

Better Care Fund Dudley

Health and Wellbeing Board

26th March 2014

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Purpose

- Report progress on development of the Better Care Fund (BCF)
- Set out proposed model of service integration for Dudley
- Outline minimum performance requirements and associated governance arrangements
- Update on financial make up of the BCF
- Identify next steps
- Recommend Health and Wellbeing Board approval of the approach

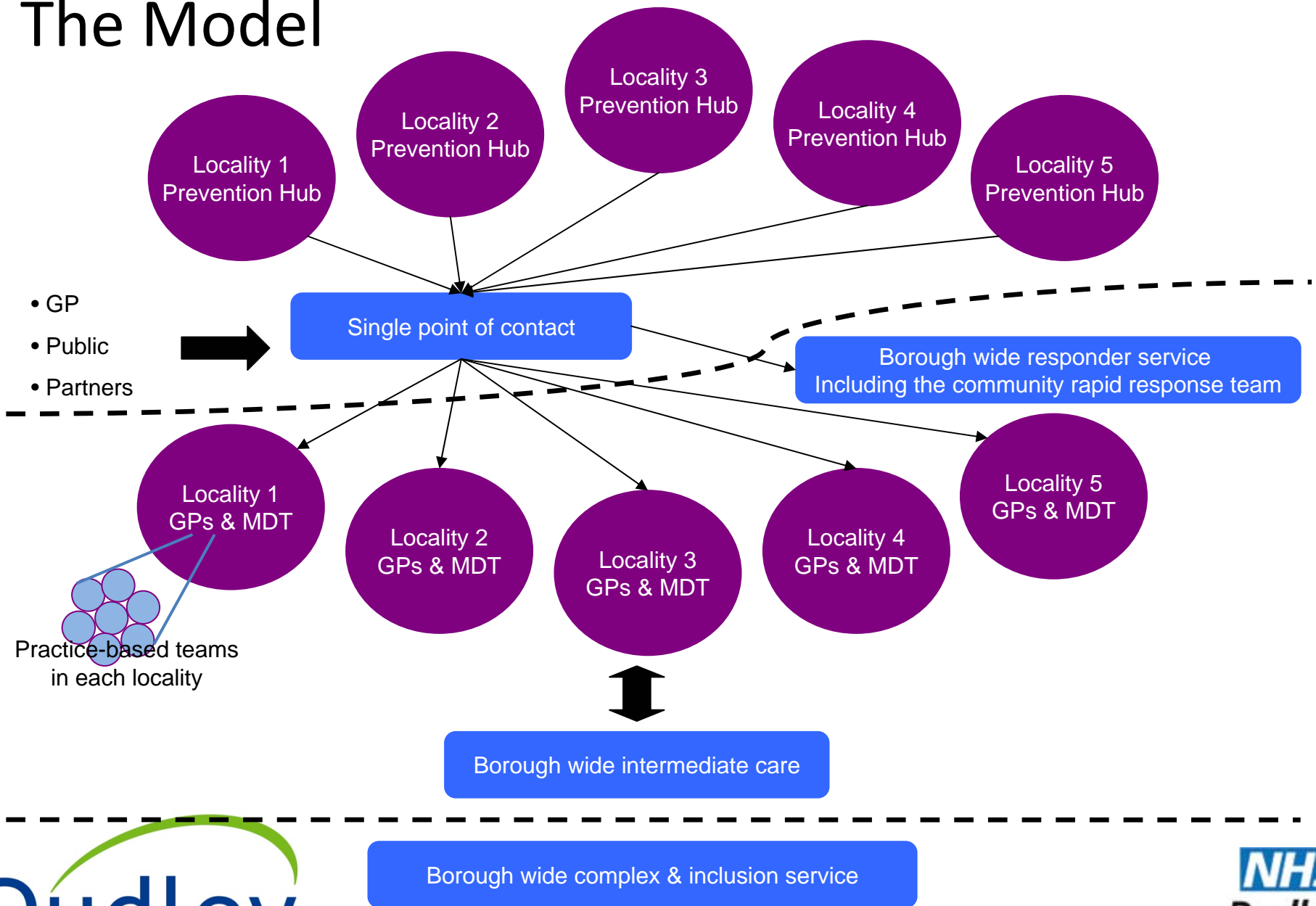
Progress since January 2014

- Work has continued on development of a model of integrated service provision across health and social care pathway
- First draft of required national planning submission made to NHS England - 14th February 2014. Feedback received from LAT / ADASS through RAG rating Assurance Process.
- Meetings held between CCG, DACHS, DWMHT & DGNHSFT senior team members to develop approach in relation to model, performance management, risk sharing and governance arrangements.
- Integrated Services Working Group have developed detailed proposals including Community Rapid Response Team, 7 day working and alignment of services at practice/locality level

Modern Model of Integrated Care

- Primary, community, mental health, social care and public health activities integrated to support older people.
- Links to voluntary and community health services.
- Three levels of integration – practice, locality and Borough.
- At lowest level – GP, community nurse, social care worker, mental health worker all working to same population
- GPs acting as lead clinicians for these community teams.
- Key elements – proactive, preventative support to a common population using risk stratification and other data tools; community based alternatives to hospital/care home admission; step down services from hospital; consistent response, 7 days per week with clear service standards.
- Supported by a large scale organisational development programme and mobile IT.

The Model



Taking prevention model forward

- Engagement – HWBB approved overall approach in January 2014
- Local Authority linkage to communities – SLA services / Prevention Hubs
- CCG developing approach to communities in association with DCVS
- Dudley Healthwatch – information points
- Clinically-led Locality working –
 - CCG working with Dudley Group re Virtual Ward & Community Nursing deployment
 - DACHS to have strategic representation at CCG Locality Meetings and link adult social care worker to 49 GP practices

Rapid Response Service

- Key feature of the new system.
- Community based service of advanced nurse practitioners, allied health professionals and associated staff, linked to social care staff.
- Acts as first response to patients previously conveyed to hospital by West Midlands Ambulance Service.
- Prevents hospital admission, steps down to other appropriate health and social care services.
- Operational in early 2014/15.
- Unplanned admissions to be treated as system failures.

Performance Measures – minimum requirements

National Performance Measures	March 2013	2014/15 Target	2015/16 Target	What this means
Delayed Transfers of care	242	236	230	<i>Through 14/15 we would reduce delayed days in hospital by 134 days and a further 160 days in 15/16</i>
Avoidable emergency admissions	8490	8278	8278	<i>There are a range of conditions for which admissions can be avoided with alternative interventions</i>
Effectiveness of Reablement	86%	88%	90%	<i>The number of people still at home 91 days after discharge from hospital to reablement increases by 12 people in 14/15 and a further 11 in 15/16</i>
New Admissions to residential/nursing care	783	706	632	<i>The number of new admissions reduces by 32 in 14/15 and 36 in 15/16</i>
Dementia diagnosis levels (Chosen local measure)	41.5%	46%	67%	<i>The rate of diagnosis for dementia will increase to meet the national target</i>
Experience of people using services & carers (locally defined with Dudley HW)	N/A	N/A	N/A	<i>A local measure for service experience will be developed in conjunction with Dudley Healthwatch</i>

National minimum funding level

14/15 Additional Resource to support DMBC

Section 256 funding (NHS England)	£1.3m
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15/16 Sources of funding for the Better Care Fund

DMBC – existing 13/14 Section 256 funding	£5.59m
DMBC – additional section 256 funding (NHS England)	£1.57m
DMBC – existing capital funding	£0.87m
DMBC – existing Disabled Facilities Grant	£2.28m
CCG – existing core re-ablement Budget	£1.67m
CCG - existing allocations / service provision	£11.86m
TOTAL	£23.84m

15/16 PROPOSED ALLOCATION OF BETTER CARE FUND

DMBC – existing funding	£8.74m
DMBC – new funding (from NHS England)	£1.57m
DMBC – transfer of funding (from CCG)	£6.77m
DMBC – total funds	£17.08m
CCG – existing funding	£6.76m
TOTAL	£23.84m
Efficiencies to be delivered from within the fund	(£4.00m)
Reinvestment of efficiencies into Rapid response and GP leadership	£4.00m
NET TOTAL FUND	£23.84m

Dudley Health and Social Care approach

CCG & DMBC have identified range of services to go into Better Care Fund

Funds for current services linked to integration services must contribute to achieving:

- the national performance targets,
- Reducing emergency admissions by 15% (circa £7.5m),
- Providing efficiencies (circa £4m) across health and social care within the model,

Estimate approximately £50m of services across health and social care will be part of the full integration model.

Addition Investment that needs to be part of the fund:

- £1.6m as per National Planning Guidance for GP over 75s role
- Investment in Rapid Response service in 2015/16

Agreed to share financial risk in 2015/16 of:

- Non Achievement of BCF Performance Targets (£4.5m)
- 15% Reduction in Emergency Admissions (£7.5m)
- Delivery of efficiencies from within the fund (£4m)

Pump-priming investment to be made by Dudley CCG in 2014/15:

- Rapid Response Service
- GP leadership role in caring for over 75s
- OD to support integration model

Next Steps

- Health and Well Being Board update 28th March 2014
- BCF Template:
 - Final Draft to be emailed to HWBB on 01/04/14
 - Final submission NHS Local Area Team on 4th April together with CCG Strategic Plan
- Details to be agreed:
 - confirm governance arrangements under HWBB, including establishing shadow arrangements from April 14th, to be reflected in a Section 75 Agreement.
 - continue development of full **Project Plan** including key workstreams of OD programme; ict; efficiency gains; CRRT implementation; service standards
 - establish relationships with CCG locality meetings - develop understanding and practise
- CCG to finalise investment in key initiatives to support the fund from April 2014, including Rapid Response Team expansion.

What Success Will Look Like

- Service experience for patients and users will be enhanced.
- Clinical risk reduced.
- Dependency reduced.
- Social isolation reduced.
- Unnecessary ED attendances and hospital/care home admissions avoided.
- Better quality of life for people with long term conditions.
- Distributed leadership as the norm.
- Service efficiencies driven through smarter working.