

Health and Adult Social Care Select Committee

Health and Adult Services: Better Care Fund Plan

Tuesday 16th September

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NHS Outcomes Framework

The NHS Outcomes Framework describes the five main categories of better outcomes required:

- Prevent people from dying prematurely, with an increase in life expectancy for all sections of society.
- Ensure that those people with long term conditions including those with mental illness get the best possible quality of life.
- Ensure patients are able to recover quickly and successfully from episodes of ill health or following an injury.
- Ensure patients have a great experience of all their care.
- Ensure that patients in our care are kept safe and protected from all avoidable harm.

Aligning Systems to join up care

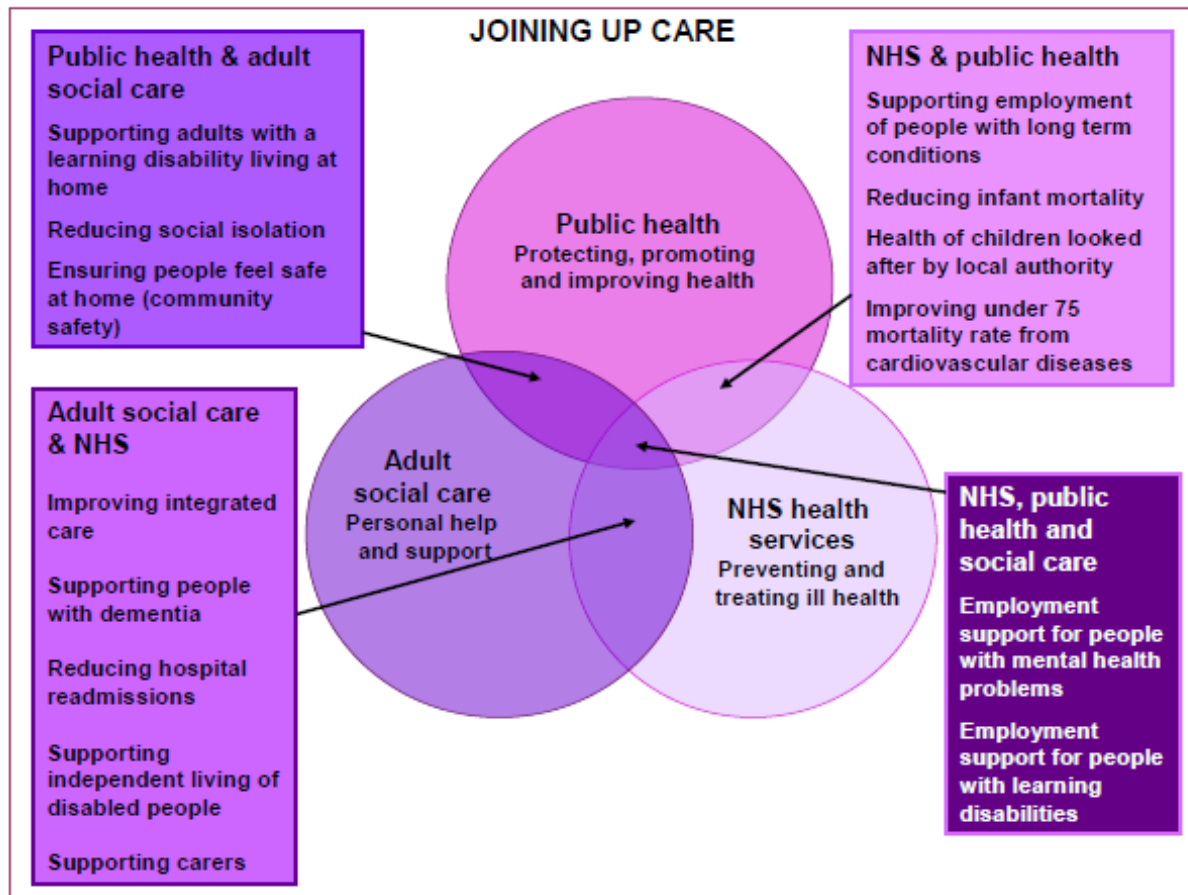


Fig 1 Joining up care across the whole system: overlapping and complementary roles – some examples(adapted from Joint Commissioning Panel for Mental Health diagram on outcomes frameworks)

Aligning with the Health and Wellbeing Strategy

- **Starting well** : work in partnership with health visitors, children's centres and the voluntary sector to improve breastfeeding support for new mothers in first few weeks.
- **Living well** : ensure people with long term conditions and their carers and care providers have up to date information that helps them manage their condition; relevant, up to date and comprehensive information that supports healthy lifestyle choices is available to all.
- **Ageing well** : integrated care teams are covering natural localities with a core team of health and social care professionals and a wider network of specialist services.
- **Healthier communities** : contribute to and influence the work of the Health and Wellbeing Board to address the wider issues around community health inequalities.

Care Act 2014

- One of the two greatest drivers for change in adult social care over the next few years – the other being integration with the NHS via the Better Care Fund.
- Replaces the existing outdated legal framework for adult social care.
- Received Royal Assent on 14 May.

How will health and social work be better together ?

- The Better Care Fund was announced by the Government in June 2013.
- Its purpose is to ensure a transformation in integrated health and social care.
- The Better Care Fund (BCF) is a single pooled budget to support health and social care services to work more closely together in local areas
- The pooled fund will be used locally to provide integrated health and social care services.
- Joint plans have been developed and agreed by the Hampshire Health and Wellbeing Board and approved by the CCGs and Hampshire County Council.
- Plans must satisfy national conditions and performance measures.

Better Care Fund Aims

- Support and accelerate local integration of health and care services through joint commissioning & partnership working.
- Facilitate the provision of:
 - more joined up care for patients with complex needs through service transformation
 - increased care in the community
- Help address demographic pressures in adult social care.
- Realisation of improvements across health and social care and benefits including reduced demand on health services, improved outcomes for patients, increased efficiencies.

What does success look like?

- Improved health, wellbeing and quality of life for people in Hampshire
- Increased proportion of people with complex and long term health/social care needs receiving planned and co-ordinated care in, or close to, home.
- Right care delivered seamlessly in the right place at the right time
- Increased proportion of people benefitting from evidence based prevention and early intervention
- Avoiding unnecessary cost in the system, moving to lower cost solutions.
- Reduction in emergency admissions
- Maximised effectiveness of service delivery, operating and commissioning model
- Maximised use of the partners collective bargaining power to achieve financial savings from the market

What benefits will we see?

Aim	Program Objectives
<p>Provide the right care in the right place at the right time</p>	<p>To increase the proportion of people benefitting from evidence based prevention and early intervention</p>
	<p>To increase the proportion of people with complex and long-term health and social care needs receiving planned and coordinated care in, or close to home</p>
	<p>To ensure people have their health and care needs met seamlessly in the most appropriate setting</p>
<p>Maximise health, wellbeing and quality of life</p>	<p>To improve the health related quality of life and wellbeing of people with long-term conditions</p>
	<p>To maintain or improve independence and recovery for people with long-term health and care needs</p>
	<p>To reduce the difference between those with the best and worst health</p>
<p>Place the person at the centre of care</p>	<p>To empower key population groups to maximise their capabilities and to manage their health and wellbeing</p>
	<p>To increase the proportion of people with health and social care needs that have choice and control of their care</p>
	<p>To improve satisfaction with health and social care services</p>

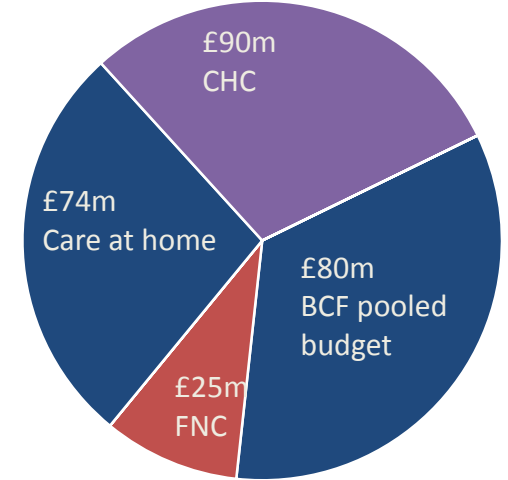
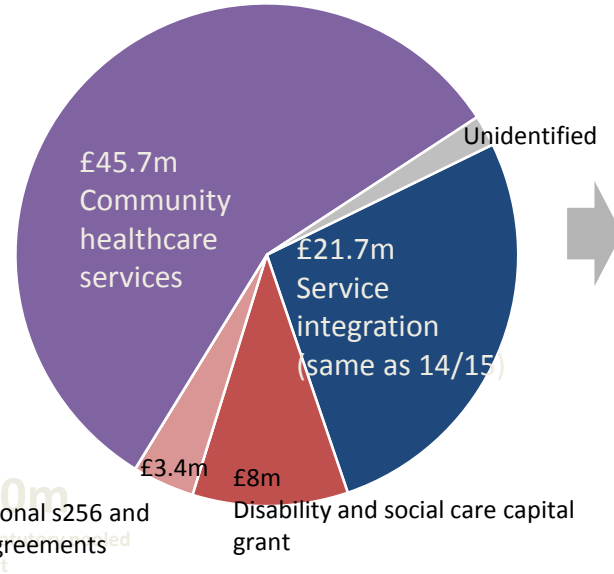
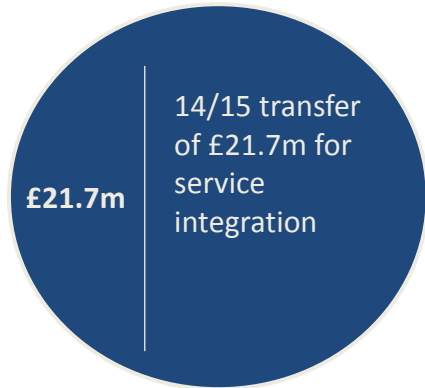
Funding the BCF in Hampshire

Source of funds

14/15 **BCF statutory** transfer of existing s256 -service integration from health to social care for the benefit of health

15/16 **BCF statutory requirement** of pooled budgets totaling £80m to be spent on delivering integrated care to realise efficiency savings

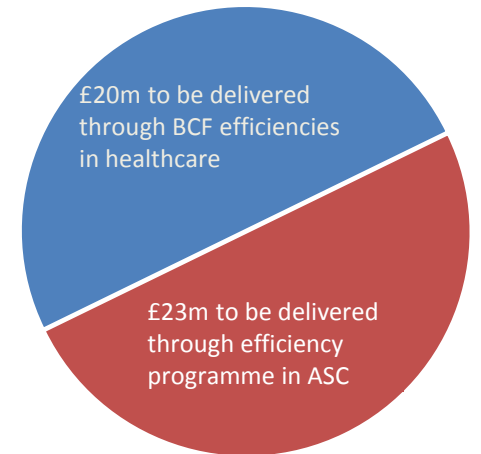
BCF 'Plus'15/16 total funding of c.£280m from ASC and CCGs on activities where health and care interface directly



System wide budgetary pressures & efficiency plans

Additional challenges to be mindful of -CCG QIPP efficiency plans and provider CIP plans

HCC ASC efficiency saving target for 15/16 is £43m



How quickly will it happen?

Plans for the BCF implementation are being developed in key phases:

Phase 1

- 2014 - 2016
- Integrating delivery of services for older people including dementia and carers
- Establish a joint integration team sponsored by HCC and all CCGs to implement the programme

Phase 2

- 2016 - 2018
- People with learning disabilities and mental health needs, adults with long term conditions and people who may need NHS Continuing Healthcare

Phase 3

- 2018 - 2019
- Young people in transition including those who require complex rehabilitation and access to NHS Continuing health care

What impact will the BCF across Hampshire?

Putting the right integrated services in place will mean we will need to change service capacity as there will be:

- A different range of services available in the community
- Not all the people who currently need to go to hospital for care will need to be admitted
- A shorter length of stay for those aged over 65 years
- Only patients with a higher or more complex medical need will need to go to hospital and some specialised services will be concentrated in centres of excellence
- Community in reach to ensure smooth transfers of care

Progress and next steps

- Finalisation of plans then subject to national assurance review process.
- Health and Wellbeing Boards to sign off the plan and to set their own performance with a guideline of a reduction in unplanned admissions of at least 3.5%.
- Strong emphasis that the BCF plan needs to be explicit about delivery of aspects of the care Act and ‘support to social care’.
- £1 bn of total national fund (£20m for Hampshire) reaffirmed as performance related element. Now allocated to “out-of-hospital” services. (and local commissioners have less control over decision making).
- Plans now to include how primary care is part of BCF and opportunities for greater integration of primary, community and social care.

What impact will the BCF have on local communities?

Putting the right integrated services in place will mean we will need to change the capacity as there will be:

- A different range of services available in the community.
- Not all the people who currently need to go to hospital for care will need to be admitted.
- People with the most complex medical need will need to go to hospital and some specialised services will be concentrated in centres of excellence.
- Where people do need hospital care, they will have a shorter length of stay.
- Community services that reach into hospital settings to ensure smooth transfers of care.

Our integrated offer to local people

