

All Member Briefing

How the Introduction of the
Better Care Fund will
Improve Integrated Care in
Leicestershire

Overview of the Better Care Fund - 1

- Designed as a lever to:
 - Reduce demand on avoidable hospital care
 - Create an integrated system of health and care, so that service users experience more seamless and coordinated care across health and local government
- £3.8bn nationally from 2015/16, equates to £38m in Leicestershire
- This is not new money
- Will operate in a pooled budget (Section 75)

Overview of the Better Care Fund - 2

- Subject to a number national conditions
- A joint plan to address “must do” policy imperatives such as:
 - Protecting social care/services
 - Delivering 7 day working across the system
 - Addressing the impact of the Care Bill
 - Adopting the NHS number for data sharing purposes
 - Joint assessments and care planning across health and local government
 - Introducing case management for the over 75s via primary care (GP practice)

Overview of the Better Care Fund - 3

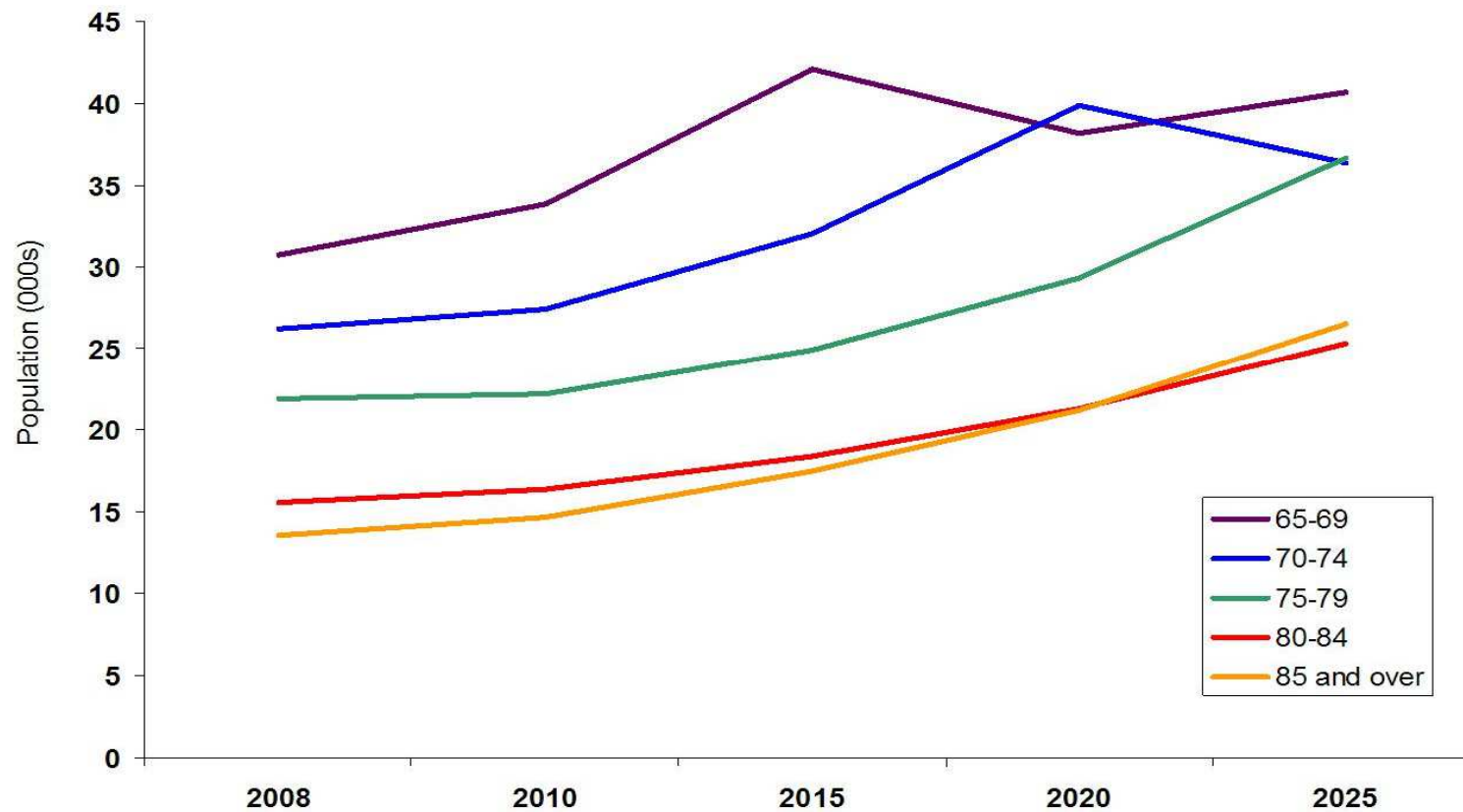
- Subject to “payment by results” against 5 nationally set metrics (e.g. emergency admissions and improving hospital discharge).
- Will result in a coordinated shift of resource from acute hospitals into community services, including early intervention and prevention
- The BCF plan must be approved by the Health and Wellbeing Board who must demonstrate that local providers are in agreement to the plan
- The plan BCF must be submitted in draft to NHS England by 14/2/14 and then in final form by 4/4/14

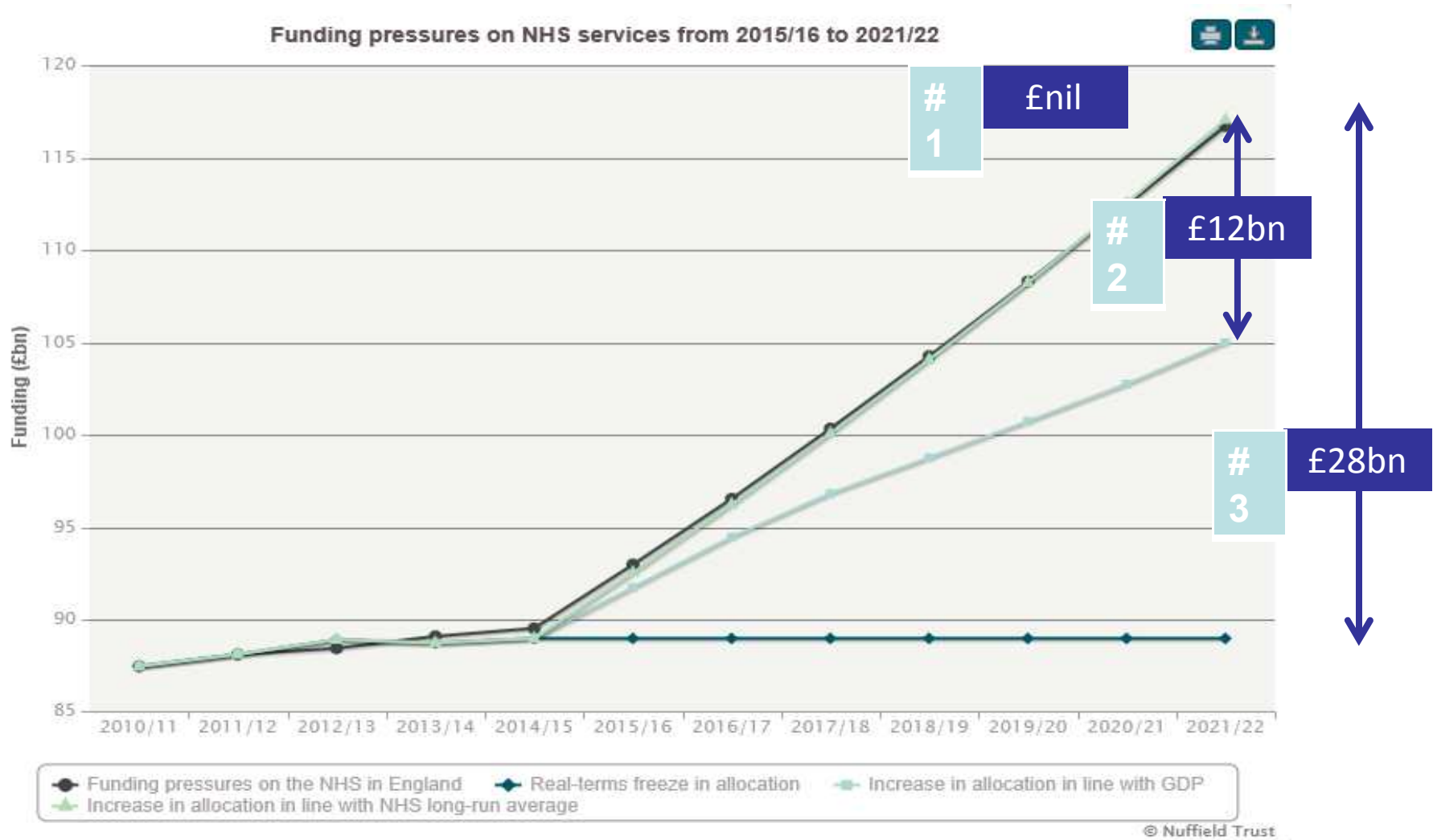
How are we approaching this in Leicestershire?

- An emerging Leicester, Leicestershire and Rutland strategy to transform the health and care system over the next five years - launched on 29/1/14
- Joint Health and Wellbeing Strategy (Leicestershire's Health and Wellbeing Board - December 2012) sets priorities based on our local needs assessment
- The Council's MTFS includes the impact on adult social care resources in coming years
- **All three of these elements set the framework for Leicestershire's approach to the Better Care Fund... which collectively need to address the impact of rising demands due to an ageing population, while ensuring services are better integrated, high quality, sustainable and cost effective.**

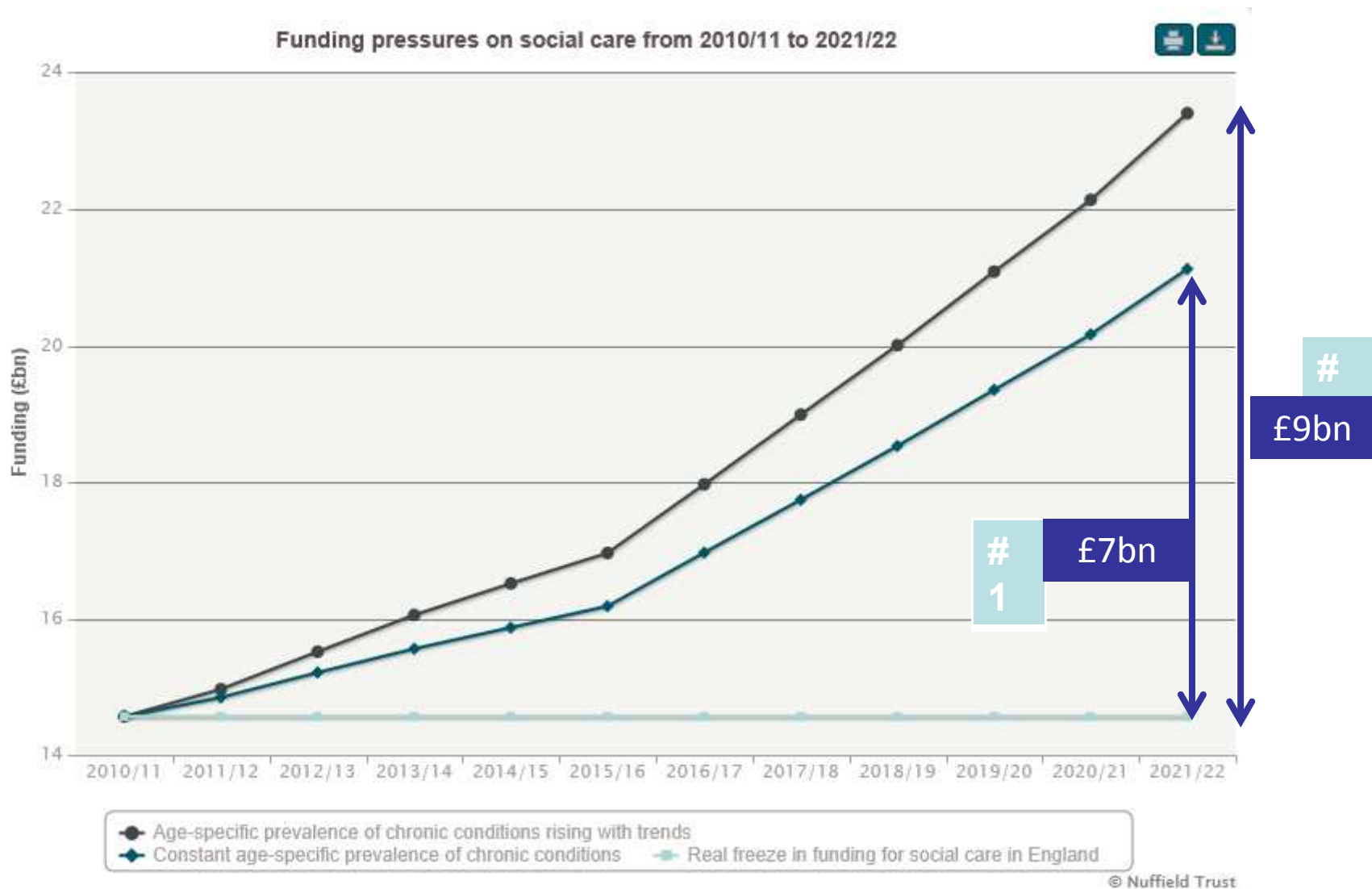
Leicestershire demographic changes

Leicestershire Over 65 Population, 2008-2025 (projected) Source: POPPI





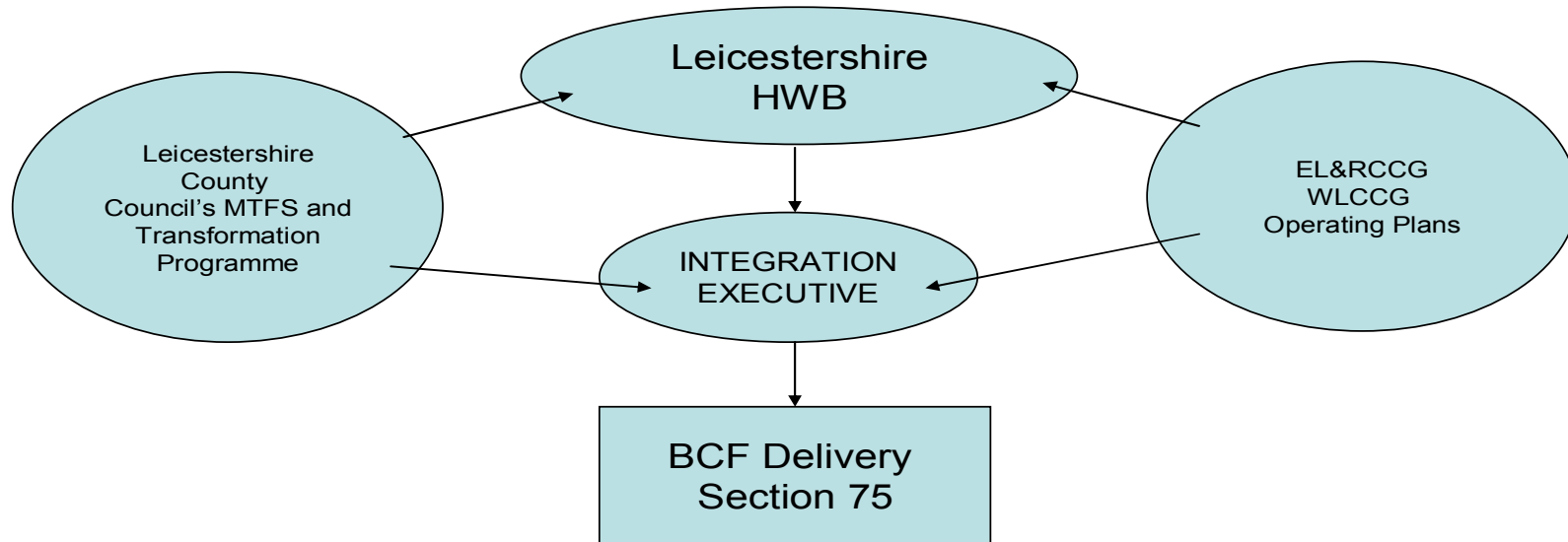
Scenario	Assumptions about NHS real terms growth funding	Gap
#1	4.0% p.a. (historical NHS levels)	Nil
#2	2.4% p.a. (Office for Budget Responsibility assumptions)	£12bn
#3	0.0% p.a. ("Flat cash" scenario)	£28bn



	Assumptions about Social Care c/f Nil growth	Gap
#1	Current patterns of care remain constant: Cost =£21bn by 2021/22	£7bn
#2	Increasing age/ gender related chronic conditions: Cost =£23bn by 2021/22	£9bn

**Leicester,
Leicestershire, and
Rutland**

**5 Year Strategy for the
Health and Care Economy**



How will integrated care improve using the BCF Plan/Fund? - 1

Unified Prevention Offer for Leicestershire's Communities

- Bring together prevention services in Leicestershire's communities into one consistent offer, including housing expertise and support to carers
- Provide better coordination in communities of this offer so that local people have easy access to information, help and advice.

Integrated, Proactive Care for those with Long Term Conditions

- To scale up the support already offered by primary and community care services for patients with long term conditions/the frail elderly – including through:
 - The introduction of case management for the over 75s
 - Changes to how records and data are shared between agencies and with patients so that ongoing care is planned more effectively and changes in needs/care plans can be anticipated and addressed earlier

How will integrated care improve?– 2

Integrated Urgent Response

- Introduce an integrated 2 hour community services response, to avoid unnecessary hospital admissions for those who need urgent assistance
- Introduce 7 day working in GP practice which integrates effectively with community based health and care services, both in and out of hours
- Implement an integrated service for frail older people.

Hospital Discharge and Reablement

- Make significant improvements in the timeliness and effectiveness of discharge pathways from hospital, especially for frail older people.
- Consolidate, integrate and extend a number of Leicestershire's existing community based services into one 24/7 service operating across health and social care, with a single point of access - to focus on maintaining independence in the community for as long as possible

How does the plan affect Adult Social Care/ASC service users?

- The Council's MTFS shows an increased budget for Adult Social Care with growth of £11.9m, including £9.2m for demographic pressures in 2014/15 and 2015/16
- The allocations proposed from the Better Care Fund will help mitigate these pressures further, particularly in areas such as:
 - Nursing home packages
 - Home care packages
 - Residential reablement respite
 - Helping social care transform to new ways of working
- Funds are to be targeted to the areas of service that have the most impact on supporting hospital discharge and maintaining people's independence at home for as long as possible – mainly frail older people and those with long term conditions.
- The BCF allocation proposed for ASC in 2014/15 is £7m and in 2015/16 is £16m

How will the BCF impact upon the health and care economy?

- A proportion of the Better Care Fund will come from CCGs making a planned reduction in their acute (hospital) care expenditure, and investing in more effective and integrated community care
- 2014/15 approx £4-5m, then approx £12m in 2015/16
- If the developments proposed in the BCF plan are not effective in keeping people out of hospital, the plan will fail and...
 - People will have care in the wrong setting
 - UHL cannot reduce its costs
 - Commissioners could end up paying twice

How we will measure success?

- Reduce the number of avoidable emergency admissions across.
- Deliver an increase in the proportion of people who benefit from reablement services
- Deliver a reduction in delayed discharges from hospital
- Deliver a reduction in the overall number of permanent admissions to residential and nursing care homes
- Reduce the number of falls

In addition, the BCF Plan will also drive the following:

- A reduction in the length of stay in hospital
- A reduction in the time between a patient being assessed as medically fit for discharge, and the time of discharge.

What is the approach to managing risk?

- Risk Workshop in February: Risk Pool and Risk Sharing Agreement
- Risk Register and Mitigation linked to Council's MTFS and CCG operating plans
- Initial reserve of £1.3m identified
- Programme Management within the Council's Transformation Programme with Governance via the Integration Executive and Health and Wellbeing Board
- See Initial Risk Analysis (Handout)

What further work is needed before April ? - 1

- Providers to Join the HWB Board (February)
- Risk workshop (February)
- Setting up the Integration Executive (March)
- Impact and benefits analysis across all schemes (Feb- March)
- Further confirmation of the adult social care protection assumptions(Feb-March)
- Confirm and challenge the metrics and our ambitions for improvement against the metrics (Feb- March)
- Develop Programme Plan and Programme Resources

Contact Information & Further Information

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Weblink: Health and Wellbeing Board Papers 13/2/14:

<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1038&MId=4072&Ver=4>

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