

# The Better Care Fund in Dudley

*Overview and Scrutiny Management Board  
16<sup>th</sup> October 2014*

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(DACHS)*

# Purpose of the Presentation

- To provide background about the Better Care Fund (BCF)
- Provide an Overview of Key Integration Schemes in Dudley
- Outline Key Changes to the BCF
- Confirm Key Performance Metrics
- Describe the Financial Make Up of the Fund
- To Describe Risk Sharing Arrangements

# What is the Purpose of the BCF?



[Joined-up care: Sam's story | The King's Fund](#)

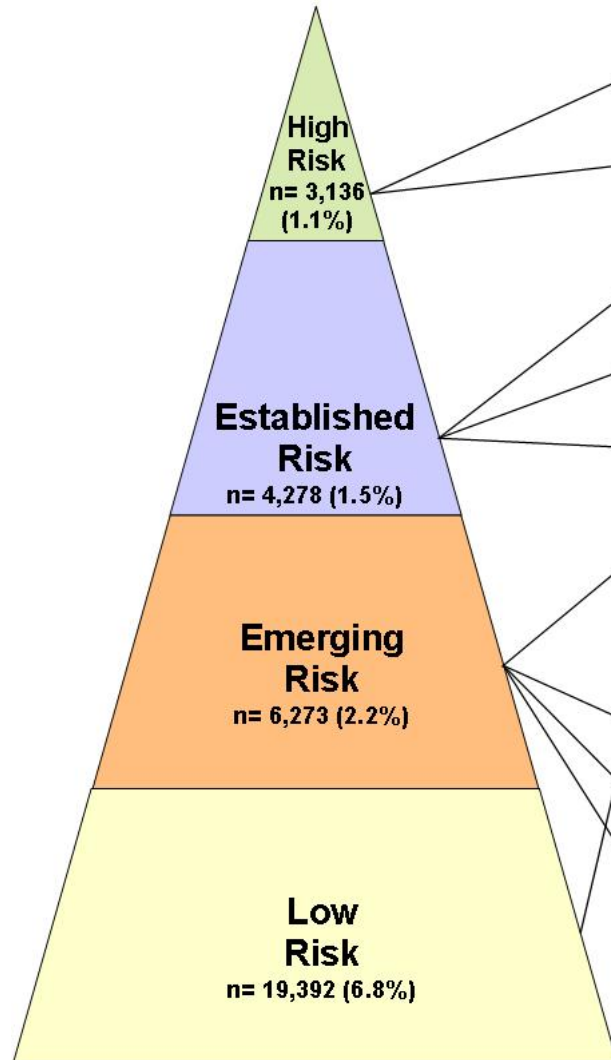
# Our Shared Vision

**In five years our vision is of a health and social care system in Dudley where:-**

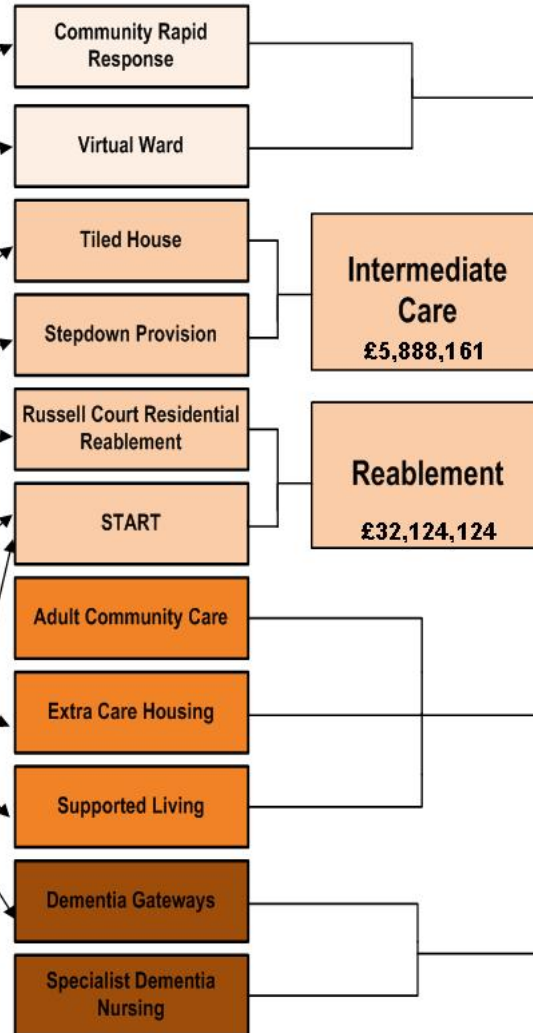
- Community health, mental health and social care services are integrated around the patient led by general practice;
- All unnecessary admissions to hospital, nursing and residential care are treated as system failures;
- Greater choice and control will exist for service users, managing their own budgets;
- Market entry of new providers will facilitate choice and responsiveness;
- Movement of more services from traditional settings to community settings will be the norm;
- Greater connection exists between citizens and their communities

# Better Care Fund Dudley - Overview

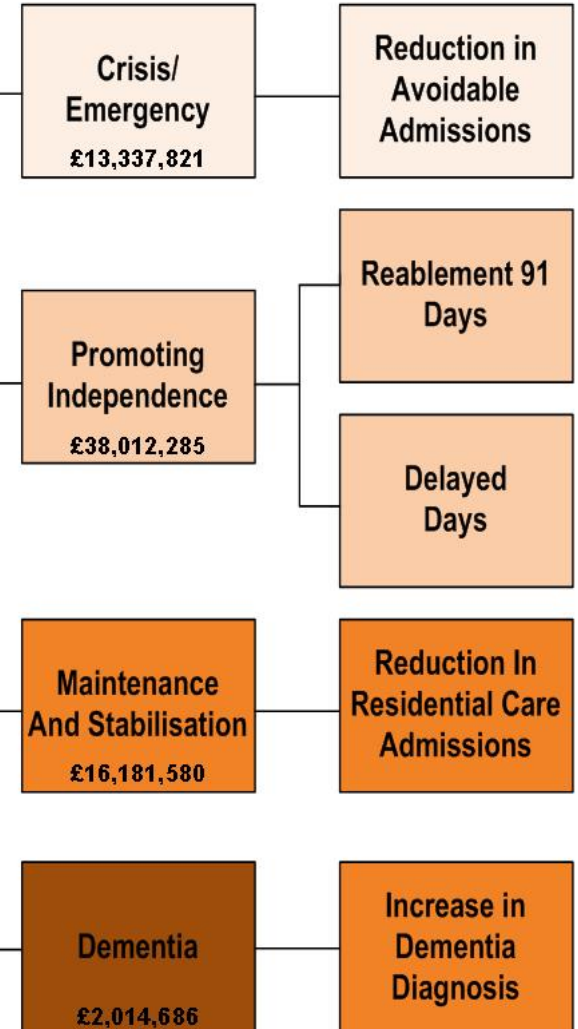
## Population



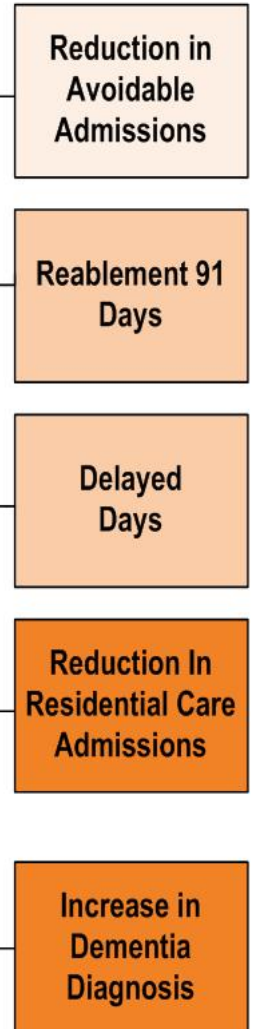
## BCF Scheme



## BCF Stream



## BCF KPI



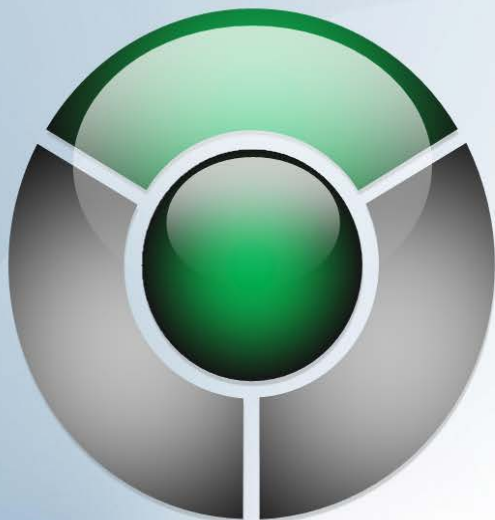
# Governance



# Key Changes to the BCF

- There is no additional investment in the health and social care system via the Better Care Fund; all funding is already in existing system.
- Some of the monies in the fund are now contingent on delivery of performance targets. A proportion of the benefit arising will be spent on out-of-hospital services, according to the level of reduction in emergency admissions achieved.
- A proportion of monies must be made available to adult social care for Care Act implementation (c. £800-900k locally.)
- The remaining money from the performance pot not earned through reducing emergency admissions must be used to support NHS-commissioned local services.
- Performance targets other than reduction of non elective (emergency admissions) are outside of the performance payment scheme

# Better Care Fund



## CRISIS/ EMERGENCY

### AVOID UNECESSARY ACUTE ACTIVITY

- COMMUNITY RAPID RESPONSE
- VIRTUAL WARD
- CARE HOME PRACTITIONERS
- DIABETES & HYPO RAPID RESPONSE
- FALLS SERVICE
- OUT OF HOURS/PERIPETETIC CARE
- CRISIS RESOLUTION/HOME TREATMENT
- EARLY ACCESS/INTERVENTION



## PROMOTING INDEPENDENCE

### RECOVERY/REABLEMENT IN RIGHT ENVIRONMENT

- RESIDENTIAL INTERMEDIATE CARE
- STEPDOWN CARE
- ACUTE REHABILITATION
- START
- RESIDENTIAL REABLEMENT
- DISCHARGE 2 ASSESS
- CES
- OT
- SUBSTANCE MISUSE



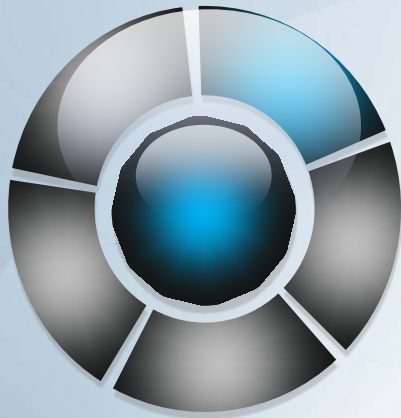
## MAINTENANCE & STABILISATION

### REDUCE/DELAY DEPENDENCE

- PERSONAL BUDGETS
- SUPPORTED LIVING
- EXTRA CARE HOUSING
- DISABILITY FACILITIES GRANTS
- COMMUNITY MENTAL HEALTH TEAMS
- PALLIATIVE CARE

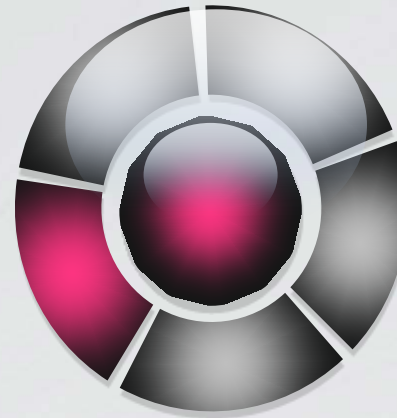


## Better Care Fund – Performance Metrics



### Admissions to Residential care

Reduction in Permanent Admissions to Residential Care.  
Source – ASCOF 2a (Social Care)



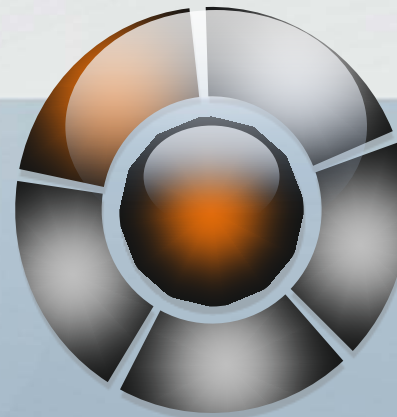
### Avoidable Admissions

Reduction in Avoidable Admissions to Hospital.  
Source – (CCG)



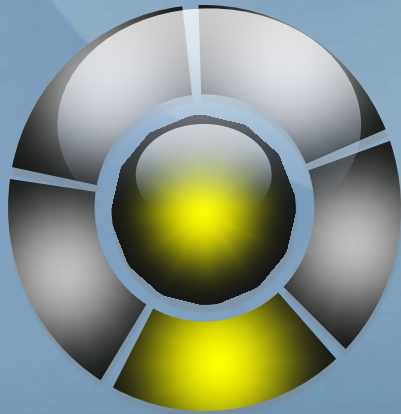
### Delayed Days

Reduction in Average number of Delayed Days in Hospital.  
Source – UNIFY (DGoH)



### Dementia Diagnosis

Increase in Dementia Diagnosis.  
Source – (CCG)



### Re-ablement – 91 Days

Increase in re-abled clients, still at home after 91 days. Source -  
ASCOF 2b (Social Care)

- Detail at the lower level includes the agreed performance metrics for schemes that have been included within the greater BCF, against the primary agreed metric, that relates to each team/schemes activity.

# Financial Breakdown

<b>14/15 Additional Resource to support DMBC</b>	<b>Original</b>	<b>Revised</b>
Section 256 funding (NHS England)	£1.3m	£1.3m
<b>15/16 Sources of funding for the Better Care Fund</b>		
DMBC – existing 13/14 Section 256 funding	£5.59m	£5.59m
DMBC – additional section 256 funding (NHS England)	£1.57m	£1.57m
DMBC – existing capital funding	£0.87m	£0.87m
DMBC – existing Disabled Facilities Grant	£2.28m	£2.28m
CCG – existing core reablement Budget	£1.67m	£1.67m
CCG - existing allocations / service provision	£11.86m	£5.90m
CCG – existing allocations – performance pot		£5.96m
<b>TOTAL - Minimum BCF</b>	<b>£23.84m</b>	<b>£23.84m</b>
<b>15/16 PROPOSED ALLOCATION OF BETTER CARE FUND</b>		
DMBC – existing funding	£8.74m	£8.74m
DMBC – new funding (from NHS England)	£1.57m	£1.57m
DMBC – transfer of funding (from CCG)	£6.77m	£3.12m
DMBC – transfer contingent on delivery of performance targets		<b>£3.75m</b>
<b>DMBC – total funds allocated</b>	<b>£17.08m</b>	<b>£17.18m</b>
CCG – non-acute commissioning	£6.76m	£6.66m
<b>NET Allocation of BCF (inc. Performance Pot)</b>	<b>£23.84m</b>	<b>£23.84m</b>

# Paying for Performance (P4P)

- Minimum target for planned reduction in admissions 3.5%
- Target reduction in admissions of 7% during BCF P4P period, delivering cost savings to the system of £5.6m
- Further 2.4% reduction in admissions outside of P4P period, delivering additional cost savings of £1.95m

# Savings and expenditure statement

Savings and Expenditure Statement				
Savings				
				£m
P4P Performance savings				5.60
Additional Performance savings				1.95
Efficiencies from integrated care				2.89
<b>Total Savings</b>				<b>10.44</b>
Expenditure				
DMBC transfer				6.87
Community rapid response team				1.32
GP over 75's				1.52
Organisational development				0.73
<b>Total Expenditure</b>				<b>10.44</b>

# Risk- A Shared Approach

<b>Better Care Fund Risk Sharing</b>						
<b>Description</b>				<b>DMBC</b>		<b>CCG</b>
				<b>£m</b>		<b>£m</b>
Payment for performance element				2.8		
Non delivery of 9.4% reduction in admissions				0.95		3.75
<b>Sub-total risk of non-delivery of 9.4% reduction</b>				<b>3.75</b>		<b>3.75</b>
Infrastructure savings				1.45		1.45
<b>Sub total risk of non-delivery of infrastructure savings</b>				<b>1.45</b>		<b>1.45</b>
				5.2		5.2

# Bid Process Next Steps

**19<sup>th</sup>  
September**

- **Better Care Fund bid submitted to NHS England**

**3<sup>rd</sup>  
November**

- **Authorisation process concludes 3<sup>rd</sup> November (Pass/Pass with minor amendments/Pass with qualification/Fail**

**Circa 3<sup>rd</sup>  
November**

- **Phone interview with CCG/LA Leads to validate any outstanding issues**

**10<sup>th</sup>  
November**

- **Bid Assured**