Opportunities and challenges for the Better Care Fund

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Better Care Fund

› Opportunity to galvanise health and social care conversations
› Opportunity to enable investments that would otherwise not be possible
› Challenge for NHS providers of how to make even greater savings than planned
› NHS planning guidance "hospital emergency activity will have to reduce by around 15 per cent"

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March 2011

Integrating health and social care in Torbay

Improving care for Mrs Smith

Key messages

- This paper tells the story of health and social care integration for older people in Torbay, and how the known barriers to this were overcome. It shows how integration evolved from small-scale beginnings to system-wide change. Central to the work done in Torbay was how care could be improved for 'Mrs Smith', a fictitious user of health and social care services.
- The establishment of integrated health and social care teams and the pooling of budgets helped to facilitate the development of a wider range of intermediate care services. Teams worked closely with general practices to provide care to older people in need and to help them live independently in the community. The appointment of health and social care co-ordinators was an important innovation in harnessing the contribution of all team members in improving care.
- The results of integration include reduced use of hospital beds, low rates of emergency hospital admissions for those aged over 65, and minimal delayed transfers of care. Use of residential and nursing homes has fallen and at the same time there has been an increase in the use of home care services. There has been increasing uptake of direct payments in social care and favourable ratings from the Care Quality Commission.
- Torbay's story underlines the time needed to make changes in the NHS and the role of local leaders in this process, including those in local government who will have an important role in the future of health care. It also demonstrates the importance of organisational stability and continuity of leadership. The power of keeping patients and service users like Mrs Smith at the centre of the vision for improvement is another key message, and one whose importance is difficult to overestimate.

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Key characteristics

- The starting point was Mrs Smith
- Health and social care teams were created aligned with general practices
- Teams used pooled budgets flexibly to strengthen intermediate care
- Care coordinators were a simple but critical innovation
- Organisational integration was a consequence and not a cause

Torbay's results

- The daily average number of occupied beds fell from 750 in 1998/99 to 502 in 2009/10
- Emergency bed day use in the population aged 65 and over is the lowest in the region at 1920 per 1000 population
- Emergency bed day use for people aged 75 and over fell by 24 per cent between 2003 and 2008 and by 32 per cent for people aged 85 and over
- Delayed transfers of care from hospital have been reduced to a negligible number

Torbay's results (2)

- Since 2007/08, Torbay Care Trust has been financially responsible for 144 fewer people aged over 65 in residential and nursing homes
- There has been a corresponding increase in the use of home-care services, some of which are now being targeted on preventive low-level support
- The use of Direct Payments is one of the best in the region
- In 2010, the Care Quality Commission judged Torbay to be 'performing well'

Wigan's plans

- Long Term clinical and financial viability for health and social care in Wigan
- A solution that best meets the needs of Wigan
- A partnership of Wigan Council, Wigan CCG, Bridgewater, 5 Boroughs and WWL

The How

- Risk stratification
- Integrated Neighbourhood Teams
- Care plans for the 4,714
- Nursing home beds part of the virtual hospital
- Agreed pathways
- Shared information systems
- Financial flows that protect/reward everyone

The Vision

- Concentrate on the 4,714
  - Zero unexpected admissions
  - Zero unexpected attendances
- And for the rest
  - Zero delayed discharges
  - Zero avoidable readmissions or penalty
  - Cut to average admission rate for over 75s
  - Radically reduce WCCG follow-up outpatients by 50%
- Reduced hospital costs re-invested in the community

Translate the vision into savings

COMMISSIONER SAVINGS

Total PBR savings = £23.0m

	Scheme	Commissioner savings £m
a	LTC- unexpected admissions (4714)	11.5
b	LTC- unexpected A&E attendances (4714)	1.7
c	Delayed discharges	-
d	Non-elective readmissions	10.8 - 8.1
e	Over 75s admissions	-
f	Follow-up Outpatients and repatriation	14.1 - 7.1
		23.0

The Royal Free Hospital FT

- Focus on acute care for older people in the hospital
- Redesign of care processes to support early discharge and reduce avoidable admissions
- One ward has been closed with savings of c£1.5 million
- Most of the savings have been reinvested in community services to support patients at home and provide alternatives to hospital

Key lessons

- Focus on areas of high need and use – often frail older people
- Reduce hospital use, especially unplanned, to release resources
- Invest in community services to deliver care more appropriately
- Work in partnership across the whole system, recognise key role of providers
- Integrate, integrate, integrate

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Evidence summary

January 2014

Making best use of the Better Care Fund

Spending to save?

Authors
Laura Bennett
Richard Humphries

Introduction and purpose

As financial and service pressures facing the NHS and local government intensify, the need for integrated care to improve people's experience of health and care, the outcomes achieved and the efficient use of resources has never been greater. The pooling of resources across health and social care boundaries is an important ingredient of effective integrated care (Ham and Walsh 2013).

The June 2013 Spending Round announced the creation of a £3.8 billion Integration Transformation Fund – now referred to as the Better Care Fund – described as 'a single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities' (Local Government Association and NHS England 2013).

The Better Care Fund offers a substantial opportunity 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. But it will create risks as well as opportunities. The £3.8 billion is not new or additional money: £1.9 billion will come from clinical commissioning group (CCG) allocations (equivalent to around £10 million for an average CCG) in addition to NHS money already transferred to social care. For most CCGs finding money for the Better Care Fund will involve redeploying funds from existing NHS services. Guidance makes clear that the Better Care Fund will entail a substantial shift of activity and resource from hospitals to the community – 'hospital emergency activity will have to reduce by 15%' (NHS England 2013). This could place additional financial pressures on providers already facing the quandary of how to maintain and improve quality of care while achieving financial balance. In addition, the Better Care Fund does not address the financial pressures faced by local authorities and CCGs in 2015 which 'remain very challenging' (Local Government Association and NHS England 2013).

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evidence for better health care

nuffieldtrust

The impact of the Marie Curie Nursing Service on place of death and hospital use at the end of life

Research report

Xavier Chitnis, Theo Georghiou, Adam Steventon and Martin Bardsley

November 2012

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