

# **Better Care Fund**

**Presentation to Health & Wellbeing Board  
9 September 2014**

## Better Care Fund

“A single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities”

### Plans must deliver on national conditions:

- Plans to be jointly agreed
- Protection for social care services (not spending)
- 7 day services in health and social care
- Better data sharing between health and social care based on the NHS number
- Assure joint approach to assessments and care planning, where funding is used for integrated packages of care there will be an accountable professional
- Agreement on the consequential impact of changes in the acute sector

# What this means for Medway

- Better Care Fund for Medway Council and CCG in 2015/16 is £17,632,000
- This is not new money and requires significant changes in health and social care economy, to a more preventative agenda with less reliance on statutory services
- There needs to be a significant shift in people treated and cared for in the community as opposed to the acute sector
- Reducing the numbers of people attending A&E, reducing unnecessary hospital admission and less people being admitted to residential and nursing homes

# Changes announced in July 2014:

*'...is that, of the £1.9bn additional NHS contribution to the BCF, £1bn will remain within the BCF but will now be either commissioned by the NHS on out-of-hospital services or be linked to a reduction in total emergency admissions. The intention of this policy change is to ensure that the risk of failure for the NHS in reducing emergency admissions is mitigated, and CCGs are effectively compensated for unplanned non elective activity.'*

Payment for Performance will now only be linked to one metric and not a range of metrics.

## Pay for Performance based on:

- Total emergency admissions
- Target of a minimum 3.5% reduction in non-elective activity

## No longer linked to P4P but must still set targets against these metrics to achieve system change:

- Delayed transfers of care
- Effectiveness of reablement
- Admissions to residential and nursing care
- Patient and service-user experience
- Local metric(s) (Falls prevention)

# What this means

- Medway's submission in April 2014 was considered good by NHS England and the Local Government Association (LGA). Officers will be transposing all the information from Medway's original Plan into a new plan template. There are five new questions to answer, as well as revisions to four existing questions. The new questions relate to the following:
  1. Case for change
  2. Plan of action
  3. Risks and contingency
  4. Alignment
  5. Implications for acute providers
- For the proportion of the £1bn linked to P4P, money will be released from the CCG into a pooled budget on a quarterly basis (in arrears) starting May 2015.
- Money released will be proportional to performance against the 3.5% target

# Better Care Fund – Medway allocation

|                                      | £m     |
|--------------------------------------|--------|
| <b>NHS Medway CCG</b>                | 16.154 |
| <b>Social Care Capital Grant</b>     | 0.556  |
| <b>Disabilities Facilities Grant</b> | 0.922  |
| <b>Total Better Care Fund</b>        | 17.632 |
| <b>Of the total funding:</b>         |        |
| <b>Payment for performance</b>       | 4.6    |

# Key Priorities – Remain the same

1. **Combatting Social Isolation** – preventative activities linked to public health agenda
2. **Reablement, rehabilitation and intermediate services** – through a new integrated recovery pathway focused on short-term interventions
3. **Community Equipment and Assistive Technology**
4. **Carers' Support** – helping to support families caring for their loved ones and prevent crises
5. **Universal Information, Advice and Advocacy** – signposting
6. **Community Services Redesign**
7. **Integrated Rapid Response** – deliver rapid intensive support to people at home (supporting early hospital discharge and avoiding admission)
8. **Care Co-ordination and Lead Professional**
9. **Integrated Dementia Services**
10. **Falls prevention**

# What happens now?

## **The work has started ...**

- Visits to key providers such as MFT, MCH and KMPT have happened
- Resubmit plan on 19 September 2014
- Assurance process ending 13 October 2014
- The next 7 months will be used to further plan and make some of the required changes to the local health and social care system – recognising that not everything 'goes live' by 1 April 2015
- There will be continued engagement with professionals, existing users and potential users throughout the process
- A number of task and finish groups will be established on specific themes