Integration/Better Care Fund: HASC November 2014

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Integration: background

- Integration journey began years ago
- Several large workshops and commitments made by all leaders
- Programme Director, Integrated Care appointed by the whole system
- Better Care Fund (government initiated lever) to begin in April 2015
- Outline Business Case completed June 14
 which describes new models of service for
 older people
 BUCKINGHAMSHIRE...better together

Integration: rationale

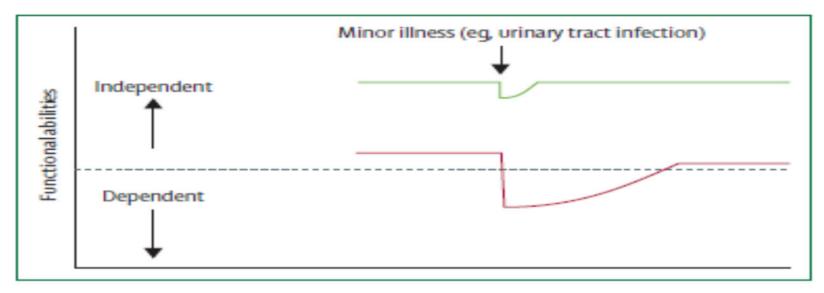


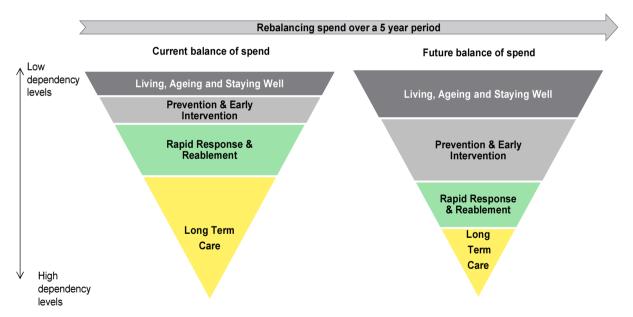
Figure 1: Vulnerability of frail elderly people to a sudden change in health status after a minor illness

The green line represents a fit elderly individual who, after a minor stressor event such as an infection, has a small deterioration in function and then returns to homoeostasis. The red line represents a frail elderly individual who, after a similar stressor event, undergoes a larger deterioration, which may manifest as functional dependency, and who does not return to baseline homoeostasis. The horizontal dashed line represents the cutoff between dependent and independent.

Integration: vision

The case for change is aimed at **improving outcomes** and delivering a **better user experience** in a more **financially sustainable** way.

This will be achieved by moving to a model that invests more funding in lower level and preventative support, **shifting the balance of spending and care** over time:



It moves away from providing services that can create dependency, discourage self-care and undermine people's confidence, to those that inform and **empower individuals to manage their own health** and wellbeing and **make informed, personalised decisions**.

Integration: principles



 NOT structural reorganisation in the first instance

NOT more of the same

 NOT just rearranging the deck chairs on the Titanic

Integration: principles

What is Buckinghamshire's vision for integrated care?

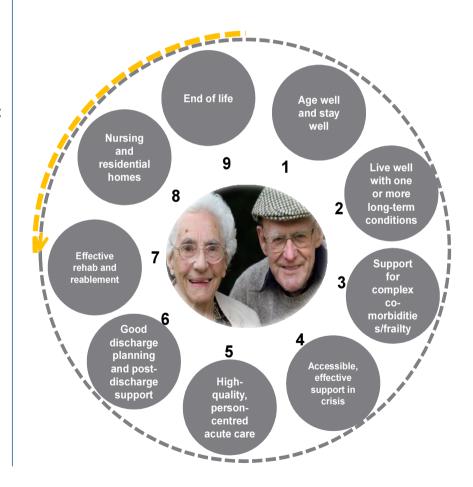
- •Buckinghamshire's BCF Plan is aligned to Buckinghamshire's Health & Wellbeing strategy, and will aim to deliver the vision of "promoting healthier lives for everyone in Buckinghamshire"
- •"Whole system" integrated care puts the individual at the heart of the system.
- •Only by delivering change at scale can we ensure that:
- •people consistently experience the best possible care
- necessary investment occurs in a timely and effective way
- •the improvements that result are sustained and built upon

"My care is planned with people who work together to understand me and my carer(s), put me in control, co-ordinate and deliver services to achieve my best outcomes."

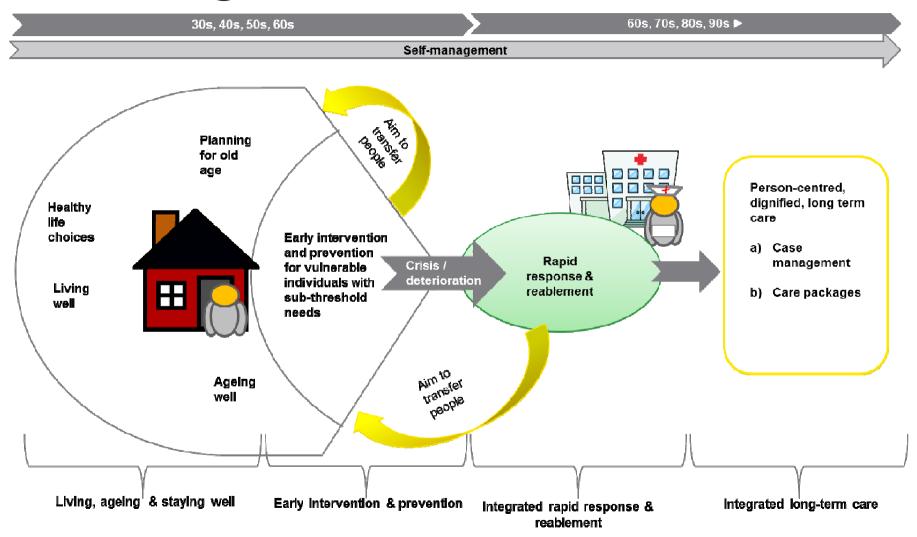
(National Voices)

What does the vision encompass?

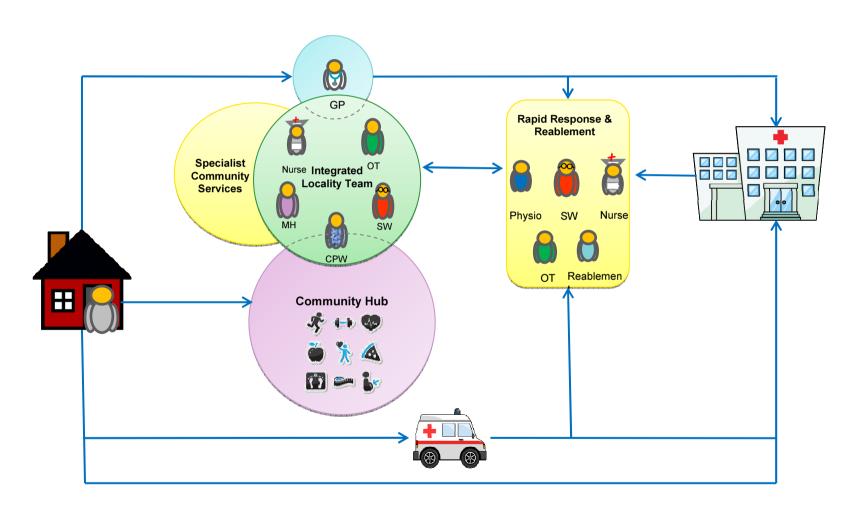
Buckinghamshire has been using the Kings Fund model of integration to help design the outcomes of 'what better would look like':



Integration: the service model



Integration: model elements



Better Care Fund: background

- NOT new money
- Brings together health and social care funds to support integrated commissioning and provision
- Minimum size of fund in Bucks is £28.8m with flexibility to increase
- The £28.8m is made up of the following funds:
 - Existing value of the social care s256 transfer £7.6m
 - Disabled Facilities Grants £1.5m
 - Social Care capital £0.9m
 - CCG health budgets £17.4m (of which £1.4m for Care Act Implementation)

Better Care Fund: proposal

- Proposal is for the pooled budget in April 2015 made up of the elements of health and social care current spending that relate to rapid response and reablement (c. £28.8m – pass through funding)
- These services will then be re-commissioned (formally/informally, in phases) against the service model described in the OBC (to be further articulated in FBC by Dec 2014)

Better Care Fund: funding flows

£17.4m (must include £1.4m for Care Act Implementation)

Budgets/Contracts relating to Rapid
Response & Reablement services
Eg
Adult Community Healthcare Teams
Community Hospitals
MuDAS

BCC £7.6m + £0.9m capital grant + £1.5m Disabled Facilities Grants

Budgets/Contracts relating to Rapid
Response & Reablement services
Eg
Bucks Care Reablement Service
Community Response and Reablement
Home from Hospital
Hospital Social Work Teams
Step up/Step down capacity

S75 c. £28.8m Rapid Response & Reablement

Detail to be agreed following FBC December 2014

Our journey: where we are now

- Outline Business Case agreed
 - 4 tier model
 - Further work commissioned to get to FBC
- Agreed initial focus on Tier 3 Rapid Response & Reablement
 - Linking with other initiatives including primary care strategy
 - Public engagement
- FBC to be signed off by Cabinet and CCGs prior to establishment of s75 in April 2015

Our journey: next steps

- Plan 'approved with support' by national team
 - Means we can focus on implementation
- Finalise s75 arrangements
- Agree how to get the new service implemented
 - Full procurement
 - Existing/capable providers
- Integration as a concept supported by all national political parties although how driven through may differ