Integration and Better Care Fund: Spreading innovation across organisational boundaries

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Why Integration Matters – Mr L

Dec 17
D 1-Mr L Admitted with UTI. 72 Yr Male, Living at Home with wife, unknown to Social Services

Xmas
D 4-Medically Fit
D 9-SW, Request for Reablement, No Capacity. SW requests Long term Homecare
D18-SW Requests Interim Bed for Xmas

Jan 18
D31-Mr L Transferred to Delay Ward
D46-Mr L Becomes Unwell

Feb 18
D57-Mr L Medically Fit. Ward ready for SW Discharge Planning
D61-Ward awaiting SW Discharge Plan
D63-Mr L becomes Unwell
D67-Mr L Medically Fit. Another request for SW Discharge Plan
D68-Passed to Brokerage for Nursing Placement
D69-Mr L Passes Away in Hospital

Brokerage Repeatedly Unable To Source Homecare

3 days Medically Fit For Discharge – 42 days 11 days 6 days 4 days 2
Why integration matters - Peter’s story

➢ Peter has type two diabetes, is very active and loves swimming and playing golf
➢ He was in the Armed Forces for 20 years
➢ Diagnosed with a serious bone infection & had to have his right leg amputated
➢ Peter couldn’t be discharged home as he was unable to climb the stairs.
➢ So Peter received a home-from-home service
➢ The onsite integrated team developed a care/support plan with Peter and a coordinator
➢ The stepdown coordinator
  ➢ helped Peter to find suitable sheltered accommodation
  ➢ organised for Peter to get extra aids and adaptations brought to his new flat
  ➢ provided advice and support
  ➢ Liaised on his behalf with occupational therapists, physiotherapists and the local hospital

➢ Peter’s confidence grew, he felt he was in a safe environment and had support whenever he needed it
➢ Peter is now starting to use a prosthetic leg and enjoying regaining some of his independence

Step-down really is an excellent facility for people in my position to gain independence with support where necessary
Why integration is a must-do

1. Number of people with multi-morbidities is rising quickly

2. Services are fragmented between hospitals, primary care, community services and social care*

3. Demand for health and care and its cost is rising faster than available resources*

4. Integrated care: Coordinating different services around the needs of individuals and populations is now vital*

*www.bmj.com/content/354/bmj.i4843

Diagram from: https://www.bmj.com/content/354/bmj.i4843
Better Care Fund and Integration

- National partnership programme that represents a collaboration between NHS England, Department of Health and Social Care, Ministry of Housing, Communities and Local Government, and the Local Government Association.

- The Government’s primary lever for integrating health and social care.

- Brings together leaders from local government and health partners to agree a joint vision and plan for improving and joining up health and social care.
Better Care Fund and Integration

➢ Since 2015-16, every Health and Wellbeing Board has an agreed BCF plan
  ○ jointly signed by the local CCG(s) and Local Authority

➢ The plan describes the local ambition for integration, with the overarching aim of supporting wider health and wellbeing of local people

➢ Government sets a *minimum amount* that CCGs must pool with Local Authorities (£3.6bn nationally)

➢ Government provides additional grants to Local Authorities, which must be included in joint Better Care Fund plans (£1.5bn through iBCF grant & £460m in capital grant for housing improvements for disabled people)

**BCF/iBCF - 2018/19 = £5.6bn**
How the Better Care Support team spreads innovation

- Learning visits
- Peer reviews
- Conferences, events, webinars
- Networks
- Regional grants
- Team of local Better Care Managers
- How to guides
- Case studies
- Regional and national support programmes
- Regional awards
- Websites – Better Care Exchange, Local Government website, NHSE/I,
- Weekly e-bulletin
BCF investment in innovation across organisational & geographical boundaries

Greater investment in integrated approaches to care and in integrated, multidisciplinary teams i.e.

- £700 million is being spent on integrated care planning
- £555 million on reablement and rehabilitation
- £560 million on personalised healthcare at home
- £155 million on enablers to support integration
- A quarter of the BCF is spent on core adult social care
- Half of the BCF is now spent on integrated care
Impact and outcomes

Progress to-date..

➢ 59% of areas are funding care co-ordinators/navigators via their BCF
➢ 95% of areas are funding intermediate care
➢ 87% of areas have multi-disciplinary discharge teams
➢ 81% of areas monitor patient flow across health and care systems
Key Success Factors

➢ Shared vision and commitment
➢ Collaborative working relationships across organisational / geographical boundaries
➢ Delivering integrated services across organisational / geographical boundaries

Key messages - Richard Humphries, Senior Fellow, Policy, The King’s Fund

➢ Focus on the individual
➢ Be clear about what you’re trying to achieve
➢ Be realistic about how long it will take to achieve integration
➢ The best solutions are local
➢ One plan for one place
➢ Engage the workforce
➢ Seek forgiveness, not permission
➢ The ‘soft stuff’ is the hard stuff
➢ “Progress happens at the speed of trust”
Government’s current views on the Integration of Health and Social Care

The Secretary of State in his statement to Parliament on the 18 June 2018 reiterated the importance of the full integration of health and social care and the role of the Better Care Fund in supporting that

“For our most vulnerable citizens with both health and care needs, we also recognise that NHS and social care provision are two sides of the same coin. It is not possible to have a plan for one sector without having a plan for the other. Indeed, we have been clear with the NHS that a key plank of its plan must be the full integration of the two services. As part of the NHS plan, we will review the current functioning and structure of the Better Care Fund to make sure that it supports that....

we now intend to publish the social care Green Paper in the autumn around the same time as the NHS plan.”
For more information and to join the better care exchange or receive the bulletin contact us at
England.bettercaresupport@nhs.net
Components of the Better Care Fund Grant

**Policy framework 2017-19**

**Fewer national conditions** for 2017-19:

- Jointly agreed plan
- NHS contribution to adult social care to be maintained in line with inflation
- NHS commissioned Out of Hospital services
- Managing transfers of care.
- Introduction of the High Impact Change model (HICM) as a national condition
- New grant to local authorities (LAs) for social care (Improved Better Care Fund, iBCF)
- Invitation to joint first wave of graduating areas.

**Planning requirements 2017-19**

- Published by NHS England, DHSC and MHCLG in early July 2017
- Sets out detailed requirements for local BCF plans based on the Integration and BCF Policy framework or 2017-19:
  - Narrative plans
  - Confirmation of funding contributions
  - National conditions
  - Scheme-level spending plan
  - National metrics.
- Completed plans should have been submitted in September 2017
- Includes minimum CCG allocations.

**Improved Better Care Fund**

iBCF funding is given directly to local councils across England via MHCLG.

The funding grant can be spent on three purposes:

1. Meeting adult social care needs
2. Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready
3. Ensuring that the local social care provider market is supported.

**Disabled Facilities Grant**

- BCF provides mechanism for joint health and social care planning and commissioning, bringing together ring-fenced budgets from CCGs, the DFG and iBCF.
- The DFG is used to encourage areas to think strategically about the use of home adaptations and technologies to support people to live independently in their homes for longer, and take a joined-up approach to improve outcomes around health, social care and housing.
- All areas were required, in their plans, to set out how DFG will be used in 2017-19.