

## **Appendix one BCF Scheme details**

### **Self Help and Community Resilience**

Investment in preventative activities, primarily through the 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 in order to reduce reliance on urgent care services. We will pilot initiatives during 2014/15 to take forward as part of wider integrated health and social care programme. This will include closer integration with the wider public health programme, which the Better Care Fund plan has been aligned with.

In addition to this Medway Council is one of seven authorities participating in a unique programme using the Combining Personalisation and Community Empowerment (CPCE) model, working with Developing and Empowering Resources in Communities (DERiC) a Community Interest Company (CiC) that operates as a Social Investment Finance Intermediary (SIFI). Increasing community generated social capital will make it possible to deliver alternative community brokered and provided support to vulnerable adults. Community Dividends will provide incentives for communities to share the benefits of locally generated social capital. To work with local voluntary and community sector providers/social enterprise to deliver cost effective, preventative, alternative social care services through an incentives scheme.

### **Intermediate Care, Rehabilitation and Reablement**

Expansion of availability of reablement and greater integration with community rehabilitation and intermediate services. We will redesign our rehabilitation and reablement service model and pathway to provide, with our integrated rapid response service, a model which will work with individuals who have lost their independence through illness or accident and support them to build confidence, regain skills and with appropriate information and support, to self-manage their health conditions and medication. 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 through the use of assistive technology and appropriate community equipment. 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.

### **Carers Support Services**

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 Act 2014 for an expansion in carers' assessments and additional support. Ensuring that carers and family members are given the right support is essential to preventing the breakdown of existing support networks and key to preventing inappropriate use of A&E as well as nursing and residential placements.

### **Primary Care and 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 and the development of the care navigator role. There are clear links with other areas of development notably integrated rapid response, hospital discharge and intermediate care. Improved signposting together with the redesign of community based services, with the GP at the centre of peoples care, is the central focus of the Better Care Fund Plan of which other elements are dependent on.

### **Dementia Services**

The Council and CCG are developing a Joint Medway Dementia Strategy that will seek to develop a whole community approach to supporting people and their carers. Adopting the national campaign to develop *dementia-friendly communities*, in support of the Prime Minister's Challenge on Dementia, the strategy will link together core services not only within health and social care but across the community. Fundamental to this development is the direct engagement of people with dementia, their families and carers as well as community groups (e.g. faith groups, voluntary organisations), statutory services (e.g. health, social care, public health, police) and local business (including those who have committed to supporting developing staff awareness on a national level such as Marks & Spencer, Lloyds Bank). The strategy will look at how a dementia-friendly community can develop community resilience and support people with dementia from early diagnosis through to end of life; redesigning existing

services with the potential to develop new initiatives to reflect what the local community need and aspire to. Funding projects developed from the dementia strategy will be a priority for additional resources identified through ongoing planning work in 2014/15 and through 2015/16

#### **Infrastructure development and support**

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 an integrated commissioning team jointly funded by the Council and CCG. Much of this will be non-recurring activity to take place during 2014/15.

#### **Implementation of the Care Act 2014**

Preparing for reforms to the system of social care funding, including the cap on people's care costs from April 2016, in addition early assessments and reviews, staff training and recruitment, IT systems and carers assessments, including Programme Management Costs