

Better Care Fund (BCF): Integrating Health & Social Care in Haringey

What Is The BCF

- The BCF:
 - is a single pooled budget for health and social care services to work more closely together in local areas, based on local 'Integration Plan's agreed between CCGs and local authorities;
 - is worth £3.8bn nationally; and
 - can only be accessed when local Integration Plans are in place **and** agreed by Ministers.
- The Conditions
 - Plans to be jointly agreed
 - Agreement reached on protecting adult social care
 - 7 day services to support hospital discharges
 - Data sharing
 - Joint assessments and accountable lead professionals
 - Agreement on consequential impacts for the acute sector



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The Government's Aims

- The Government's stated aims are for 'transformational change'. It wants the BCF to:
 - bring resources together to address immediate pressures on services, and;
 - lay foundations for a much more integrated system of health and care delivered at scale and pace.
- Anticipated benefits include:
 - better outcomes and experiences of services for people;
 - increased efficiency, economy and effectiveness across health and social care, and;
 - increased sustainability of health and social care provision.



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Timescales

- 26th June 2013 – BCF announced in the Spending Round.
- Dec 2013 – Local BCF allocations released.
- 30th January CCG Governing Body will consider Haringey Integration Plan.
- 11th February – HWB and Cabinet will consider the Integration Plan.
- 14th February – First cut of the Integration Plan submitted to NHS England for initial scrutiny.
- 4th April – Final cut of the Integration Plan submitted to Ministers for approval.
- 1st April 2015 – Sect 75 Pooled Budget Agreement to be in place.



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Where we are today – the Current Experience of Care

“We are sick of falling through gaps. We are tired of organisational barriers and boundaries that delay or prevent our access to care. We do not accept being discharged from a service into a void. We want services to be seamless and care to be continuous”.

The future - defining Integrated Care

“I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me.”

Quotes from ‘National Voices’



Adults Health Scrutiny

Cabinet is asked:

- To be aware and agree that under the terms of the BCF the Council will be transferring £1,588,000 into the Fund in 2015/16. This consists of the Disabled Facilities Grant (£949,000) + Social Care Capital Grant (£639,000).
- To see and agree the overall Plan for the BCF.

CAB is asked:

- To understand the overall aims and direction of integration.

The Implications of not submitting the Plan are:

- Access to the BCF denied.
- Loss of the opportunity to integrate health and social care and to put in place improved and more cost effective services for local people.
- Failure to deliver an important national policy imperative that has all party backing.
- Reputational, economic and financial risks/damage.



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The Vision and Aims of the Integration Plan

Vision

- *“We want people in Haringey to be healthier and to have a higher quality of life for longer. We want everyone to have more control over the health and social care they receive, for it to be centred on their needs, supporting their independence and provided locally wherever possible.”*

Aims

- Seamless Care and Support
- Person Centred and Personalised Services
- A Caring Community
- The removal of organisational barriers
- The maximisation of Health and Wellbeing



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Scope

- Integrated services in Haringey will initially:
 - be available to all adults who require them;
 - prioritise frail older people and older people with dementia in 2014/15, and;
 - extend priority to adults (of all ages) with mental health needs in 2015/16.

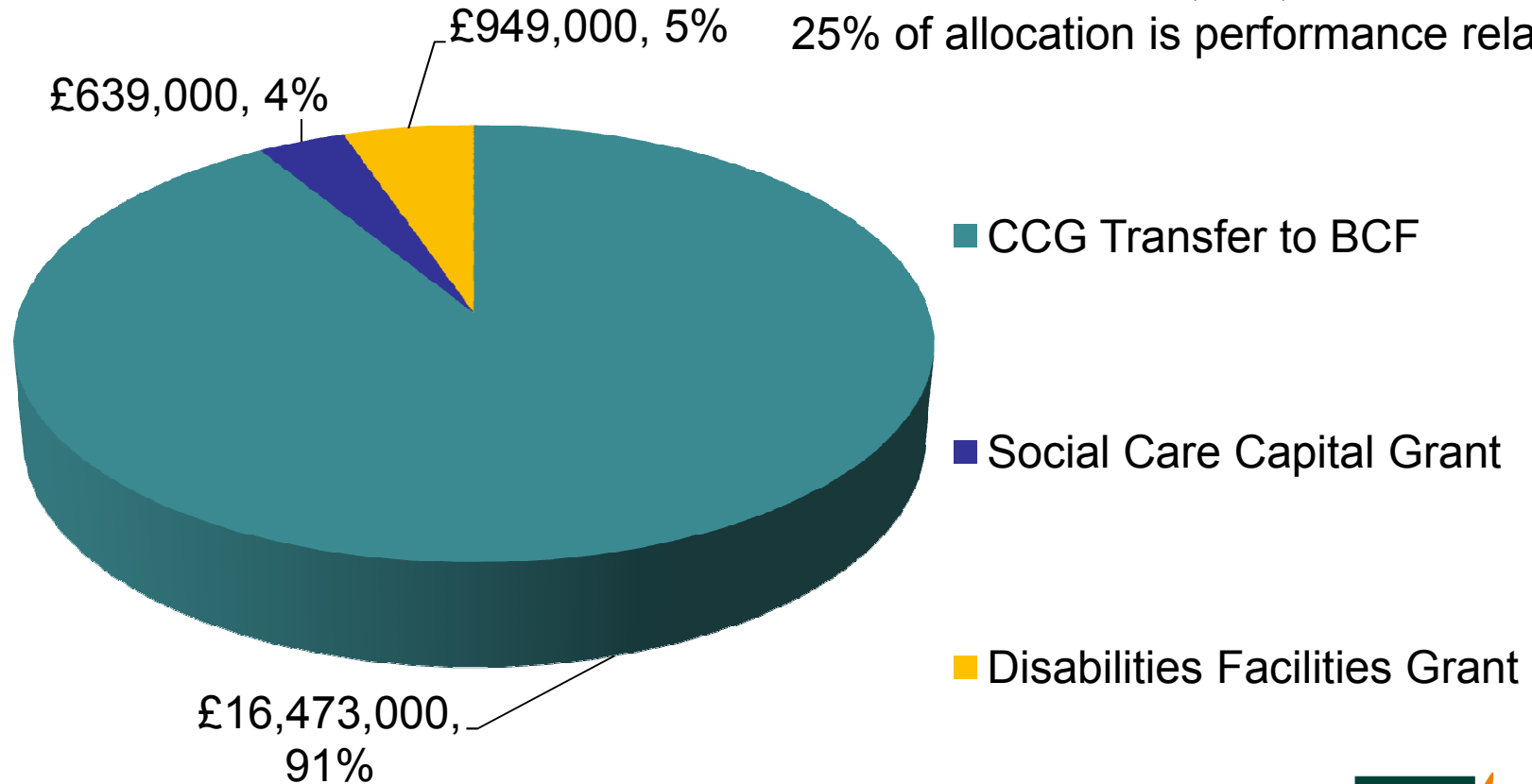
Haringey's BCF Allocation

- £957k in 2014/15 (As a financial transfer from Health to LB Haringey)
- £18,061,000 in 15/16 (To be paid into a LB Haringey/Health pooled budget)
- The BCF is NOT a windfall. There is NO new money.
- In 2015/16 the CCG will make a transfer of £16,473,000 into the Fund, creating challenges for health partners.



Haringey's Allocation - The Funding Streams 2015/16

Total 2015/16 = £18,061,000
25% of allocation is performance related



Note: 100% of the contribution to the BCF in 2015/16 is from health amounting to £957k



What will be different?

- People will receive a joined-up service from health and social care professionals, centred around their individual needs.
- Services will be easier to access and available 7/7.
- Service users will be provided with better information and supported in exercising choice and control.
- Integrated teams will become the norm, breaking down professional barriers.
- People will not have to repeat their stories to a succession of services and professionals.
- An increased role for the Third Sector.
- Increased effectiveness and efficiency.



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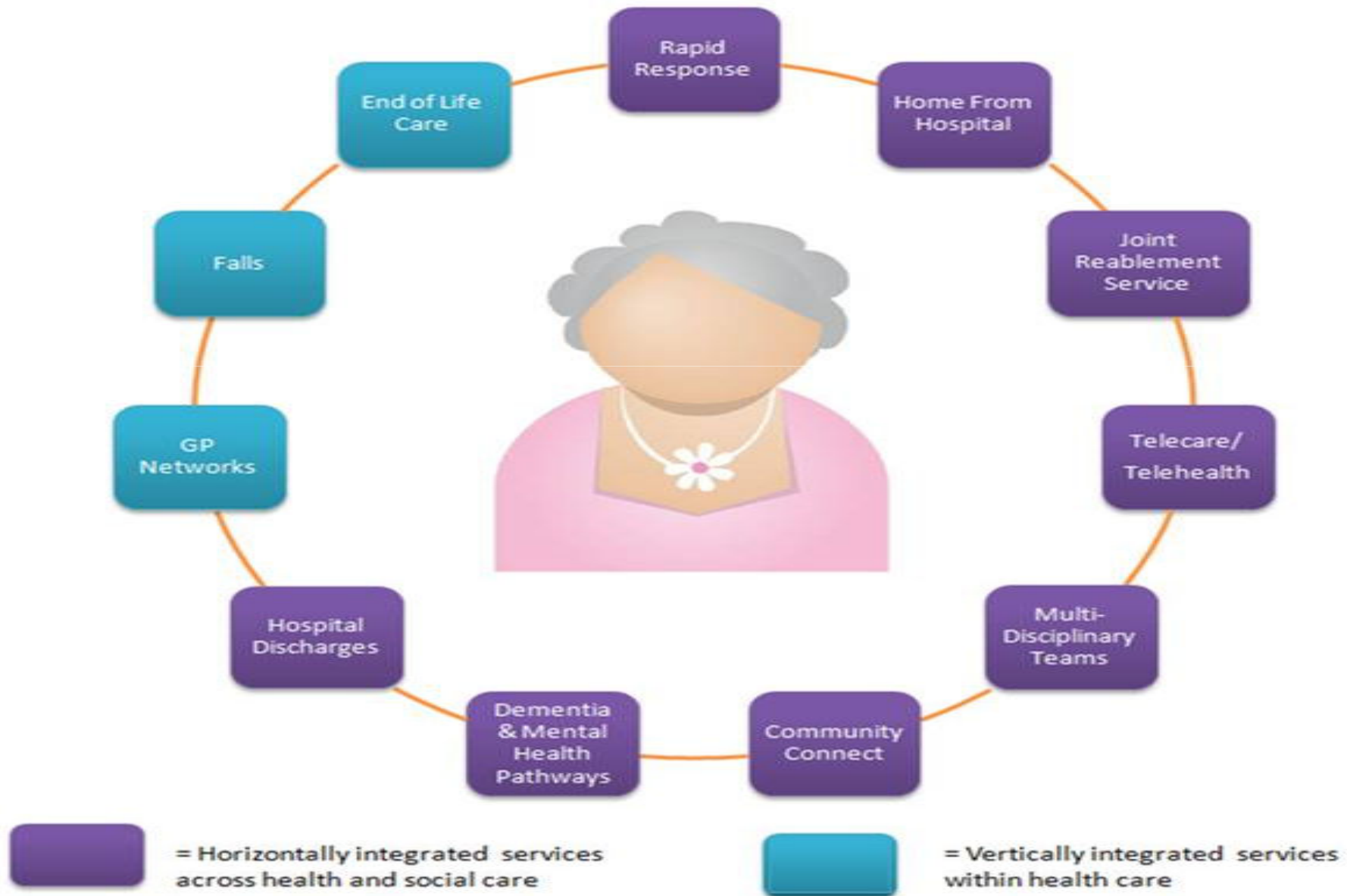
Community Engagement

- Our commitment is to co-production.
- Our approach to integration is built on community engagement – 211 people have contributed to the Integration Plan.
- There will be continuing community engagement throughout the life of the BCF – a Reference Group has already been established, others will follow.
- We will survey people's satisfaction with their health and social care services.
- We will work with community groups to deliver services and grow their contribution.

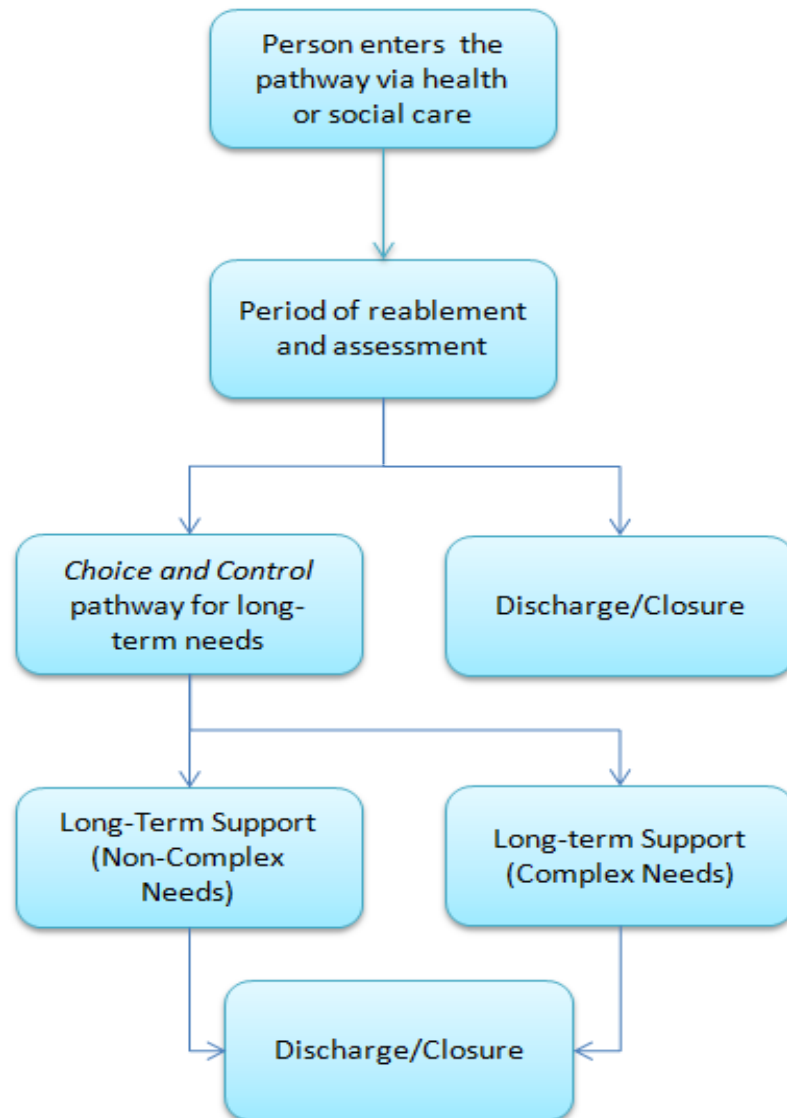


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Where We Are Today: Services That Are Already Integrated



Where We Will Be Tomorrow – 2015/16



Integrated Teams

Integrated Community Teams: Rehabilitation, therapies, nursing and social care linked to and working with home reablement and primary care.

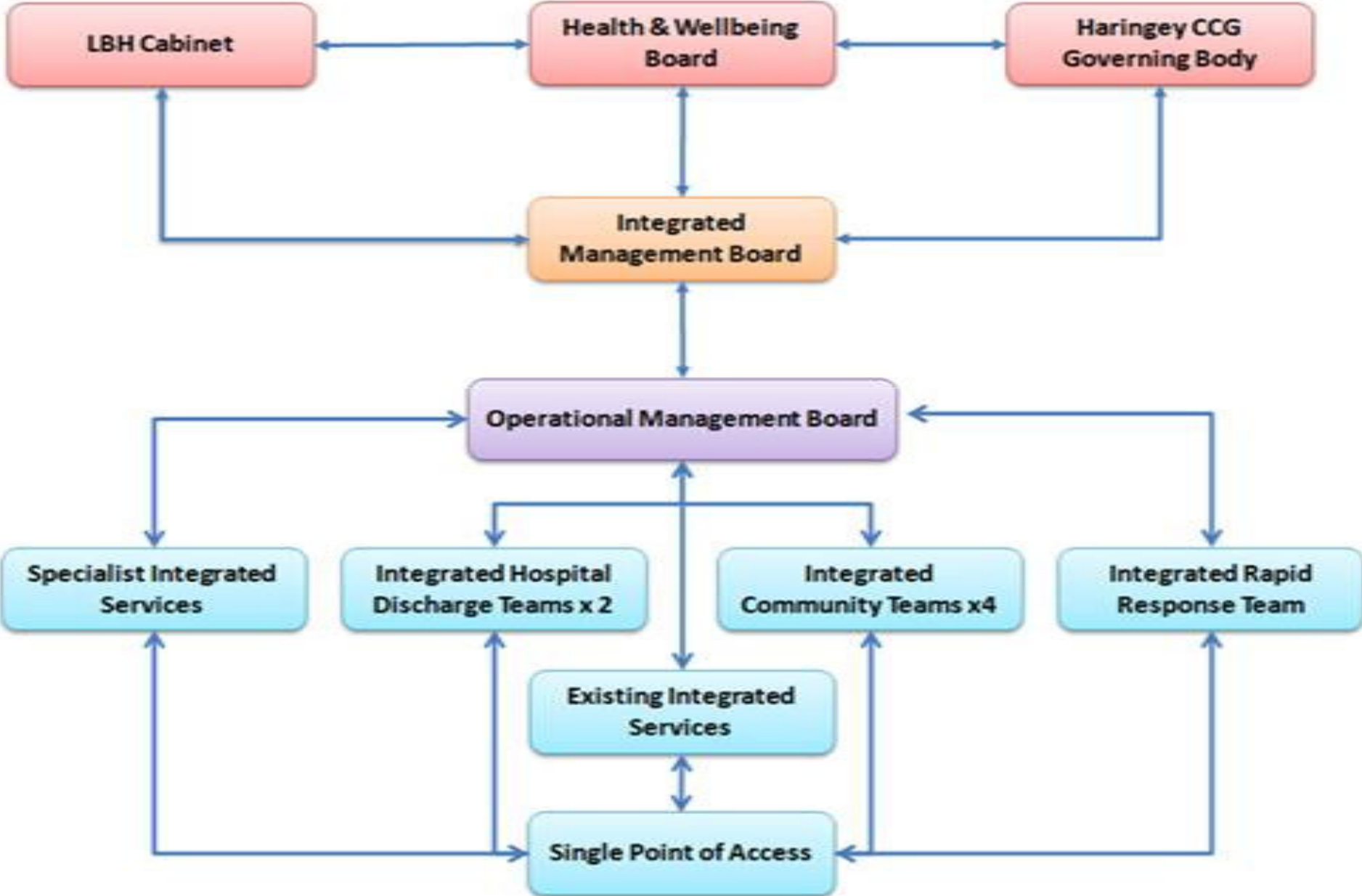
Enhanced Rapid Response: Fast, immediate responses to prevent hospital admissions and urgent social care referral, respite for carers.

Integrated Hospital Discharge Teams: Speedy and smooth discharge to intermediate and social care

Specialist Teams (Examples)

- Falls prevention
- Neuro – rehabilitation
- Wheelchair service.
- Community Learning Disabilities.
- Palliative care.
- Diabetes
- COPD
- Heart failure
- RAID
- IAPT
- Community Mental Health

Governance



Exciting But Challenging: Some Issues

- **Cultural Change:** The success of integration demands cultural change across the local health and social care system.
- **Implications for acute providers:** Loss of income and, potentially, destabilisation of services.
- **Commissioning:** We'll need a joint health and social care commissioning strategy, and associated governance.
- **Decommissioning:** As there is no new money to invest in new services, some existing services will be decommissioned. This will involve hard choices, especially with respect to hospital services. The challenge is to do this while maintaining continuity of provision.
- **Putting in place the enablers of transformation:** The development of new ways of working and changes to infrastructure (eg IT).
- **Performance:** Targets must be hit to obtain the performance related element of the BCF.
- **Making Integration and Whole Systems Transformation Happen:** Programme management and organisational capacity.



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