



Better Care Fund Plan 2016/17



NHSE Requirements

- i. A jointly agreed narrative plan including details of how the national conditions are addressed;
- ii. Confirmed funding contributions from each partner organisation;
- iii. A scheme level spending plan demonstrating how the fund will be spent;
- iv. Targets set against the national metrics.

Narrative Plan



The narrative plan has been developed through

- H&WBB development sessions and Board discussions
- H&WB Delivery group sessions and discussions
- Input from all the BCF sub groups including a wide range of partners
- Dedicated, themed focus groups
- Learning from 2015/16
- Feedback from BCF regional support post
- Patient engagement

The narrative plan tells the story of the journey we are taking to becoming a more cohesive system behind a single vision.

Based on the format of the approved 2015/16 plan



Funding



NHSE mandate a minimum allocation from both LA's and CCG's with the option to top this up by adding funds to the pooled budget. Shropshire's budget for 2016/17 is made up as follows:

| | |
|--|--------------------|
| Shropshire Council mandated allocation | £2,498,000 |
| Shropshire CCG mandated allocation | £19,302,189 |
| Shropshire Council additional allocation | £1,044,419 |
| TOTAL | £22,844,608 |

The additional allocation is made up of funding from the Council's Public Health Adult Social Care and Commissioning functions

Budget will be iterative, developing throughout the year with a commitment to review budget lines and drive efficiency wherever possible



Funding



The Policy Framework for 2016/17 removes the need for a Payment for Performance Fund to be set aside and instead allows the equivalent sums to be invested in risk sharing arrangements and NHS Commissioned out of hospital services, **or** investment in NHS out of hospital commissioned services only.

Shropshire will be adopting the latter position.

The budget proposal includes an investment in the Integrated Care Service which represents a significant element of the out of hospital services commissioned. Across the combined health and social care aspects of the service the total, of both historic and new investment, by the BCF will be in the order of £4.5m.



Schemes



Development and focus sessions gave a clear message around the on-going commitment to the 4 themes BCF areas:

- Prevention
- Early Intervention
- Supporting people in crisis
- Supporting people to live independently for longer

But with a clear acknowledgement of the impact needed on the immediate term – *reducing admissions* and the longer term – *building community capacity*



Schemes



High Impact Schemes for 2016/17 have therefore been identified as follows:

| | |
|--|--|
| Prevention | |
| Early Intervention | |
| Supporting people in crisis | |
| Supporting people to live independently for longer | |

| Ref no. | Scheme |
|---------|---|
| A1 | Integrated Fall Prevention |
| A2 | Future Planning Scheme |
| A3 | Detection and management of risk factors for Stroke |
| B1 | Proactive Care Programme |
| B2 | Community & Care Coordinators |
| B3 | 0-25 Emotional Health & Wellbeing |
| B4 | Housing Scheme |
| B5 | Strengthening Families |
| B6 | Social Prescribing |
| C1 | Integrated Community Services |
| C2 | Mental Health Crisis Care Services |
| C3 | Alcohol Liaison Service |
| C4 | Rapid Access, Interface to Discharge (RAID) |
| C5 | High Intensity Users Model |
| D1 | Resilient Communities |
| D2 | Dementia Strategy |
| D3 | Integrated Carers Support |
| D4 | End of Life Coordination |



Metrics



National Metrics:

Non Elective (NEL) admissions –

The data proposed by Shropshire CCG in relation to this target is based on a 2015/16 outturn position of 31,496 emergency admissions for General & Acute. Growth is anticipated at 827 with mitigating activities in place for 327 emergency admissions. The target position for 2016/17 is therefore 32,000

Admissions to residential and care homes – A review of current performance was undertaken and was considered alongside the impact of recent work undertaken to develop domiciliary care capacity across the sector. An annual rate consistent with the previous year was agreed based on this of 463.75

Metrics



National Metrics:

Effectiveness of Re-ablement – A review of current performance was undertaken and considered against the potential impact of schemes introduced in 2015/16 which will continue but have lesser impact in 2016/17. On this basis the target was set at 84.1%

Delayed Transfers of Care - A working group which included the lead commissioner for re-ablement, the lead commissioner for the Integrated Care Service and the Commissioning Support Unit data analysts reviewed current performance on DToC alongside the potential impact of schemes to be introduced or refined in 2016/17. On this basis the quarterly rates submitted in the BCF planning template were agreed as Q1: 1163.2, Q2: 1166, Q3: 1411.1, Q4: 1146.6

Metrics



Local Metric:

A reduction in the number of unplanned admissions to Redwoods with a diagnosis of Dementia as a proportion of those diagnosed with dementia

In 2015/16 there was a 0.37% reduction in admissions (from 1.77% in 2014/15 to 1.4% in 2015/16) as a proportion of the diagnosed population. Whilst unplanned admissions have remained fairly static over the past two years the diagnosed population has increased significantly as a result of focused work to increase diagnosis rates. Whilst this work will continue it is likely that the rate of diagnosis will slow in 2016/17. The H&WB Delivery Group therefore recommends that the level of reduction should be set at 0.2% for 2016/17

Metrics



Patient Experience Metric:

A change from the 2015/16 metric has been necessary.

Options were considered with input from the CCG's Quality team who recommended that it would be consistent with the BCF guidance to use the CQC inpatient survey as a basis for this metric. This survey includes a range of measures regarding "leaving hospital" which align to the current focus on improving our position regarding Delayed Transfers of Care.

It is therefore recommended that the Patient Experience metric for 2016/17 be a composite "leaving hospital" measure from the CQC inpatient survey.

Next Steps



- Final submission of plan and activity and finance template to NHSE on Tuesday 3 May
- Implementation of new schemes
- Budget review
- On going monitoring of progress against budget and metrics
- Continued development of integrated working