Better Care Plan

The Council and NHS are required to agree a pooled budget of £22m in 2015/16 that integrates services and shifts the balance of care from hospitals to the community, improving access and outcomes, protecting adult social care and achieving financial stability in the face of increased demand and reduced resources. In 2014/15 there is an additional resource of £1.3m to make prepare and make early progress on objectives.

National aims

- Transform local services better integrated care and support
- Help local areas manage pressures and improve sustainability
- Take forward integration agenda at scale and pace
- Right care, right place, right time more care in community settings
- Place people at the centre of their own care and support
- Improve quality of life

National conditions

- Plans jointly agreed by Health and Wellbeing Boards
- Protects social care services
- Information sharing
- 7 day working
- Joint health and social care assessments and single 'accountable professional' co-ordinating care of individuals
- Agreement on impact on acute sector

Local vision and priorities

- More care in people's homes and in their local neighbourhoods
- Person-centred care, organised in collaboration with the individual and their carers through multi disciplinary teams
- Better experience of care for people and their carers
- Population based care that is pro-active and preventative
- Better value care at home, with less reliance on care homes and hospital based care
- Less duplication and 'hand-offs' and a more efficient system overall
- Improvements to key outcomes for people's health and wellbeing
- Southwark a great place to live and work

Performance targets - payment related (£5m)

- Reducing care home admissions
- Increasing the effectiveness of re-ablement
- Minimising delayed transfers of care
- Reducing avoidable admissions to hospital
- Improving service user experience of health and care services through integration
- People supported to manage long term conditions
- + local measures will be developed to support these

Who benefits?

- Older people and people with long term conditions who are at risk of hospital admission, or who need support to be discharged from hospital back into the community
- Carers of people needing health and care services

Plans 2014/15 - £1.309m

- Preparatory year for making early progress on priorities - £1.3m additional NHS transfer:
- New transfer picks up non-recurrent funding for Winter Pressures schemes that fell out in 12/13 (£1.05m)
- Some new investment in self management (£107k) and service development of multi-disciplinary team model (£100k)
- Investment in psychiatric liaison services to reduce demand on A&E (£54k)
- Existing discharge support, re-ablement and related services funded by NHS transfers added top the pot and reviewed in context of BCF aims and objectives (£7.9m)

Plans 2015/16 - £21.967m - not new money!

- Full implementation with money paid into a pooled budget of £22m:
- Rolling forward and implementing the redesign of the 2014/15 discharge support, re-ablement and related schemes (£8.957m)
- Integrated admissions avoidance and hospital at home services into the pooled budget (£3.3m)
- Home care quality transformation (£1.9m)
- 7 day working (£1.493m)
- Expand psychiatric liaison services in A&E (£300k) and community mental health services to reduce crisis admissions (£870k)
- Care Bill implementation (£1m)
- Voluntary sector prevention (£910k)
- Expand the use of telecare (£566k)
- Protecting adult care eligibility (£500k)
- Carers Strategy (£450k)
- Expand the self management programme (£307k)
- Further developing the neighbourhood multidisciplinary model (£100k)
- Social services capital (£875k) and council Disabled Facilities Grant (£614k)
- End of Life Care (£200k)

Schemes that are clearly social care total £13.937m (63%), CCG £4.877m (22%) and those that span both £3.153m (14%)

Next steps

- April final submission after assurance process
- Develop programme over 2014/15
- Agree Section 75 pooled budgets clarifying role and responsibilities, accountability arrangements through Health and Wellbeing Board