medway – Medway Foundation Trust (MFT), Medway Community Health (MCH) and Kent and Medway NHS and Social Care Partnership trust (KMPT). At this meeting the partners confirmed their commitment to working with the CCG and the Council in delivering the vision, aims and objectives described in this Plan. This included a commitment to delivering</p>

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providers own plans and CCG operational plans			the necessary transformational agenda, including senior clinical input to the various community based and preventative schemes being developed. At an executive level the partners will continue to meet with the Council and the CCG on a regular basis and a number of operational level groups developed both project specific and cover wider integration.
Alignment with JSNA and JHWP strategy	Assured	There is good alignment demonstrated	
Alignment with LA plans for: <ul style="list-style-type: none"> Local housing Use of technology Public health promotion 	Further development	This is not fully articulated in the plan	The BCF proposals are aligned with the draft Supported Housing Commissioning Strategy, and the increased use of assistive technology within a whole systems approach is integral to the plans, a 'task and finish' group is being established.
Plan articulates amount of money for care and support (support for carers)	Assured	There is reference to meeting the requirements under the Care Bill	
Protecting social service – plan sets out how eligibility criteria will be protected (Does the plan include a definition of how local social care services will be protected via a definition of protection agreed locally through the HWB (consistent with DoH guidance))	Assured	There is good coverage on the protection of the eligibility criteria	
Plan describes increased focus on preventative services	Further development	There are few schemes aimed at preventative services	Needs to be better articulated, existing schemes are [preventative in focus

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Plan considers impact for people with dementia	Further development	The plan refers to redesign of the pathway.	Joint Strategy being developed with a focus on improved pathways of care and less fragmentation in access to services. Too early in its development to give greater detail at this stage.
Plan sets out how GP's will be supported for coordinating patient centred care.	Assured	The plan refers to a scheme for lead professional, with a focus on greater integration/support from other health professionals, scheme appears well considered	
There is evidence that the plan is jointly agreed (plan has been signed off by Health and Wellbeing board, local councils and constituent CCGs)	Assured	Strong evidence of joint agreement	
Does the plan confirm how local services will work together to provide 7 day services to support patients being discharged and prevent unnecessary admissions at the weekends?	Further development	Plan notes that further work is underway.	This needs to be better articulated.
Does the plan confirm use of the NHS number as the primary identifier for health and care service, (and if not when it will)	Assured	Plan describes approach to ensuring use of NHS number by April 2015	
Does the plan confirm that the local system is pursuing open APIs (Application Programming Interface – i.e. systems that talk to each other)	Assured	The plan describes approach to advancing IT interface solutions.	

APPENDIX 1: MEDWAY BETTER CARE FUND ASSURANCE

Does the plan confirm that the local system will have the appropriate information governance controls in place for information sharing in line with Caldicott 2 (and if not when this will be in place)	Assured	The plan describes approach to developing IG controls (task and finish group)	
Does the plan identify which proportion of their population will be receiving case management and a lead accountable professional?	Further development	The plan does not describe the proportion of the population	Greater detail needed in plan, but this work has progressed.
Does the plan identify which proportion of the local population will be receiving self-management help following the principles of person centred care planning?	Further development	The plan does not describe the proportion of the population	Greater detail needed in plan, but this work has progressed
Does the BCF plan demonstrate that the HWB has considered, provider by provider, the impact of the changes that are being proposed?	Further development	It is not clear from the plan	This has been addressed from provider engagement at a senior level and will be an on-going process throughout the development and implementation of the plan.
Has the collective impact on provider services been assessed in the local health community?	Further development	It is not clear from the plan	This has been addressed from provider engagement at a senior level and will be an on-going process throughout the development and implementation of the plan.
Is there any assessment of Market readiness – has the HWB understood the potential providers who may be available to deliver new service models required?	Further development	It is not clear from the plan	The draft market development statement will be included, which is an integral component of future plans.

APPENDIX 1: MEDWAY BETTER CARE FUND ASSURANCE

Has the HWB sought patient and public engagement in the proposals set out in the ITF, in particular with regard to the impact of the plans on the provider landscape?	Assured	The plan provides good examples of PPE, additional communication strategy provided.	
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Green = ASSURED

Light Orange = More Development

Dark Orange = Indicates where there was greater concern

Better Care Fund planning template – Part 1

Plans are to be submitted to the relevant NHS England Area Team and Local government representative, as well as copied to: NHSCB.financialperformance@nhs.net

To find your relevant Area Team and local government representative, and for additional support, guidance and contact details, please see the Better Care Fund pages on the NHS England or LGA websites.

1) PLAN DETAILS

a) Summary of Plan

Local Authority	Medway Council
Clinical Commissioning Groups	NHS Medway Clinical Commissioning Group
Boundary Differences	Co-terminus
Date agreed at Health and Well-Being Board:	09/01/2014
Date submitted:	14/02/2014
Minimum required value of BETTER CARE FUND pooled budget: 2014/15	£832,000
2015/16	£17,632,000
Total agreed value of pooled budget: 2014/15	£832,000
2015/16	£17,632,000

b) Authorisation and signoff

Signed on behalf of the NHS Medway Clinical Commissioning Group	
By	Alison Burchell
Position	Chief Operating Officer
Date	

Signed on behalf of Medway Council	
By	Barbara Peacock
Position	Director of Children and Adults Services
Date	

Signed on behalf of the Medway Health and Wellbeing Board	
By Chair of Health and Wellbeing Board	Councillor Andrew Mackness
Date	

c) Service provider engagement

Please describe how health and social care providers have been involved in the development of this plan, and the extent to which they are party to it

Through the engagement of providers and people using our services, our aim has been to identify how the Better Care Fund can be used to deliver better results and an improved experience for the people of Medway through the development of an integrated health and social care system.

A wide range of health and social care providers, including both statutory and voluntary and community sector (VCS) organisations, have been involved in the development of this plan. We will continue to engage with our providers throughout 2014/15 as our plans for specific services are firmed up.

Medway Council and Medway Clinical Commissioning Group (CCG) hosted a provider stakeholder event (Integration Transformation Fund Workshop) on 6 December 2013 to seek the views and input of Health and Social Care professionals across the Medway area. The event was attended by a range of VCS providers as well as representatives from patient fora and Healthwatch Medway. The workshop focussed on transformational activity to improve health and social care in Medway and a number of key priorities have been identified as a result. The issues identified align with the national conditions for the Better Care Fund guidance and marry with the underlying principles identified in Medway's Joint Health and Wellbeing Strategy (JHWBS): a commitment to an integrated systems approach and partnership working; a focus on prevention and early intervention in all areas; on-going and effective stakeholder communication and engagement and a commitment to sustainability. Sixty stakeholders were represented at this event. Intelligence gathered from the 5 workshops (Prevention, Primary Care, Accident & Emergency, Community Services and End of Life) together with public engagement, have helped form the basis of the Council's and Medway CCG's vision for the Better Care Fund and aims and objectives.

There has been engagement with primary care through the GP Monthly Meeting with a particular focus on specific projects, for example the GP sign posting scheme. The February GP monthly meeting is focusing on primary care transformation and integrated services which will further inform the proposed schemes. The principles and impacts of the Better Care Fund have been discussed with Medway NHS Foundation Trust at a board away day, with further discussions happening with executive and operational staff as plans are developed. High level discussions have taken place with Medway Community Healthcare in terms of possible contract and operating changes and further discussions are planned.

Medway Council and Medway CCG have worked with iMPower as part of the Home Truths work stream, which involved significant consultation with stakeholders in health and social care. Three projects identified through the Home Truths work are being taken forward under the Better Care Fund Plan: a 999 falls services, community health visitors for older people and a GP signposting scheme.

Moving forwards, a Communications and Engagement Plan has been produced jointly by Medway Council and the Medway CCG Communications Teams to ensure that all relevant providers are engaged throughout the on-going development and

implementation of the Better Care Fund Plan and general health and social care integration. This will include NHS providers, social care providers, the VCS, providers of housing and any other related services.

d) Patient, service user and public engagement

Please describe how patients, service users and the public have been involved in the development of this plan, and the extent to which they are party to it

Part of the values and principles underpinning the Medway Better Care Fund Plan are to ensure that the voice of people who use our services and their carers is heard and shapes the quality and design of services that are provided.

Our vision for integrated care is based on what people have told us is most important to them; this has been through public workshops, interviews and surveys across Medway over the past few years. Through ongoing engagement, we know that what people want is greater choice and control and for their care to be planned with people working together to help them live independently in their own home. They also want their care to be delivered by people and organisations who show dignity, compassion and respect at all times. These messages are at the centre of our vision for integrated care in Medway. We will continue to engage with people who use our services and their carers throughout 2014/15 as our plans for specific services are firmed up and ensure that there is co-production of the services commissioned as a result of this plan.

Specific examples of engagement activities include:

- As part of the Call to Action, the Medway CCG in 2013, posted online patient and staff surveys ("Blue Sky Thinking Survey" and "Staff Blue Sky Thinking Survey"). Intelligence gathered from all responses has been used to inform the Better Care Fund Plan.
- A key component of previous and on-going engagement plans will include Medway Health Network, a virtual group of patients, public and voluntary groups interested in getting more involved in how services are planned and designed will be prioritised.
- The vision and outline plans have been shared with the Medway Carers Partnership Board in January 2014, whose involvement is key to on-going engagement with carers and ensuring that their experiences and views are fully considered in the Better Care Fund Plan.
- We have drawn on information from both Medway's Adult Social Care Survey 2012 and Carers Survey 2013 to inform the development of this plan. We will use the Adult Social Care Survey 2013 as an opportunity to consult with people about their opinions of health and social care services and gather intelligence around social isolation and access to 7 day services.
- Community and parent engagement as part of our Big Lottery Bid looking at remodelling systems including a reduction in children's attendance at A&E and admittance to hospital, forms part of our whole system transformation.
- Representatives from Healthwatch Medway have been consulted on the direction of the Better Care Fund and have attended public engagement events as part of the process. Healthwatch Medway has agreed to carry out both joint and independent engagement on specific project development areas in relation to this plan.

Our Joint Communications and Engagement Plan ensures that people who use our services are put first – as is the nature of the Better Care Fund.

Individual human stories will be the focus of the communication and engagement work and will be developed to fit in with the target audiences of the fund. We are planning a number of scenario based simulation events in order to identify current and future pathways.

These will help to address a number of issues, including:



- What is happening now?
- What is working well?
- Where are the gaps?
- How will we address these?
- What will the outcomes be for the target groups of people?

e) Related documentation

Please include information/links to any related documents such as the full project plan for the scheme, and documents related to each national condition.

Document or information title	Synopsis and links
Medway's Joint Strategic Needs Assessment	Joint local authority and CCG assessment of the health needs of the Medway local population in order to improve the physical, mental health and wellbeing of individuals and the community. http://www.medwayjsna.info/ua/
Joint Health and Wellbeing Strategy for Medway 2012-2017	The Joint Health and Wellbeing Strategy sets out the priorities and actions which the Health and Wellbeing Board are planning to carry out between 2012 and 2017. http://www.medway.gov.uk/pdf/health%20and%20Well-being%20StrategyFINAL.pdf
Medway CCG Integrated 2013-2015 Commissioning Plan, together with 2 and 5 year plans that are being developed	The commissioning intentions for 2013/15 including plans for integrated commissioning in Medway. http://www.medwayccg.nhs.uk/about-us/our-plans-and-strategies/
Update from NHS England (Kent and Medway) and Medway Clinical Commissioning Group on the NHS Belongs to the People; A Call to Action	Medway CCG's response and actions from Call to Action. http://democracy.medway.gov.uk/mgconvert2pdf.aspx?id=22218

Document or information title	Synopsis and links
Medway Carers Strategy Action Plan 2009-2014	<p>Outlines Medway Council's commitment to supporting carers.</p> <p>http://www.medway.gov.uk/pdf/12%2010%2004%20Medway%20Carers%20Strategy%20Action%20Plan%20September%202012%20final%20for%20publication.pdf</p>
The Council Plan 2013-2015	<p>Outlines Medway Council's core values and key priorities for 2013/15</p> <p>http://www.medway.gov.uk/pdf/Council%20Plan%20Medway.pdf</p>
Sustainable Community Strategy 2010-16	<p>Outlines Medway Council's commitment to supporting growth and a vibrant local voluntary and community sector.</p> <p>http://www.medway.gov.uk/pdf/sustainable_com_strategy_web.pdf</p>
Home Truths Report	<p>Summary report highlighting commissioning recommendations to address gaps across health and social care.</p> <p>Available on request</p>
Report to Medway Health and Wellbeing Board (Public Meeting) – 9 January 2014	<p>Report for board members outlining requirements of Better Care Fund and agreeing direction of travel.</p> <p>http://democracy.medway.gov.uk/mgconvert2pdf.aspx?id=22218</p>
Medway Council Cabinet report regarding Better Care Fund – 14 January 2014 and Addendum Report	<p>Report for Cabinet members outlining requirements of Better Care Fund and seeking approval to delegate responsibility for developing plan to Director of Children and Adults Services and Portfolio Holder for Adults Services.</p> <p>http://democracy.medway.gov.uk/mgconvert2pdf.aspx?id=22249</p>
Medway CCG Governing Body report regarding Better Care Fund – 22 January 14	<p>Report for Governing Body members outlining requirements of Better Care Fund and seeking approval to delegate responsibility for developing plan to Chief Clinical Officer, Chief Operating Officer and Chief Finance Officer.</p> <p>http://www.medwayccg.nhs.uk/about-us/meetings-held-in-public/</p>

Document or information title	Synopsis and links
Medway Better Care - Right care, right time, right place (Draft Communications and Engagement strategy February 2014)	Outline plan of on-going communication and engagement with providers, public and carers.  14.02.06 Medway Better Care Comms a
Better Care Fund – Annexe 1	Description of projects to be funded via Better Care Fund.  14.02.06 summary of projects BCF.xlsx

2) VISION AND SCHEMES

a) Vision for health and care services

Please describe the vision for health and social care services for this community for 2018/19.

- What changes will have been delivered in the pattern and configuration of services over the next five years?
- What difference will this make to patient and service user outcomes?

We will foster a healthy and flourishing Medway through an integrated health and social care service that provides the right care, in the right place and at the right time.

Medway's resident population is around 263,900, with a registered population of around 283,000. People over 65 make up 14.1 per cent of the population. Projections from 2010 to 2020 suggest that the number of people 65 years of age or over will increase by 29 per cent to 46,900 and the number of over 85 years will grow by 34 per cent to 5,500. This will result in increased pressures on the Medway health and social care economy without significant investment in preventative activities which enable people to live longer healthier lives independent in their own homes. This requires a shift from a reactive to a more proactive health and social care system. More information about the health of people in Medway can be found in the Health and Wellbeing Strategy and the Medway JSNA.

The vision for health and social care services across Medway for 2018/19 outlined in this Plan reflects the underlying principles identified in Medway's Joint Health and Wellbeing Strategy (2012 -2017) and is reflected in the wider CCG Strategic Plans and 2 year and 5 year plans being developed. These are a commitment to an integrated systems approach and partnership working; a focus on prevention and early intervention in all areas; on-going and effective stakeholder communication and engagement and a commitment to sustainability. It is recognised that the challenges facing the health and social care system, in part through an ageing population, cannot be met in isolation, but must be addressed through greater integration of health and social care funding and

systems and a whole system transformational approach.

Similar to other areas in the country, Medway is experiencing increased demand on its services with increasingly limited resources in both health and social care. Whilst we strive for continued better value for money from our services we recognise that this is not just a financial issue. Our vision for the next 5 years is a fundamental transformation of the quality and experience of health and social care across all elements of commissioning and provision, which will result in improved individual outcomes as well as a demonstrable greater experience of our health and social system.

We are committed to enabling people in Medway to live more independent and healthier lives by giving them greater choice and control, maximising their social support systems, through building resilient communities. We will engage with the people who use our services to understand and map their experiences, capabilities and needs in order to put people at the centre of what we do. We will put the people who use our services at the centre of what we do, doing this with them rather than to them. This is about a real commitment to understanding the challenges people face in their day-to-day lives and how these challenges can be addressed so people have more positive experiences and outcomes in the future.

All partners recognise that there is much more work to do, and this will mean putting in place a new and transformational service model based on integrated multi-disciplinary teams working closely with primary care and specialist services. It also means that we will place a strong focus on wellbeing, speed of response, striving for maximum independence, reablement, maximising self-management, prevention, providing services in people's own homes.

To help us to achieve our vision we will ensure people who use our services have safe, affordable and high quality services and by working in partnership, maximise outcomes across the health, social care, community and voluntary sectors. Our approach will be based on the principles of integration and a focus on preventative activities as the key drivers to secure better outcomes for our population and deliver the financial efficiencies that are required given the ever increasing demand for support and our restricted budgets.

We recognise that this transformation will require the input of a range of health and social care providers including the greater involvement of the community and voluntary sector. At its centre will be the views and experiences of the local population including those using services and those who care for them.

As a result of the changes proposed, by 2018/19 Medway anticipates that these changes will have come into effect:

- More people living independently in their homes for longer
- Improved satisfaction of people's experiences of the health and social care system
- Reduction in long term dependency on statutory services through a healthier population and improved community and neighbourhood responses
- Less people, including children, using A&E inappropriately
- More resilient communities and a new relationship between urgent care and community services
- Reduction in non-elective acute admissions and inappropriate use of A&E

This will be achieved by:

- Improved care co-ordination, including GPs at the centre of people's care
- Improved access to reablement, rehabilitation and intermediate care
- Improving integrated care pathways, including for people with dementia
- Greater and smarter use of assistive technologies, allowing vulnerable people to continue to live independently and/or receive care at home
- Use of risk stratification tools to target initiatives at those in most need
- Integrated commissioning of services
- Data sharing across health and social care (including mental health)
- Providers of care and support being incentivised to reduce reliance on care and support services with a greater focus on reablement
- A new relationship between urgent care and community services
- Integrated commissioning and developing integrated services

We know that a number of uncertainties still exist in relation to proposed investments and outcomes. This plan is still in its developmental stages and will be further progressed between the 14th February and the April submission. The figures and information we are sharing are our best estimates based on work-to-date and these will invariably evolve and change as our knowledge and understanding grows. This is our opportunity to work together, to overcome barriers that have constrained us in the past, and to shape a better future for health and care services in Medway to improve outcomes.

Medway Foundation Trust is one of the hospitals identified as part of the Keogh review. Foundation Trusts are regulated by Monitor and the CQC, both have expressed concerns and issued undertakings or conditions on the Trust. Currently financial and performance concerns persist and as part of addressing these Monitor have, in February 2014, appointed an interim Chair and Chief Executive. We have shared the potential impact of the BCF on MFT with the Trust. Medway CCG and Medway Council will be working with the Trust and Monitor to ensure that there is a common understanding of the needs of the population we serve and that a co-ordinated plan is in place to meet the needs of the local health and social care economy, which includes a high quality sustainable acute hospital in Medway.

b) Aims and objectives

Please describe your overall aims and objectives for integrated care and provide information on how the fund will secure improved outcomes in health and care in your area. Suggested points to cover:

- What are the aims and objectives of your integrated system?
- How will you measure these aims and objectives?
- What measures of health gain will you apply to your population?

In order to secure improved outcomes in health and social care in Medway the following key strategic aims have been identified for the Better Care Fund Plan:

- Co-ordinated care around individuals using a proactive and joined up case management approach

- Improved outcomes for the people who use our services and the local community
- Improved experience of care for people who use our services and their carers
- Maximise independence, avoiding hospital admissions and use of nursing and care homes
- Preventative services support people to stay well and healthy for longer

The success of the Better Care Fund will be monitored through the delivery of these 5 key strategic aims and through regular reporting to the Joint Commissioning Management Group for the Council and CCG, and where necessary to Medway Council's Cabinet and the Medway CCG Governing Body.

In order to achieve our vision and the five strategic aims, we recognise that this will require building on identified areas of good practice and where necessary significant change across the whole of the health and social care economy in Medway. In order to achieve a significant shift away from the use of acute services, all providers of health and social care services will need to change how they work. The changes proposed will help drive reductions in emergency admissions to hospital, reduce lengths of stay in hospital and reduce the demand for nursing and residential home care.

What will success look like?

- Less people, including children, using A&E inappropriately
- More people living independently in their own homes, avoiding or delaying the use of nursing and care homes
- Demonstrable improvements in people's personal experiences of the health and social care system
- GPs at the centre of organising and co-ordinating people's care, specifically those over 75 and/or with complex needs
- Stronger community resources which prevent people entering into high cost, long-term care packages
- Carers feeling better supported and their own needs better met
- Reduced demand on the acute sector through a shift in resources from bed-based to community-based care
- A local social care system equipped and resourced to meet its duties set out in the Care Bill

Our key success factors will be to:

- reduce length of stays in hospital;
- reduce number of admissions;
- reduce attendance at A&E (including repeat visits);
- reduce readmission to hospital;
- reduction in A&E visits following a fall in over 75 year olds;
- reduction in hospital admission/A&E from nursing and residential homes;
- reduce use of nursing and residential care homes;
- reduce home care packages following a period of reablement;
- increase number of carers' assessments, including via GP surgeries
- Increase percentage of people with a long term condition with a care plan
- Improved levels and quality of mental health services in acute settings and A&E

We will be preparing for the Better Care Fund in 2014/15 by reviewing existing

commitments, establishing an evidence base, sharing resources that will ensure real progress towards our vision for health and care services in 2018/19, with associated improvements in the quality and experience.

c) **Description of planned changes**

Please provide an overview of the schemes and changes covered by your joint work programme, including:

- The key success factors including an outline of processes, end points and time frames for delivery
- How you will ensure other related activity will align, including the JSNA, JHWS, CCG commissioning plan/s and Local Authority plan/s for social care

The planned changes will involve putting people at the heart of everything we do, not simply because it is what people tell us they want, because it is the right thing to do. We feel that this is the only way we will ensure a sustainable, healthy future for the communities we serve and deliver services which promote independence. This means we will need to:

- Put people at the heart of their own health and care
- Reduce the fragmentation of provision and the problems this creates
- Embed choice and control and personalised care as a core principle of both health and social care provision
- Invest in reablement, prevention and community recovery to reduce long term care needs
- Bring about better integration and engagement between social care, community and mental health, GPs and Medway Foundation Trust (including mental health services)

Medway has already adopted a joined up approach at a community level, with a number of integrated services, including a Rapid Response Team; Hospice Team; Stroke Team and Integrated Hospital Discharge Team. The introduction of the Better Care Fund allows for the further development of community based services aimed at reducing length of stay in hospital and improving outcomes for service users and carers. Further transformation/redesign is required to make our ambitions a reality, with a focus on wellbeing, prevention, self-care, reablement, striving for maximum independence and breaking down barriers to health and social care.

In order to achieve the described aims, there are 11 overarching themes to the Medway Better Care Fund Plan. These are:

1. Infrastructure development and support

Preparing for the Care Bill, reviewing existing services and contracts, workforce planning, information governance (including use of NHS number as primary identifier), capital investment in IT infrastructure and on-going associated revenue costs, and further investment in Partnership Commissioning. Much of this will be non-recurring activity to take place during 2014/15.

2. Combatting Social Isolation

Investment in local voluntary and community sector, including low cost/no cost solutions, initiatives to combat social isolation and the development of contracts with in-built incentives to re-invest in the community and targeted work at the most vulnerable populations. We will pilot initiatives during 2014/15 to take forward as part of wider integrated health and social care programme.

3. Reablement, rehabilitation and intermediate services

Expansion of availability of reablement and greater integration with community rehabilitation and intermediate services. There are currently a range of fragmented reablement activities which work in a reactive way. It is intended to enhance reablement services to prevent admission to care homes and speed up hospital discharge. As a priority for 2014/15, we will remodel the reablement pathway to ensure that all providers, including acute and mental health providers, will be clear about their contribution to community-based recovery following injury, falls or illness. This will include clear social and functional outcomes and will feed into any future homecare procurement. This will also include the development of intermediate care services, including a review of existing use of intermediate care beds, focusing on 24/7 solutions and less reliance on bed based services.

4. Community Equipment and Assistive Technology

Building on the overarching vision of promoting independence and prevention, a specific agreed priority area is the increased use of equipment and assistive technology. This will incorporate adaptations and greater utilisation of Telehealth and Telecare. There will be a review of the use and access to complex equipment required for areas such as effective pressure management to reduce pressure sores, preventing falls and speeding up hospital discharges. This review will be across health, housing and social care, ensuring that there is an effective interface across the sectors and ensure that we are getting best value from our contracts.

5. Carers' Support

Continue to commission carers' support services, whilst ensuring that they meet current requirements within an integrated model of care. This will include meeting requirements under the Care Bill for an expansion in carers' assessments and additional support.

6. Universal Information, Advice and Advocacy

Ensuring that the people of Medway have suitable information, advice and advocacy to access the most appropriate services, as well as ensuring that professionals are able to signpost people to preventative services rather than more costly statutory provision. This will include developing robust and reliable sources of advice and support for older people before they become frail or need to access the statutory system. Such information will be easy to access, clear, friendly and personalised and made available in the right formats (including easy read formats).

7. Community Services Redesign

Improved integrated working across health and social care with a focus on co-ordinated care with a named lead professional, including 7-day working, single point of access, and risk stratification to identify the most vulnerable/high risk

patients. Flexible provision over 7 days will be accompanied by greater integration with mental health services. A core focus will be on providing joined-up support for those individuals with long-term conditions and complex health needs.

8. Integrated Rapid Response

Further investment in avoiding hospital admission and improve discharge through developing and expanding the Integrated Rapid Response Service.

9. Care Co-ordination and Lead Professional

The development of new services aimed at providing care around the individual as well as named professional lead, including Community Health Worker for Older People. The GP will remain accountable for patient care, but with increasing support from other health and social care professionals to coordinate and improve the quality of that care and the outcomes for the individuals involved. We will deliver on the new provisions of General Medical Services (GMS), including a named GP for patients aged 75.

10. Dementia Services

We will redesign a coordinated pathway to improve the early diagnosis, care planning and quality of care that service users receive. A review of existing provision in 2014/15 may lead to new joint procurement activity for new services in 2015/16.

11. Falls

Development of new services, including a 999 fall response service, focusing on preventing falls, providing care in the community, reducing use of A&E and hospital admission.

See Annexe 1 (Summary of Project for Better Care Fund) for further details of proposed individual schemes.

Timelines:

A detailed implementation plan will be developed and monitored by the Joint Commissioning Management Group, following successful submission of the Better Care Fund Plan. The following provides a summary of general activity that will need to take place.

January to March 2014:

- Develop draft Better Care Fund Plan by 14 February 2014
- Develop final Better Care Fund Plan by 4 April 2014
- Follow Medway CCG and Medway Council's Governance arrangements to ensure joint agreement of the plan
- Develop a communication and engagement plan
- Agree Better Care Fund investment plan for 2014/15 and 2015/16 onwards

April 2014 to March 2015

- Establish Section 75 joint governance arrangements between Medway CCG and Medway Council

- Review existing services, specifications and contracts
- Complete detailed planning to implement concepts/projects developed during co-design phase to achieve our objectives
- Test models and share learning
- Monitor financial flows and shadow budgets to evaluate financial impact of possible models on different providers and on total costs to commissioners
- Review workforce requirements
- Low cost/no cost solutions
- Implement communication and engagement plan
- Diversity Impact Assessment for individual schemes where there is potential impact on existing services
- Regular reporting of performance and progress of implementation to Medway's Health and Wellbeing Board, Health and Adult Social Care Overview and Scrutiny Committee, Medway CCG Governing Body and Medway Council's Cabinet

March 2015

- Implement Better Care Fund Plan
- Clinical and financial audits to determine what difference the money is making
- Regular reporting of performance to Medway's Health and Wellbeing Board, Health and Adult Social Care Overview and Scrutiny Committee, Medway CCG Governing Body and Medway Council's Cabinet

d) Implications for the acute sector

Set out the implications of the plan on the delivery of NHS services including clearly identifying where any NHS savings will be realised and the risk of the savings not being realised. You must clearly quantify the impact on NHS service delivery targets including in the scenario of the required savings not materialising. The details of this response must be developed with the relevant NHS providers.

Medway Foundation Trust is one of the hospitals identified as part of the Keogh review. Foundation Trusts are regulated by Monitor and the CQC, both have expressed concerns and issued undertakings or conditions on the Trust. Currently financial and performance concerns persist and as part of addressing these Monitor have, in February 2014, appointed an interim Chair and Chief Executive. We have shared the potential impact of the BCF on MFT with the Trust. Medway CCG and Medway Council will be working with the Trust and Monitor to ensure that there is a common understanding of the needs of the population we serve and that a co-ordinated plan is in place to meet the needs of the local health and social care economy, which includes a high quality sustainable acute hospital in Medway.

As an economy, as we move from a reactive system to one that is preventative in focus, we are working on the basis that there will be a 15% reduction in non-elective activity at Medway NHS Foundation Trust but this needs to be assessed and triangulated as part of the bigger picture.

e) Governance

Please provide details of the arrangements are in place for oversight and governance for progress and outcomes

The Better Care Fund Plan submitted to LGA/NHS England has been formally approved by both Medway CCG's Governing Body and Medway Council's Cabinet.

Medway Council and Medway CCG have established a Joint Commissioning Management Group at senior officer level to develop and deliver joint commissioning plans for integrated care. This Group will oversee the mobilisation and implementation of the Better Care Fund Plan. Progress reports will be provided to this group on a monthly basis. It will be the responsibility of the Group to ensure that the aims and objectives identified are achieved. The development of any strategies and operational plans will be subject to scrutiny and ratification via this Group.

Day to day implementation of the Better Care Fund Plan will be overseen by the Director of Children and Adults Services for Medway Council and Chief Operating Officer of the Medway CCG, delegating responsibility to the Assistant Director for Partnership Commissioning. Exception reports and urgent issues will be escalated to the project sponsors (Director for Children and Adults Services and Deputy Director for Adult Social Care for Medway Council and Chief Operating Officer for Medway CCG) that require immediate action or if there is a risk of deviation from the Better Care Fund Plan. Any significant variation in the plans or where there is significant identified risk will be addressed at Medway CCG Governing Body, Medway Council's Cabinet, and/or Health and Adult Social Care Overview and Scrutiny Committee.

Strategic oversight of the Better Care Fund Plan will be provided through regularly reporting to the Health and Wellbeing Board, who will ensure that the plan continues to meet the strategic health and wellbeing priorities of Medway.

The Local Area Team for NHS England has been consulted on the development of the Better Care Fund Plan and assurance will be sought from the area team prior to submission to LGA/NHS England in April 2014.

3. NATIONAL CONDITIONS

a) Protecting social care services

Please outline your agreed local definition of protecting adult social care services.

Protecting social care services in Medway means ensuring that those people in most 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 is one aspect of this, our primary focus is on developing new forms of joined up care 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 care economy as a whole.

A key driver to the proposed changes is an increased focus on preventative activities. We will proactively intervene to support people at the earliest opportunity and ensure 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.

Medway Council's eligibility criteria will remain the same at substantial and critical, however, there will be in addition an increased emphasis on supporting people at the earliest possible opportunity, reducing or delaying the need for statutory services. Funding currently allocated under the Social Care to Benefit Health grant has been used to enable Medway Council to sustain the current level of eligibility criteria and to provide timely assessment, care management and review and commissioned services to clients who have substantial or critical needs, as well as information and signposting to those who are not FACS eligible. This will need to be sustained, if not increased, within the funding allocations for 2014/15 and beyond if this level of offer is to be maintained, both in order to deliver 7 day services and in particular as the new Social Care Bill requires additional assessments to be undertaken for people who did not previously access Social Services.

It is proposed that additional resources will be invested in social care to deliver enhanced and integrated rehabilitation/reablement services which will help to reduce hospital readmissions and admissions to residential and nursing home care.

Please explain how local social care services will be protected within your plans.

The Better Care Fund will be used to support adult social care services which also have a health benefit. The use of the fund and outcomes expected will be jointly agreed by Medway Council and Medway CCG, taking into consideration intelligence within Medway's JSNA and the CCG 5 year strategy and 2 year operational plans being developed in line with the planning timetable.

Social Care Services will be protected by:

- Ensuring a commitment to work towards achieving fully integrated health and social care services at a community level and develop fully integrated services with primary and acute care
- Reducing demand on acute services through investment in preventative schemes and maximising use of assistive technologies
- Diverting demand away from specialist services through better signposting and information
- Facilitating an adult social care market which delivers affordable, quality outcomes for service users
- Ensuring robust monitoring of services is in place to prevent harm to adults
- Encouraging provider organisations to develop collaborations and integrated services to meet demands
- Engagement with local interest groups
- Scoping new service models and encouraging innovation and creativity
- Investment in reablement services
- Working closely with the voluntary sector and communities to develop further capacity to complement that of the public sector services and to promote self-help and independence for people living at home
- Support for carers to continue in their role

b) 7 day services to support discharge

Please provide evidence of strategic commitment to providing seven-day health and social care services across the local health economy at a joint leadership level (Joint Health and Wellbeing Strategy). Please describe your agreed local plans for implementing seven day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends.

Medway is committed to developing more flexible and integrated ways of working focused on people's needs as described in Medway's Joint Health and wellbeing Strategy. Partners will, over the coming months, assess what additional capacity will be required to sustain an on-going 7-day offer and to evaluate how successful the current approach is to facilitating hospital discharges and avoiding unnecessary admissions.

Work needs to be undertaken to understand the interfaces between health and social care providers to enable safe timely assessment and transfer if undertaken out of normal working hours. The Integrated Discharge Team already operates at weekends and evenings and is able to facilitate hospital discharge during these times, including where there is a need for social services involvement. It is acknowledged that this could be expanded and a costed plan for 7-day services will be developed in 2014 for staged implementation during 2014/15. This will include procurement activity ensuring that domiciliary care, reablement and residential contracted providers are able to start care packages out of normal office hours.

All relevant contracts, across health and social care, will be reviewed through 2014/15 and where necessary variations negotiated or re-commissioning of services to ensure that appropriate care and support is provided to avoid unnecessary hospital admissions and support discharges. This will include the primary care offer. This will also look at the access to mental health services both in primary care and in the acute sector (including in A&E). An action plan will be developed in early 2014.

Medway NHS Foundation Trust is in the first cohort of 'early adopters' as part of the Seven Day Services Improvement Programme (SDSIP) as the Delivering NHS services and plans are being progressed as part of this programme following a whole system event in January 2014. Given the current situation, Medway CCG and Medway Council will be working with the trust and Monitor to ensure that there is a common understanding of the needs of the population we serve and that a co-ordinated plan is in place to meet the needs of the local health and social care economy, which includes a high quality sustainable acute hospital in Medway.

c) Data sharing

Please confirm that you are using the NHS Number as the primary identifier for correspondence across all health and care services.

Health services do already use the NHS number but work needs to be taken forwards for this to be possible in social services. The NHS number is being requested for all new service users accessing social services and for existing clients through annual reviews. Therefore, the Council will be in a position to use the NHS number as the primary identifier for all correspondence from April 2015.

If you are not currently using the NHS Number as primary identifier for correspondence please confirm your commitment that this will be in place and when by

Medway Council and Medway CCG are committed to ensuring that using the NHS Number as the primary identifier for correspondence will be in place by 1 April 2015.

Please confirm that you are committed to adopting systems that are based upon Open APIs (Application Programming Interface) and Open Standards (i.e. secure email standards, interoperability standards (ITK))

The Better Care Fund will help to further enhance existing integration. This will include interoperability between health and social services by joining up health and social care data across Medway utilising the NHS Number as the unique identifier.

A scoping exercise will be undertaken in early 2014/15 to explore a potential interface between systems that already exist across social care, acute primary and secondary care (including mental health services). This will link with the CCG IT Strategy and introduction of Vision 360, being introduced as a remote access solution for its practices, also giving flexibility as part of a Medway clinical portal to improve data sharing between acute, community and primary care, as well as social services. Data sharing will also cover both the My Wishes (palliative care/end of life register) and out of hours cover through MedOCC.

We already have secure email facilities in place and use this as a tool to correspond between social care and NHS colleagues (GCSX, CJSM, nhs.net). Health and Social Care are working together over the next 12 months to join up their IT systems to share information, exploring the possibility of utilising an existing NDL secure middleware system interface.

Medway Council has a valid Information Governance Toolkit Assessment as is required to access the NHS N3 secure network.

A task and finish group will be established in 2014 to facilitate any changes required, including ensuring the active involvement of provider agencies including the acute and secondary care sectors.

Please confirm that you are committed to ensuring that the appropriate IG Controls will be in place. These will need to cover NHS Standard Contract requirements, IG Toolkit requirements, professional clinical practise and in particular requirements set out in Caldicott 2.

We are committed to ensuring appropriate Information Governance Controls are in place. This includes, ensuring that:

- All partners are compliant with legislation, including the Data Protection Act
- Confidential information about people is treated confidentially and respectfully
- Members of a care team will share confidential information only when it is needed

for the safe and effective care of an individual, including where there are concerns around safeguarding

- Information that is shared for monitoring and other strategic purposes will be anonymised
- A person's right to object to the sharing of confidential information about them will be respected
- Organisations should put policies, procedures and systems in place to ensure that confidentiality rules are followed at all times
- Protocols for sharing information will be agreed by the Joint Commissioning Management Group and reviewed on an annual basis

d) Joint assessment and accountable lead professional

Please confirm that local people at high risk of hospital admission have an agreed accountable lead professional and that health and social care use a joint process to assess risk, plan care and allocate a lead professional. Please specify what proportion of the adult population are identified as at high risk of hospital admission, what approach to risk stratification you have used to identify them, and what proportion of individuals at risk have a joint care plan and accountable professional.

Under the plans for community service redesign, Multi-Disciplinary Teams (MDT) will be developed for delivering integrated health and social care at a local level with GPs at the centre. These will provide the multi-disciplinary and multi-agency support needed by those most at risk of hospital or care home admissions and those with complex or long term conditions. Primary care, community healthcare and social services will form the core to these arrangements with voluntary sector input as appropriate. Through the Integrated Discharge Team and the Rapid Response Team there are already elements of joint assessment processes and integrated working which will be further developed and expanded into community settings.

Through the new GP contract there will be an accountable GP' for patients aged 75+ and those with complex needs. GPs will be supported in this role through other lead professionals from community health and from social services.

Our approach to risk stratification is threefold: firstly threshold analysis: where a set of criteria are defined that describe high risk/vulnerable patients, secondly using clinical knowledge where practitioners draw on their experience and training to identify individuals who are likely to become 'high risk' and finally predictive modelling where historical data is used to find associations between patient's medical histories and their likelihood of being admitted to hospital and these associations are used to quantify future risk of admission. The local plan will ensure a lead professional is assigned to cases identified through the risk stratification process, either the GP or working alongside the GP.

The risk stratification tools used to predict emergency hospital admission in the next year will draw on information from primary and acute care. We will classify people as high risk based on a combination of factors including if they have (a) diabetes; (b) chronic obstruction pulmonary disorder (COPD); (c) coronary heart disease (CHD); or

(d) if they are over 75. Based on these four indicators as well as regular attendance for outpatient appointments for people with long-term conditions, local information would suggest that there are approximately 800 people deemed as being at highest risk of hospital admission across Medway, with nearly 8,000 high risk patients. Further work on the local risk stratification will be undertaken in 2014/15 including incorporating social issues to ensure that this is an integrated approach to working with the most vulnerable people in Medway. Issues around information governance and Caldicott 2 will be addressed through this process, linked to the work programme on information governance.

We will closely monitor those classified as at high risk of hospital admission within the next year through individual care planning and care co-ordination.

4. RISKS

Please provide details of the most important risks and your plans to mitigate them. This should include risks associated with the impact on NHS service providers

Ref	Risk	Risk rating	Mitigating Actions
1	Medway NHS Foundation Trust (MFT) already under significant pressures	High	Medway Foundation Trust is one of the hospitals identified as part of the Keogh review. Foundation Trusts are regulated by Monitor and the CQC, both have expressed concerns and issued undertakings or conditions on the Trust. Currently financial and performance concerns persist and as part of addressing these Monitor have, in February 2014, appointed an interim Chair and Chief Executive. We have shared the potential impact of the BCF on MFT with the Trust. Medway CCG and Medway Council will be working with the Trust and Monitor to ensure that there is a common understanding of the needs of the population we serve and that a co-ordinated plan is in place to meet the needs of the local health and social care economy, which includes a high quality sustainable acute hospital in Medway.
2	Shifting of resources to fund new joint interventions and schemes will destabilise current service providers, particularly in the acute sector.	High	See comments above. A Transition Plan will be developed and implemented with Medway NHS Foundation Trust to ensure areas of concern are identified early and appropriate actions implemented in a timely fashion.
3	A lack of detailed baseline data and the need to rely on current assumptions means that our financial and performance targets for 2015/16 onwards are unachievable.	High	We are undertaking a detailed analysis of current data in order to validate our plans.

4	Operational pressures on the workforce will restrict the ability to deliver the required investment and associated projects to make the vision of care outlined in our Better Care Fund submission a reality, including workforce recruitment, skills analysis and change management.	High	Our 2014 schemes include specific non-recurrent investments in the infrastructure and capacity support of the overall organisational development including workforce.
5	Day-to-day operational involvement from providers prevents them from making the required changes to develop a long-term integrated vision.	High	Commissioners will work closely with providers throughout the process and ensure that they have the necessary support and resources to deliver the required changes in the timeframe required.
6	Inability within the timeframe required to address the cultural and competency requirements across the whole workforce to enable integrated working to be successful.	Medium	Through engagement with service providers we will ensure diverse staff groups are brought together to build a new integrated professional identity reinforced by physical co-location, joint management structures and shared training.
7	Preventative services will fail to translate into the necessary reductions in acute and nursing / care home activity by 2015/16, impacting the overall funding available to support core services and future schemes.	High	Business Support will ensure that activity is monitored and report any deviation from planned trajectory to the Joint Commissioning Board who will put in place remedial action in a timely fashion.
8	The introduction of the Care Bill will result in a significant increase in the cost of care provision from April 2016 onwards that is not fully quantifiable currently and will impact the sustainability of current social care funding and plans.	High	We have undertaken an initial impact assessment of the effects of the Care Bill and will continue to refine our assumptions as we develop our final Better Care Fund response.

9	Performance levels impact on achieving	High	We will ensure that the performance of all Better Care Fund
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	Payment by Performance related funding and impact on overall Better Care Fund Plan and affordability.		funded schemes is robustly monitored allowing under-performance to be identified and proactively managed.
10	Improvements in pathway redesign could result in improvements in data collection and coding in acute care adversely affecting baseline figures.	High	Robust checking of data prior to setting targets.

Ref	Scheme	Name of Project	Date	Lead provider	Description	Expected outcomes	Delayed transfers of care	Avoidable emergency admissions	Effectiveness of reablement	Admissions to residential and nursing care	Patient/Service User experience	Local metric (Injuries due to falls in people aged 65 and over)	Joint Health and Wellbeing Strategy	Joint Strategic Needs Assessment
BCF1	Infrastructure development and support	Communication and engagement strategy	Ongoing but primarily 2014/15	LA / CCG	Undertake inclusive and meaningful consultation, across all relevant stakeholder groups; this helps to ensure that we remain responsive to the needs of Medway residents. Communication and information around the Better Care Fund will be tailored to meet the needs of all key stakeholders/audiences. We will ensure all information is in the right formats to be accessed (including easy read formats) and understood by the people it's aimed at. We will use multiple methods and tools to engage targeted stakeholders.	Capture the voice of the stakeholders through meaningful engagement; shape the Medway Better Care Fund aims, objectives and vision; keep key partners and stakeholders informed of and engaged with the development of the project, and support consistency across providers. Independent advocacy or support will be provided for those individuals with protected characteristics as per the Equality Act, in order to be able to participate in meaningful engagement.					✓		✓	
		Review existing services / specification & contracts	2014/15	LA / CCG	#####	Services exist that achieve aims and objectives of Better Care Fund Services support delivery of BCF and positively impact on Payment by Performance measures S256 funded services align to BCF outcomes			✓		✓	✓	✓	✓
		Workforce Development	Ongoing but primarily 2014/15	LA / MFT / MCH / VCS	Review existing workforce and understand training requirements/gaps, including around 7 days working.	Providers will individually and collectively identify workforce requirements Gaps identified and a plan put in place	✓	✓	✓	✓	✓	✓	✓	✓
		Partnership Commissioning	Ongoing	LA / CCG	Investment in Partnership Commissioning Team	Joint commissioning systems further embedded	✓	✓	✓	✓	✓	✓	✓	✓
		Information Governance	2014/15	LA / CCG	Support information governance, including developing systems for using NHS Number as primary indentifier	Information Governance systems are aligned and data sharing is possible NHS number used as primary identifier from 1 April 2015					✓		✓	✓
		Out of Hours Services	Development work 2014/15, feeding into all contracts.	LA / CCG	Review Out of Hours Services to ensure current provision meets level of demand across Medway and reduces inappropriate use of A&E.	Increased use of alternative services to A&E during out of hours Reduction in attendance at A&E Reduction in non-elective admissions to hospital		✓			✓	✓	✓	✓
BCF2	Combatting Social Isolation	Voluntary Sector Services	Pilotted in 2014/15, then ongoing	LA / CCG / VCS	#####	Increased capacity within the voluntary sector to deliver services Services exist that achieve aims and objective of Better Care Fund Services support delivery of BCF and positively impact on Payment by Performance measures Reduce demand for costly home care packages Reduce demand for residential and nursing care homes Reduction in attendance at A&E Increased support for carers Reduction in number of individuals that are socially isolated Increase in number of social contacts Market Position Statement for Medway		✓	✓	✓	✓	✓	✓	✓
		Developing and Empowering Resources in Communities (DERiC)	2014/15 then ongoing	LA / VCS	#####	Project Manager in post Empowered communities Greater choice and control through personal budgets Increased capacity with the voluntary and community sector to deliver services Incentivisation scheme in place and money re-invested in community projects Services exist that achieve aims and objective of Better Care Fund Services support delivery of BCF and positively impact on Payment by Performance measures Reduce demand for costly home care packages Reduce demand for residential and nursing care homes Reduction in attendance at A&E Increased support for carers Increase in number of volunteers Reduce hospital admissions and re-admission		✓	✓	✓	✓	✓	✓	✓
		Combatting Social Isolation	2014/15	LA / CCG / Public Health / VCS	#####	Reduction in number of individuals that are socially isolated Increase in number of social contacts Increased support for carers Increase in community engagement activities Increase in number of volunteers Reduce reliance on primary care by older people Reduction in use of A&E services Reduce repeat visits to A&E by older people		✓	✓	✓	✓	✓	✓	✓
		Innovation Fund	2015/16	LA / CCG / VCS	Investment in innovative and creative ideas from local organisations that could support achieving the aims and objectives of the Better Care Fund.	Services exist that achieve aims and objective of Better Care Fund Services support delivery of BCF and positively impact on Payment by Performance measures Creative and innovation solutions that support deliver of BCF	✓	✓	✓	✓	✓	✓	✓	✓

BCF3	Reablement, rehabilitation and intermediate services	Intermediate Care	Review in 2014/15, new contracts from 2015/16	LA / CCG	#####	Adequate provision of intermediate care beds Adequate provision of alternative intermediate care services Reduction in delayed transfers of care Reduction in attendance at A&E Reduction in admissions to residential and nursing care Reduce length of stay in hospital Reduce readmission to hospital Reduce repeat visits to A&E	✓	✓	✓	✓	✓	✓	✓	✓
		Occupational Therapy Services	????	LA / CCG	Investment in Occupational Therapy Services	Reduction in attendance at A&E Reduction in admissions to residential and nursing care Reduction in costly home care packages Reduce home care packages following a period of reablement Increase uptake of community equipment Decrease number of admissions to hospital as a result of a fall		✓	✓	✓	✓	✓	✓	✓
		Reablement Services	2015/16 then ongoing	LA / CCG	Expansion of availability of reablement services and greater integration with community rehabilitation services	Community rehabilitation services available for up to 6 weeks Reablement Strategy for Medway Reduce home care packages following a period of reablement Reduction in attendance at A&E Reduction in admissions to residential and nursing care Reduction in costly home care packages Increase uptake of community equipment and telecare/telehealthcare services Decrease number of admissions to hospital as a result of a fall		✓	✓	✓	✓	✓	✓	✓
		Integrated Discharge Team	2015/16 then ongoing	LA / CCG	Investment in Integrated Discharge Team, a multi-agency approach to ensuring timely discharge of patients from hospital and redirect service users to appropriate community services.	Reduction in attendance at A&E Reduction in admissions to residential and nursing care Timely discharge from acute setting Reduction in delayed transfers of care Increase uptake of community equipment Decrease number of admissions to hospital as a result of a fall Increase uptake of telecare/telehealthcare services Support for carers Older people able to remain living at home for longer	✓	✓	✓	✓	✓	✓	✓	✓
BCF4	Community equipment and assistive technology	Assistive Technology	2014/15 then ongoing	LA / CCG	Review existing contracts and use of assistive technology, including Telecare/Telehealthcare and other community equipment based services.	Increase uptake of telecare/telehealthcare services Service users able to remain living at home for longer with suitable assistive technology to be able to self-manage their health and social care needs. Reduction in admissions to residential and nursing care		✓	✓		✓	✓	✓	✓
		Community Equipment	Review in 2014/15 then new contracts 2015/16	LA / CCG	Explore options for pooled budgets around Community Equipment Provision and joint commissioning opportunities.	Increase uptake of community equipment Jointly commissioned service in place Older people able to remain living at home for longer Support for carers Service users able to remain living at home for longer with suitable equipment to be able to self-manage their health and social care needs. Reduction in admissions to residential and nursing care		✓	✓		✓	✓	✓	✓
BCF5	Carers Support	Carers Support Services	Ongoing	LA / CCG / VCS	#####	The physical health of carers is maintained Carers support is embedded into GP surgeries and GP surgery staff are able to respond to carer's needs effectively Universal services are available that will support the emotional wellbeing of all Carers and the person they care for Services are delivered in a person centred way, focusing on the individual needs of the Carer and the person they care for in a range of settings Carers are supported to access community activities/services that will reduce social isolation Health professionals have an increased understanding of the needs of Carers and are better able to support them in their caring role Carers not yet identified or accessing support or services are identified and made aware of provision Young Carers are not in an inappropriate caring role Carers receive a payment that enables them to have a meaningful break from their caring role Carers receive a meaningful break from their caring role Service users able to remain living at home for longer with suitable support for their carers to be able to manage their health and social care needs.		✓	✓	✓	✓	✓	✓	✓
BCF6	Universal Information, Advice and Advocacy	Practitioner Signposting	Develop in 2014/15 then ongoing	LA / CCG	GP knowledge of adult social care options other than residential care is self-reported as poor, and as a result GP referrals into preventative and early interventions services are low. Intelligence gathered through iMPower suggests that older people see their local GP (and other primary care professionals like Practice Nurses) more than other local professionals and state that they are the most influential local professional when considering their future health and social care options. This highlights the importance of GPs giving the right information to older people at the right time. This project would explore improving general signposting via GP's to preventative/reablement services.	Increased referrals to preventative/early intervention/reablement services Reduce reliance on primary care Reduce social isolation amongst older people A lead professional for all adults over the age of 75 GPs will be at the centre of organising and coordinating people's care. Reduction in attendance at A&E Reduction in admissions to residential and nursing care Increase uptake of community equipment and telecare/telehealthcare services Support for carers Older people able to remain living at home for longer		✓	✓	✓	✓	✓	✓	✓

BCF7	Community Service Redesign	7-day working	2014/15	LA / CCG	<p>Medway is committed to developing more flexible integrated ways of working focused on the patient/client, as acknowledged in Medway's JHWS. Partners need to assess what additional capacity will be required to develop an on-going 7-day offer and to evaluate how successful the current approach is to facilitating hospital discharges and avoiding unnecessary admissions. Work needs to be undertaken to understand the interfaces between health and social care providers to enable safe timely assessment and transfer if undertaken out of normal working hours. A costed plan for 7-day services will be developed in 2014 for staged implementation during 2014/15.</p> <p>Any future plans for 7-day working will be developed from Medway NHS Foundation Trust and Medway CCG's joint expression of interest to NHS IQ in Oct 2013 to become an early adopter of seven day services. Medway NHS Foundation Trust and CCG are committed to building on the excellent progress made in recent months on developing effective service models and ways of working to deliver improved outcomes for patients at pace, for the diverse and rapidly growing populations in the M</p>	<p>Flexible integrated models of working</p> <p>Adequate capacity outside of normal working hours to deliver a 7-day offer</p> <p>Increased access to primary care outside of normal working hours to deliver a 7-day offer</p> <p>Increase in number of people using web based systems, mobile apps, NHS 11 etc.</p> <p>Reduction in attendance at A&E</p> <p>Timely discharge from acute setting</p> <p>Reduction in delayed transfers of care</p> <p>Older people able to remain living at home for longer</p>	✓	✓	✓	✓	✓	✓	✓	✓
		Community Service Redesign	2014/15 increase in 2015/16 then ongoing	LA / CCG	<p>This project will improve integration of care teams to deliver a case management approach to the care of patients with complex long term conditions. This project represents a fundamental change in the way community based services will be provided in Medway by re-aligning services, so that organisations are not working in 'silos' as well as tackling/challenging duplication between community-based services in health and social care. This project will explore the role and responsibilities of the 'lead professional' and opportunities for joined up working with the ultimate aim of reducing acute admissions. Medway would look to test the case management approach in 2014/15 with a view to expand to primary and secondary care from a whole system perspective. There are some clear synergies linked with other proposed projects for the Better Care Fund including 'Community Health Worker for Older People' and 'Practitioner Signposting'. Data sharing will be key to ensuring the success of this project.</p> <p>Through investing in primary care, we will ensure that patients can access GP help and support in a timely way and via a range of methods. The GP will remain accountable</p>	<p>Integrated teams across health and social care, including GPs</p> <p>A lead professional for all adults over the age of 75</p> <p>Case management approach implemented and rolled out to primary and secondary care</p> <p>GPs will be at the centre of organising and coordinating people's care.</p> <p>Reduction in attendance at A&E</p> <p>Reduction in admissions to residential and nursing care</p> <p>Timely discharge from acute setting</p> <p>Reduction in delayed transfers of care</p> <p>Increase uptake of community equipment</p> <p>Support for carers</p> <p>Older people able to remain living at home for longer</p>	✓	✓	✓	✓	✓	✓	✓	✓
		Risk Stratification	Ongoing	LA / CCG	#####	<p>Reduction in A&E, reduction in avoidable hospital admission, reduction in number of people admitted to nursing or residential care home.</p>	✓	✓	✓	✓	✓	✓	✓	✓
		Better Start in Life		LA / CCG	<p>Ensuring that any changes are part of a radical system wide transformation across all of children's and adult services. This will include redesigning the pathway for children (aged 0-3) accessing healthcare and avoiding unnecessary use of A&E</p>	<p>Reduction in attendance at A&E</p>	✓	✓	✓	✓	✓		✓	✓
BCF8	Integrated Rapid Response	Integrated Rapid Response	ongoing but increase in investment from 2015/16	LA / CCG	#####	<p>Reduction in attendance at A&E</p> <p>Timely discharge from acute setting</p> <p>Reduction in delayed transfers of care</p> <p>Support for carers</p> <p>Service users able to remain living at home for longer and are able to self-manage their health and social care needs.</p> <p>Reduction in admissions to residential and nursing care</p> <p>Reduce length of stay in hospital</p> <p>Reduce readmission to hospital</p> <p>Reduce repeat visits to A&E</p> <p>Increase uptake of telecare/telehealthcare services and community equipment</p> <p>Reduction in costly home care packages</p> <p>Reduce home care packages following a period of reablement</p>	✓	✓	✓	✓	✓	✓	✓	✓
BCF9	Care Coordination and Lead Professional	Community Health Worker for Older People		LA / CCG	<p>Intelligence gathered through iMPower suggested that a lack of home visits by GPs in Medway was a driver for older people self-presenting at A&E due to a lack of support in the community.</p> <p>Being in contact with social workers is an area of (unjustified but real) stigma. Many older people do not want to be seen to be seeking a hand-out or not coping, so often do not seek help from adult social care until it's too late. Part of this is due to a lack of understanding about adult social care and social workers but much of this is due to a generational, historic stigma which is difficult to shift. Community Health Workers for Older People could provide lower level health and social care support for older people (including home visits for lower need patients) and links to adult social care where necessary, without the stigma. The focus of their work would be early intervention and prevention, target-hardening and resilience. Their remit would involve active case-finding:</p> <p>Teaching self care and helping to 'target harden' properties and build resilience to illness, injury and other poor outcomes into the older person's daily routine. Such early</p>	<p>Recruit 7 Community Health Workers for OP (CHWOP) who would each carry out a minimum of 15 visits a week throughout a 48 week period.</p> <p>Reduction in older-people self presenting at A&E</p> <p>Increased referrals to preventative/early intervention/reablement services</p> <p>Reduce reliance on primary care</p> <p>Reduce social isolation amongst older people</p> <p>Reduction in attendance at A&E</p> <p>Reduction in admissions to residential and nursing care</p> <p>Increase uptake of community equipment and telecare/telehealthcare</p>	✓	✓	✓	✓	✓	✓	✓	✓
BCF10	Dementia Services	Dementia Care Services		LA / CCG	#####	<p>A new dementia pathway will provide timely interventions which will focus on early diagnosis thus reducing admissions to hospitals and mental health units and avert a crisis. It will improve quality of care for patients with Dementia in acute hospitals and supported early discharge. The pathway will be setup to provide a flexible crisis response service in the community by co-ordinating with multi-agencies. Support will be provided to residential/nursing homes in order for them to optimise management of difficult behaviour and to use behavioural approaches.</p>	✓	✓	✓	✓	✓	✓	✓	✓

BCF11	Falls	999 Falls Response Service		LA / CCG	We propose to commission a 999 falls response service which would be structured into two teams with two vehicles. Data from a report commissioned by iMPOWER suggests demand will be in the region of 2000 call outs per year which equate to almost 3 call outs per day per team. A recent audit showed that 33% of ambulance conveyances in the time period did not need to go to hospital. A Social Care Professional and Emergency Care Practitioner will assess an older person in their home and where it is safe to do so, provide support to enable them to remain at home, as well as referring the person in to the falls liaison service to receive further support. This service would draw on an equipment store/equipment support and install any equipment as needed to prevent an attendance or admission. The overall aim is to; improve outcomes for older people within their own homes by preventing unnecessary conveyance to hospital for people aged 65 and over who have fallen at home minimising the disruption and the risk of disorientation and subsequent lessening in confidence for the older person; operating falls prevention and offering tra	Reduce admissions to hospital as a result of a fall Reduce admissions to hospital by at least 33% in one year 2000 older people supported with falls management Reduce attendance at A&E Increase uptake of community equipment, telecare/telehealthcare	✓	✓	✓	✓	✓	✓	✓	✓
BCF12	Care Bill	Care Bill		LA	#####	Successful implementation of Care Bill				✓			✓	
BCF13	Disabled Facilities Grants	Disabled Facilities Grants		LA / CCG	Review use of DFGs and ensure integration across health, social services and housing.	Service users able to remain living at home for longer with suitable aids and adaptations to be able to self-manage their health and social care needs. Reduction in admissions to residential and nursing care		✓	✓		✓	✓	✓	✓
BCF14	ASC Capital Grants	ASC Capital Grants		LA / CCG	IT investment for information sharing IT investment for meeting requirements under Care Bill (self funders)	Information Governance systems are aligned and data sharing is possible					✓		✓	



Finance - Summary

For each contributing organisation, please list any spending on BCF schemes in 2014/15 and the minimum and actual contributions to the Better Care Fund pooled budget in 2015/16.

Organisation	Holds the pooled budget? (Y/N)	Spending on BCF schemes in 14/15	Minimum contribution (15/16)	Actual contribution (15/16)
Local Authority #1 - Medway Council	Y	TBD	TBD	TBD
CCG #1 - NHS Medway CCG	N	TBD	TBD	TBD
BCF Total		TBD	TBD	TBD

Approximately 25% of the BCF is paid for improving outcomes. If the planned improvements are not achieved, some of this funding may need to be used to alleviate the pressure on other services. Please outline your plan for maintaining services if planned improvements are not achieved.

There will be robust monitoring of contracts, investing in services that will achieve outcomes, including the development of incentivisation clauses in some contracts. Through pump priming some projects in 2014/15, we will have greater clarity and information about what works and building on the evidence base, as well as possibility of releasing cash savings in 15/16.

Contingency plan:		2015/16	Ongoing
Outcome 1 - Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	Planned savings (if targets fully achieved)	TBD	TBD
	Maximum support needed for other services (if targets not achieved)	TBD	TBD
Outcome 2 - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Planned savings (if targets fully achieved)	TBD	TBD
	Maximum support needed for other services (if targets not achieved)	TBD	TBD
Outcome 3 - Delayed transfers of care from hospital per 100,000 population (average per month)	Planned savings (if targets fully achieved)	TBD	TBD
	Maximum support needed for other services (if targets not achieved)	TBD	TBD
Outcome 4 - Avoidable emergency admissions (composite measure)	Planned savings (if targets fully achieved)	TBD	TBD
	Maximum support needed for other services (if targets not achieved)	TBD	TBD
Outcome 5 - Patient / service user experience	Planned savings (if targets fully achieved)	TBD	TBD
	Maximum support needed for other services (if targets not achieved)	TBD	TBD
Outcome 6 (local measure) - Injuries due to falls in people aged 65 and over	Planned savings (if targets fully achieved)	TBD	TBD
	Maximum support needed for other services (if targets not achieved)	TBD	TBD