



# Better Care Fund

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# What is it?



- Announced in June 2013 spending review, the BCF is the ***biggest ever financial incentive*** for the ***integration*** of health and social care.
- The programme seeks to facilitate the ***joining-up of health and care services*** at ***a local level*** so people can manage their own health and wellbeing, and live independently in their communities for as long as possible. It does so through establishing
  - ***jointly agreed plans***
  - ***pooled budgets between local authorities and CCGs***

# What is it?



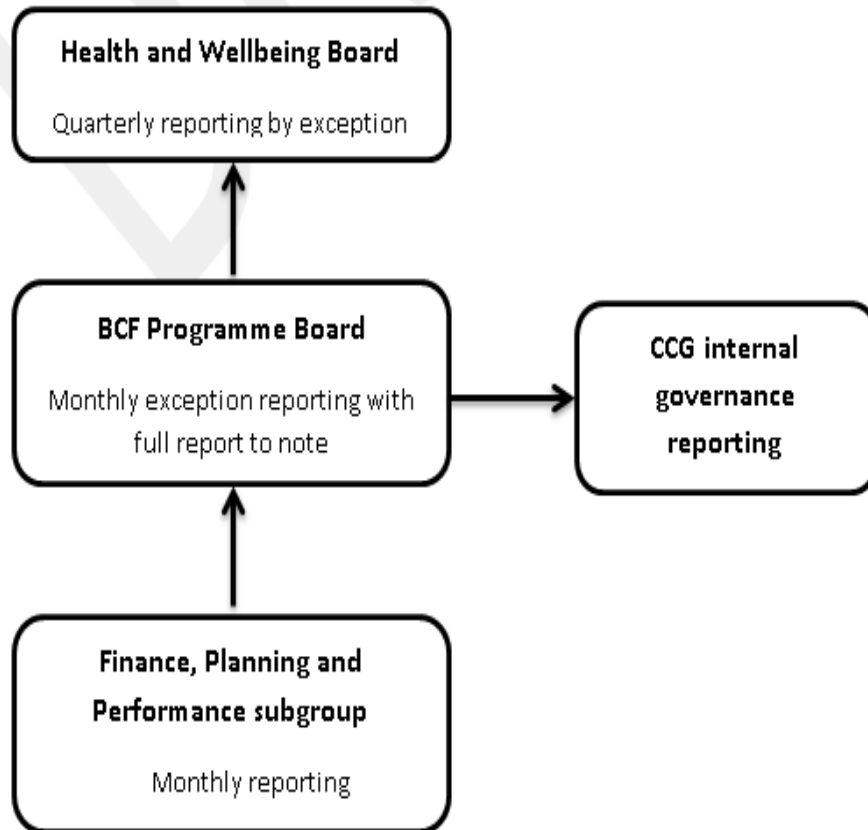
- Health and Wellbeing Board areas have prepared a ***joint BCF Plan*** that outlines how integration will deliver on ***four national conditions***:
  - Protecting Social Care services
  - 7-day services to support hospital discharge
  - Data sharing and use of the NHS number across health and social care
  - Joint assessment and an accountable lead professional for people at the highest risk.
- The BCF has accelerated and made happen ***conversations that have never happened before*** about joint working across agencies.

# What isn't it?



- Not a new funding stream that ***commissioners or providers*** can ***bid*** against
  - All money contained within a BCF pooled budget is ***allocated*** to specific projects/schemes of work
- The only ***source of funding*** for delivering NHS and Social Care services

# Nottinghamshire



Plans are being delivered through a pooled fund (allowed under s75 of the NHS Act 2006) and monitored against the National Conditions and key metrics:

- Non-elective admissions to an acute hospital;
- Days lost to delayed transfer of care;
- Permanent admission of older people to residential and nursing homes;
- People remaining at home 91 days after hospital discharge and episode of reablement.
- A locally agreed indicator on patient/service user satisfaction;
- A locally agreed metric e.g. care home admissions of older people directly from hospital.

REF	Indicator	2015/16 Target	2015/16 (to date)	RAG rating and trend
<a href="#">BCF1</a>	Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population	10,698 2015	10,457 2015	G ↔
<a href="#">BCF2</a>	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	657.35	593 15/16 YTD	G ↑
<a href="#">BCF3</a>	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	90.7%	91.95% 15/16 YTD	G ↓
<a href="#">BCF4</a>	Delayed transfers of care (delayed days) from hospital per 100,000 population (average per month)	1,173.3 Q3	1,036.9 Q3	A ↑
<a href="#">BCF5</a>	Disabled Facilities Grant: % users satisfied adaptation meet needs	75%	100% Q3	G ↔
<a href="#">BCF6</a>	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes directly from a hospital setting per 100 admissions of older people (aged 65 and over) to residential and nursing care homes	33.96%	28.71% 15/16 YTD	G ↓

# NNE Prime Minister's Challenge Fund: urgent care/telephone triage



## Overview:

- Urgent care service based at Park House Medical Centre
- Implementation of telephone triage within general practice

## What has been the outcome?

- High degree of patient satisfaction with both services
- Very few patient 'handbacks' to the GP after being seen by service
- Pilot showed that Advanced Nurse Practitioners can see majority of patients phoning for same day urgent appointment with no further GP input





# Rushcliffe Care Homes Programme

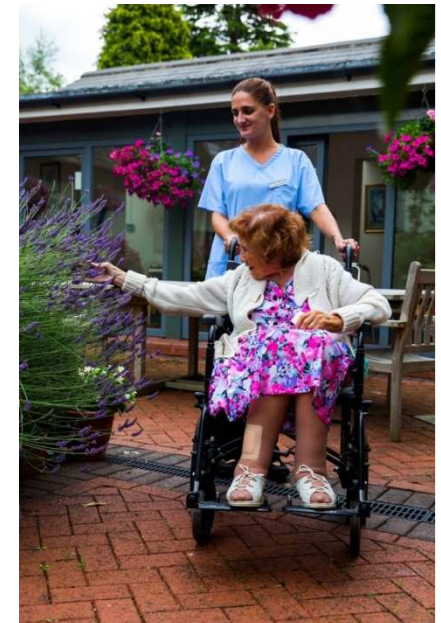


## Overview:

- GPs and community staff working proactively in patient-centred care
- Medical, nursing and therapy support
- Independent advocacy support for care home patients
- Local network for care home managers
- Effective support for medicine management
- Maximising the use of IT to ensure joined up care
- SpeakSet trial – use of Skype for GP advice and/or consultation

## What has been the outcome?

- Reduced hospital admissions
- Improved medical management which is focussed on proactive care
- More residents dying in their place of choice, in the care home
- Increased partnership working
- No care homes of concern to the CQC in Rushcliffe



# BCF 2016/17



- ***Comprehensive Spending Review*** confirmed £3.9bn nationally for BCF in 2016/17
- The ***national conditions*** remain broadly the same:
  - Housing colleagues must now jointly agree the plans
  - There will be a particular focus on joint assessments and support in dementia
  - Pay for performance replaced with an agreement to invest in NHS commissioned out of hospital services, which may include a wide range of services including social care
  - Agreement on local action plan to reduce delayed transfers of care (DTOC)
- ***Metrics*** remain the same
- ***BCF 2016/17*** will be a ***one year*** plan with longer-term plans (Sustainability and Transformation Plans STP) due in the summer