

Hampshire Integration and Better Care Fund Refresh

2021-22





Policy Requirements

- Delayed and subsequently published 30 September 2021
- Required a narrative plan and planning template
- Plan based on the Health and Wellbeing Board footprint – although NE Hampshire included Frimley system
- Revised metrics
- Required submission 16 November 2021 for national assurance process.





Our Challenges - recap

- Ageing population with Long Term Conditions
- Reducing inequalities
- Whole system complexity
- Difficult financial situation
- Urgent Care System pressures
- Workforce overall in local labour market
- Changing cultures





What did the BCF programme aim to do?

- The policy was announced by the Government in June 2013 intended as a "catalyst" for change.
- Provides a single pooled budget to support health and social care services to work more closely together in local areas.
- Underpin joint plans developed and agreed by the Health and Wellbeing Board and approved by the Clinical Commissioning Groups and Hampshire County Council.
- Satisfy national conditions and performance measures.





Our Hampshire Plan

Originally aimed to:

- support acceleration of local integration of health & care services through joint commissioning & partnership working.
- help address demographic pressures in adult social care
- facilitate the provision of more joined up care in the community by changing the way health and social care work together to improve outcomes for people, reducing duplication.



Components to our plan

Formulated in key phases:

Phase 1

- 2014 2016
- Integrating delivery of services for older people including dementia and carers
- Establish a joint integration team sponsored by HCC and all CCGs to implement the programme

Phase 2

- 2016 2018
- People with learning disabilities and mental health needs, adults with long term conditions and people who may need NHS Continuing Healthcare

Phase 3

- 2018 2019
- Young people in transition including those who require complex rehabilitation and access to NHS Continuing health care

Protecting Social Care Services

Source of funds

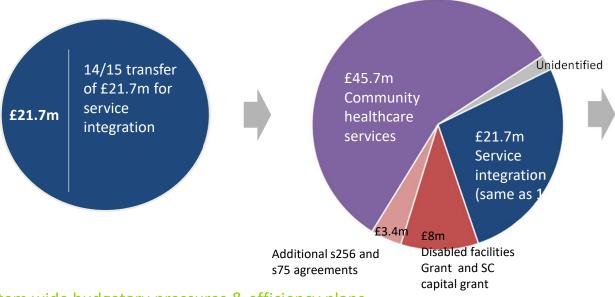
14/15 **BCF statutory** transfer of existing s256 -service integration from health to social care for the benefit of health

15/16 **BCF statutory requirement** of pooled budgets totaling £80m to be spent on delivering integrated care to realise efficiency savings



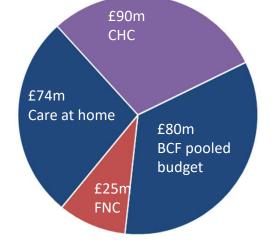


BCF 'Plus'15/16 total funding of c.£280m from ASC and CCGs on activities where health and care interface directly



System wide budgetary pressures & efficiency plans

Additional challenges to be mindful of -CCG QIPP efficiency plans and provider CIP plans total budget £1.4bn



HCC ASC efficiency saving target for 15/16 is £43m plus demography and complexity pressures of c£10m on gross budget of £427m

Acute providers and community providers also have CIP efficiency programmes to deliver

Collective CCG efficiency savings target for 2015/16

£20m to be delivered

in healthcare

through BCF efficiencies

£23m+ to be delivered through efficiency programme in ASC



Phase 1 Out of hospital care model to deliver real changes:

Cost effective planned pathways

Improved GP access to specialist advice Transfer activity from high cost hospital based services to the community Systematic redesign creating greater standardisation

People spend appropriate time in hospital

Rapid access to high quality Hospital care when needed Decisions in line with agreed care plan

Discharge planning starts at admission involving the ICT Early supported discharge to minimise length of stay Option to step-down to community

Effective planned pathways

Appropriate time in hospital

Rapid response in a crisis

Advice and information through wider Community, village Agents, Carer Support Day opportunities

Falls prevention, telehealth, telecare meals on wheels

Housing and extra care

Winter warmth

Prevention

Intervention

Proactive

integrated

Care

Responsive

Primary Care

& Early

Crime and disorder

Employment

Gardening schemes etc

Access to responsive primary care services Improving how we organise and

Improving how we organise and deliver primary care GPs at the centre of an expanded team Shifting from reactive to more

proactive care

Rapid response in a crisis

24/7 rapid triage <1 hour when urgent
Assessment through ambulatory care whenever possible
Short term stabilisation then retune to community
Community bed alternatives
Patient management aligns with ACP; 111 able to access this

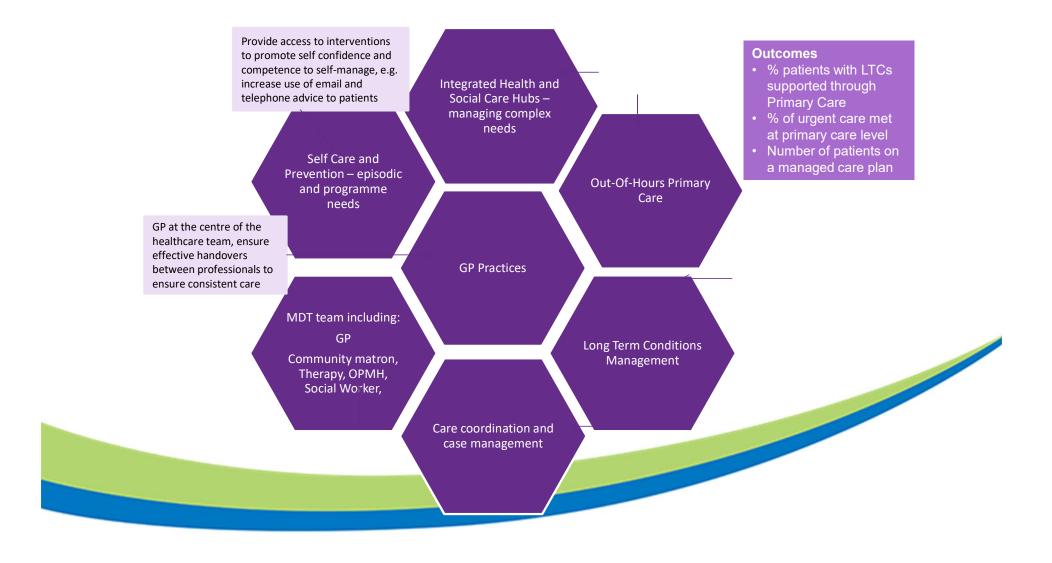
Proactive Integrated Care Team

Integrated Care Teams serving practices clusters / 50,000 population Risk stratification of cluster population with proactive multidisciplinary care planning & case management All patients with LTCs have a personal health plan emphasising self care Single point of contact via central administrative hub Single, integrated clinical record





Focuses on the out of hospital care model Integrated Care Teams – with primary at the centre







What has happened?

- Changes in policy Vanguard, NMOC etc
- Multiple organisational changes and changes to structures and governance
- Some progress on "Out of Hospital care"
- More challenging financial circumstances
- 2018 Newton / CQC "we could do better"
- NHS Long Term Plan priorities
 - Greater focus on population with supported self management / strengths based
 - Boost to out of hospital including prevention
 - Boost to primary care profile
 - Redesigning emergency care
 - Digital enabling goes large!





Current issues

Competing factors: e.g.

- Alignment in recovery from COVID-9 / Hospital Discharge and Home First programme
- Co-commissioning (NHSE / CCGs)
- Coterminocity

IBCF Programme:

- Was never "new" funding although initially included financial risk share agreement
- Has become an enabler to other work streams
- Monitoring & evaluation framework set nationally
- Future arrangements 2022 and beyond

Investment 2021/22 - £137,344,836





NB: IBCF was never "new" money so any change to the allocation of funds will require a substitution from elsewhere

Social Care	Hampshire, Southampton & IOW CCG	Frimley CCG	CCG Total	нсс	Total
Revised Split (removing additional spend)					
<u>\$256's</u>					
Section 3 - Service Integration	£18,895,466	£2,724,063	£21,619,529		£21,619,529
Section 3 - 14/15 Increase through AT	£4,598,878	£630,096	£5,228,974		£5,228,97
Section 4 - Adult Services	£1,012,112	£50,752	£1,062,864		£1,062,864
Section 6 - Community Enablement	£132,345	£0	£132,345		£132,34
Section 8 - Sitting Service/Day Care	£33,866	£0	£33,866		£33,86
Section 10 - Welcome Home Support	£55,847	£0	£55,847		£55,84
Section 15 - Palliative Care	£216,463	£0	£216,463		£216,46
Section 19 - OPMH Dementia Advisors	£142,045	£17,571	£159,615		£159,61
15/16 Agreement - OPMH Dementia Advisors	£193,003	£33,086	£226,089		£226,089
Section 26 - Frogmore Dementia Days	£0	£33,019	£33,019		£33,01
ICES	£2,606,810	£357,766	£2,964,577		£2,964,57
Agreed to Transfer	£27,886,836	£3,846,352	£31,733,189	£0	£31,733,18





Out of Hospital Care

Community Services					
SOUTHERN HEALTH: Community Care Teams					
OT's	£2,162,641	£361,336	£2,523,977		£2,523,977
Physios	£2,897,720	£435,430	£3,333,150		£3,333,150
Nursing	£28,673,188	£3,850,357	£32,523,545		£32,523,545
Fleet Hospital Community Beds	£0	£1,860,736	£1,860,736		£1,860,736
LD Community	£3,050,616	£0	£3,050,616		£3,050,616
OPMH Community Teams	£14,394,151	£0	£14,394,151		£14,394,151
Wheelchair services	£750,343	£0	£750,343		£750,343
Solent NHS Trust	£0	£0	£0		£0
Podiatry	£1,247,995	£0	£1,247,995		£1,247,995
Frimley Health NHS Foundation Trust: Community Care Teams	£0	£0	£0		£0
Rehab	£0	£1,263,720	£1,263,720		£1,263,720
Physios	£0	£51,156	£51,156		£51,156
Agreed Transfer	£53,176,654	£7,822,734	£60,999,388	£0	£60,999,388
Other Services					
Disability Grant			£0	£14,252,433	£14,252,433
Winter Pressures Grant			£0	£4,754,497	£4,754,497
Meeting Adult Social Care Needs				£25,605,329	£25,605,329
Further Service to be Identified			£0	£0	£0
Agreed Transfer	£0	£0	£0	£44,612,259	£44,612,259
TOTAL TRANSFER VALUE AGREED	£81,063,491	£11,669,086	£92,732,577	£44,612,259	£137,344,836



Next Steps?

- Awaiting guidance for 2022 and beyond and possible longer time horizon
- Maturity of revised national conditions and data being used to measure performance
- Hampshire population resides in two NHS systems? how this should be addressed
- What would it take for the Hampshire system to be more bold about extending integration further with new NHS structures and governance