

Better Care Fund

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Better Care Fund

- Catalyst to deliver integrated care
- Joint decisions between Health and Social Care
- Investment in services that deliver change
- Funding to support provision
- Primarily for adults
- Shift resources from hospital to community

Integrated Care means:

“I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me”

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National Voices user group



Integrated Care

- Person-centred co-ordinated care
- Holistic, self-care, independence, choice, control
- Key worker, common care plan, multi-disciplinary, focus on risk, anticipate crises, swift responses
- Integrated provision – joint teams
- Integrated commissioning
- Behaviours, attitudes, teamwork

Finances

2013/14 2.6m section 256 transfer to Council

2014/15 section 256 expanded by 0.6m

2015/16 Better Care Fund starts:
- expanded to 11.2m revenue, from
CCG

- includes section 256 & earmarks

- adds 0.9m capital from



Finances

- Not new money
- A transfer of resources from acute hospitals to community services – a virtuous circle
- Provides some protection for social care services
- Proportions to be decided locally

Local approach in Merton

- Build on existing integration initiatives
- Focus on both Pro-active and Re-active streams
- Recognise current good performance
- Respond to pressure on social and health
- Prepare for integrated commissioning of integrated services

Proposals

- Agreed between Council and CCG
- Discussion at Integrated Care Project Board tomorrow
- “Draft” plan submission on 14 Feb
 - agreement by Chair’s Action
- Final plan agreed at HWB 25 March.

Pool more than Better Care Fund allocations:

- To enable commissioning integrated services
- Intention to create a secondary pooled budget, covering a wider range of services (where over and underspends remain with the originating organisation)

2014/15

- Continue section 256 funding
- Allocate additional 623k to :
 - 7 day working in social care
 - 7 day working in health
 - Data sharing project
 - Small fund for small changes
 - Project costs
- CCG starts health schemes (non-recurrent funds)

2015/16 - Proactive

- Expert Patient Programme expansion
- AgeWell prevention expansion
- Community Nursing posts expansion
- End of Life care investments expansion
- Dementia nurses new
- Psycho-geriatrician sessions new
- Interface geriatrician sessions new
- Additional Council staff to meet new Care Bill duties (eg assessing those not eligible for funded care) new
- Domiciliary packages of care meet system needs

2015/16 - Reactive

- Community Prevention of Admissions Team expansion
- Prevention of admission (Step up) beds new
- Rapid Response and STAR teams expansion
- MILES Reablement and discharge service to meet needs
- 7 day working in social care expansion
- 7 day working in community health services expansion
- Night community nurses expansion
- Psychiatric Liaison service (at acute hospitals) expansion
- Increased discharge planning in-reach expansion
- Earlier discharge (Step down) beds new
- Community Rehabilitation Service (at home) expansion
- Data sharing new

Capital

- Disabled Facilities Grant
- Social Care Capital Grant

Children's services

- Principle: BCF should not mean diminution of resources for children.
- BCF is governed by HWB, with Children & Families membership
- CF Director or staff can participate in relevant meetings which draw up proposals.
- Can be new initiatives from BCF for children, provided meet criteria and metrics.

Implications for Acute Hospitals

- More support in community
- Care planned and visible plans
- Faster responses
- Fewer admissions
- Earlier discharges = shorter stays
- Reduction in beds required

Commitments and Contingency

- No investment without re-design
- Commission integrated services together
- Some 2015/16 funding held back until see progress with integration and reduced acute spend, and “performance” metrics met

Questions?

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