# **Health and Well Being Board**

### **Better Care Fund**

Additional update to the Health and Well Being Board to be tabled following the meeting of the Health and Social Care Integration Board on 16 January 2014.

The Integration Board is overseeing the arrangements for the Better Care Fund in Walsall, and has met subsequent to the circulation of the paper to the Health and Well Being Board. This paper aims to provide the Health and Well Being Board with an update of the key areas of discussion, and sets out the actions required to establish the scope and purpose of the Better Care Fund in Walsall. Additional comments from that meeting are as follows:

## Vision for Integrated Health and Social Care

The vision for integrated health and social care in Walsall was first set out in the Pioneer Bid that Walsall Health and Well-being Board submitted to the Department of Health in June 2013 which stated as follows:

The two objectives of our vision are:

- Keep people at home as long as possible
- Swift return home following episode of bedded care

To keep people at home as long as possible we will create an integrated team comprising the competences of primary care, acute, mental health, secondary and social care to combine with a range of other skills from other partners. This team will utilise tools such as the single point of access and risk stratifying patients using a range of health and social care data sets to understand the individual needs of people and provide the services which enable them to stay at home.

To deliver our first objective, there are three components of our new model of service:

- a Single Point of Access for health and social care
- co-ordinated locality teams
- pragmatic use of risk stratification

The second component of the new model of service, that of swiftly and safely transferring people back to their own homes following an acute episode of care, requires a coherent and efficient team, comprising skills of hospital discharge and social care, linking with the wider, co-ordinated locality teams, to agree with people the packages of care they most need at home. Through the Single Point of Access,

there will be a menu of packages of services ranging from at the most intense, hospital based intermediate care beds through to at the least intense, 'reablement' which is available within 24 hours of request and provided for a specified duration of days e.g. four days.

This is still the vision for the development of integrated services in Walsall.

# **Development of the Better Care Fund**

The development of the Better Care Fund provides an opportunity to accelerate our work on integration, but in doing so raises a number of risks and challenges to the future viability of the system.

There is a much stronger focus on a reduction of emergency admissions to the acute hospital for older people over the age of 75. There is a target for a 15% reduction of admissions from this group for 2015/16. This appears to be an ambitious target and is particularly challenging as admissions have been rising over recent years. The evidence suggests that many of those who are currently being presented at the acute hospital have more complex conditions and are more likely to require an admission.

The supposition is that through reducing emergency admissions the resources that are saved are those that can be used to build up community health services and to ensure that the reductions in adult social care spend from the council has a limited impact on the population. This supposition needs rigorous testing and clarification of the benefits for people of Walsall from the required remodelling of services. The precise timescale remains unclear, and the CCG, WHT and Walsall Council will work up an activity forecasting and funding model for this reduction.

The implementation plan for the Better Care Fund will be based upon the following six work-streams:

- The development of the Adult Social Care operating model with reablement at its heart. To further develop this through the examination of an integrated intermediate care service across health and social care;
- Remodelling community health services with adult social care in order to better manage older people with longer term conditions (to reduce admissions to institutional care). To introduce a risk stratification approach where tools are used to help identify those older people most at risk of needing care or support and to ensure that the right interventions are available to them at the right time. To help older people manage their own conditions as much as they are able. To better use telecare and telehealth to assist with this programme;
- To continue to focus on speedy hospital discharges with improved outcomes for customers (including reduced use of unnecessary intensive care or emergency re-admissions);

- To ensure the continued use of both step-down beds (on discharge) and stepup beds (to avoid admission) – in order to achieve this there will be a need to redesign and re-commission some of the current bed based intermediate care services such as the Swift Ward;
- To continue to explore the models of care that will help to keep older people well in their own homes;
- To focus on the admissions and re-admissions of older people in nursing (and residential) care homes to ensure that staff in those establishments are supported to help older people avoid unnecessary admissions or readmissions.

### **Discussion and Action Points**

The Integration Board highlighted the need for the funding allocations to be seen as indicative and subject to further work and probable changes. It also recognised that there are other current work streams in place that will have a strong co-dependence with the work on the Better Care Fund and thus a need for a high level of co-ordination.

The actions arising from the discussion at the Integration Board were as follows:

- To develop an implementation plan for integration of health and social care in Walsall based on the above six work-streams together with a robust risk and impact assessment;
- To clarify and agree which aspects of each funding stream will contribute to the Better Care Fund;
- To develop a forecast activity and funding model for a 15% reduction in emergency admissions of people aged over 75 years to acute hospital.

The Health and Well Being Board is required to submit the planning template for the Better Care Fund by 15 February 2014. The plan will be based upon the six workstreams and the above actions.

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