

Better Care Fund

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Purpose

- To bring resources together
- To drive integration of the health and social care system
- To deliver transformation at pace and scale

BUT
NOT NEW MONEY

Details of the Better Care Fund



The June 2013 SR set out the following:	
2014/15	2015/16
An additional £200m transfer from the NHS to social care, in addition to the £900m transfer already planned	£3.8bn pooled budget to be deployed locally on health and social care through pooled budget arrangements

In 2015/16 the ITF will be created from the following:

£1.9bn additional NHS funding

£1.9bn based on existing funding in 2014/15 that is allocated across the health and wider care system. Composed of:

- £130m Carers' Breaks funding
- £300m CCG reablement funding
- £354m capital funding (including c.£220m of Disabled Facilities Grant)
- £1.1bn existing transfer from health to social care

Government Conditions

- Plans must:

- Be [jointly agreed](#) by the Local Authority and the CCG and signed off by the Health and Wellbeing Board
- Show how [7 day services](#) will be introduced in health and social care to support discharge from hospital and unnecessary admissions to hospital
- [Protect social care services](#)
- Show how [better information sharing](#) between the NHS and the Local Authority will be introduced, including using people's NHS number as their primary identifier
- Set out an approach to [joint care assessment and planning](#) and show what proportion of the population will receive such support
- Set out the [impact of changes on the acute sector](#) and show they have been agreed

National Performance Metrics

- Admissions to residential & nursing homes
- Effectiveness of reablement
- Delayed transfers of care
- Avoidable emergency admissions
- Patient & service user experience

The Challenge

- New initiative – tight timescales
- Needs to involve CCG, LA and HWB Board, BUT also other partners & stakeholders
- Whole system transformation
- Very fast moving.....

Key Dates

- **October:** Guidance & template released
- **18 December to 17 January:** Patient, user and public consultation (supported by Healthwatch)
- 23 January: HWB Board for discussion
- 23 January to 12 February: preparation of template
- **13 February:** Additional HWB Board for approval
- **14 February: Submission**
- After 15 February: Area events and more work on the detail
- **March: Feedback from government on proposals**
- **4 April: Final submission**

Involvement of stakeholders runs through this timeframe & beyond

Local Context

- Fast-growing population with increasing proportion of frail older people
- Significant demand for hospital care e.g. nearly half of hospital care and two fifths of social care resources used by people >65 years
- CCC, CCG and other partners have significant financial pressures and savings to make
- Services available now are disjointed

Our Emerging Vision

Our long-term shared vision is to:

...bring together all of the public agencies that provide health and social care support, especially for older people, to co-ordinate services such as health, social care and housing, to maximise individuals' access to information, advice and support in their communities, helping them to live as independently as possible in the most appropriate setting

Delivered through:

- [genuine transformation](#) of the health and social care system, not to plug a gap in social care or health budgets
- [changing the whole system](#) social care, acute & community health services
- input of a range of [strategic partners, including districts and housing and health and social care providers](#) as well as the greater involvement of the [community and voluntary sector](#)

A Developing Model

We propose a model with the following characteristics:

- ↗ A [united approach to advice and information](#) on community and public sector services
- ↗ [Investment in community capacity](#) to enable people to meet their needs with support in their local community
- ↗ Coordinated and intelligence-led [early identification and early intervention](#)
- ↗ An improved approach to [crisis management and recovery](#)

Which would mean...

- Focus on stopping people needing services
- Where they do, we are more proactive in identifying people at risk and have active care plans in place
- Local networks of support for individuals and their carers
- Informal care resources within communities
- Building the capacity of families and communities to support people to live at home independently
- Empowering patients and service users to take control of meeting their own needs

Plans for BCF

- Three broad thematic areas
 - Support provided to people at home
 - Support provided when people need help
 - Support to help people when they leave hospital
- Proposals from stakeholders
- Longer timeframe for VCS

Further Engagement

- Evaluation of proposals – before submission
- Planning for implementation – after submission
- Proposals not included under BCF will not be lost

Risks and Challenges

- Transformation – radical reform
- Complex ‘system’
- Managing the transformation
- Local financial and service demands are significant
- Needs to involve many partners including districts, housing, the voluntary and community sector, hospitals and all types of other providers
- Government demands
- Must deliver on health and social care priorities