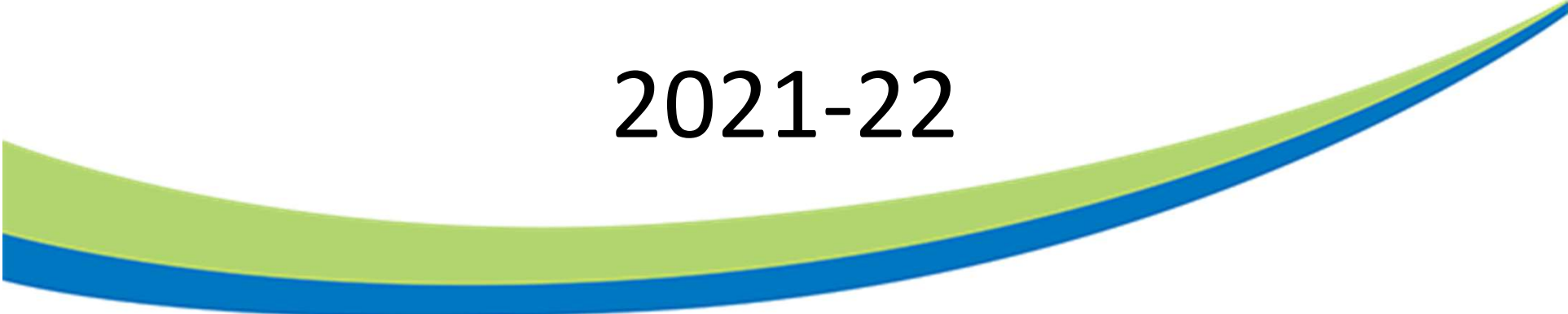
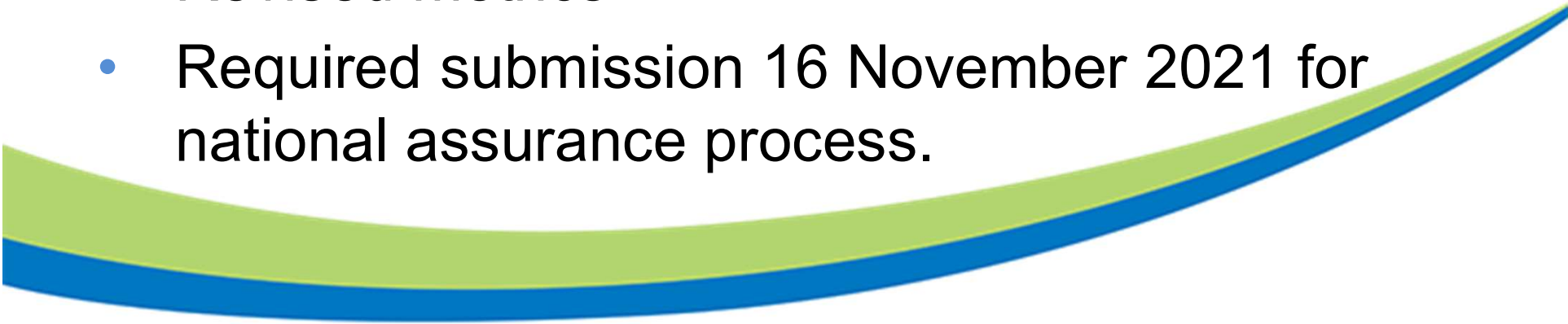


Hampshire Integration and Better Care Fund Refresh


2021-22

A decorative graphic at the bottom of the slide consisting of two curved, overlapping bands. The top band is light green and the bottom band is blue. Both bands curve upwards from left to right.

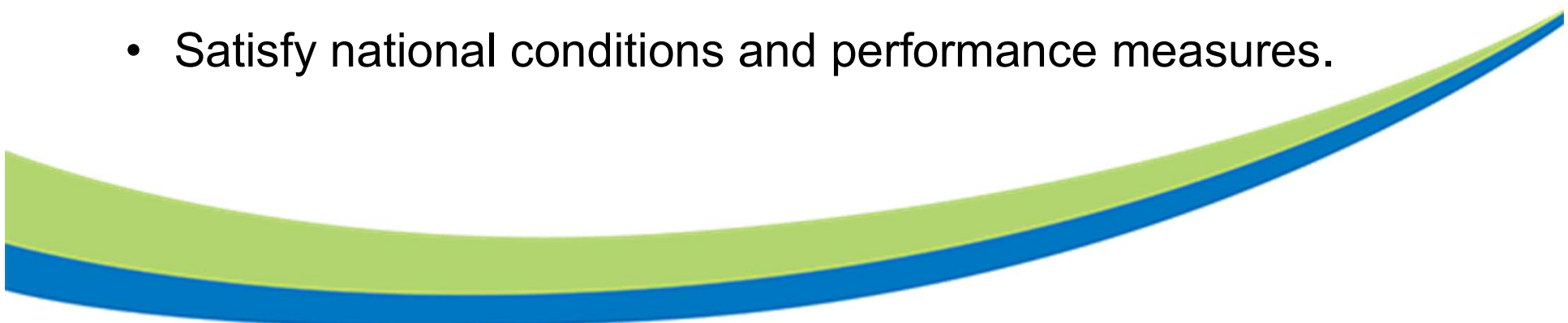
Policy Requirements

- 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

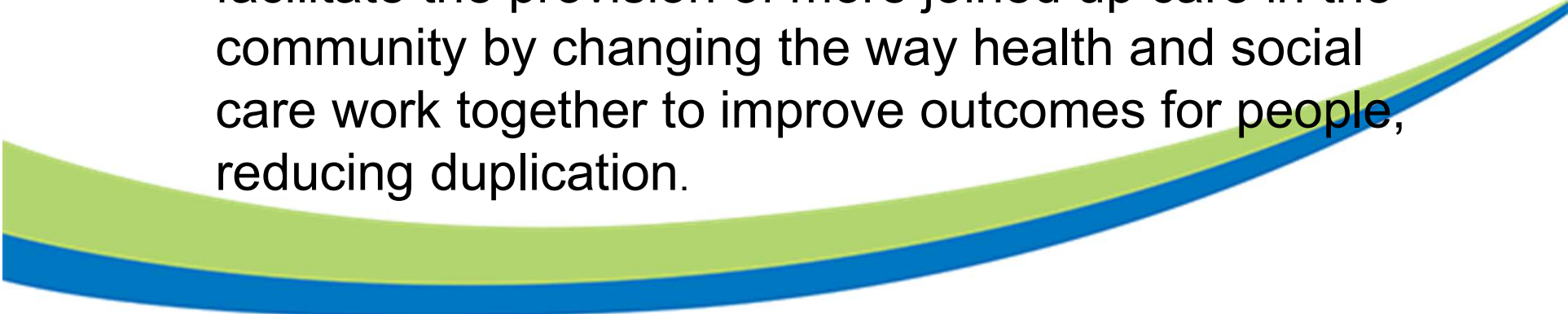
- Ageing population with Long Term Conditions
 - Reducing inequalities
 - Whole system complexity
 - Difficult financial situation
 - Urgent Care System pressures
 - Workforce overall in local labour market
 - Changing cultures
- 

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.
- 

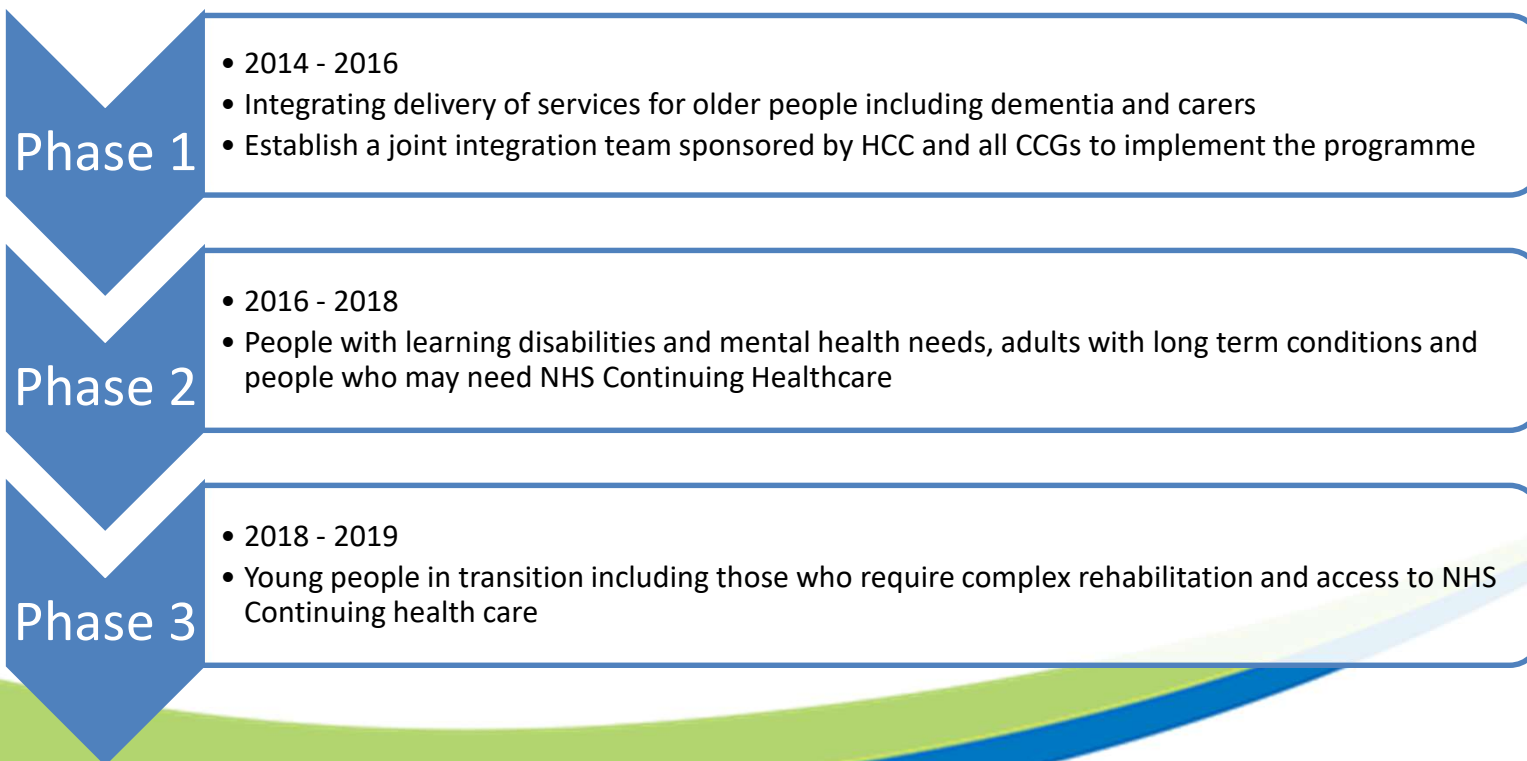
Our Hampshire Plan

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:



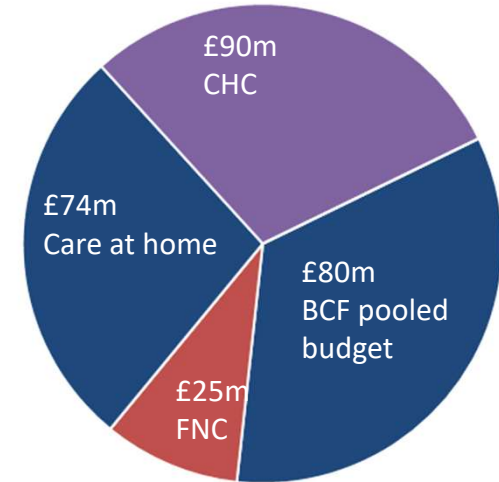
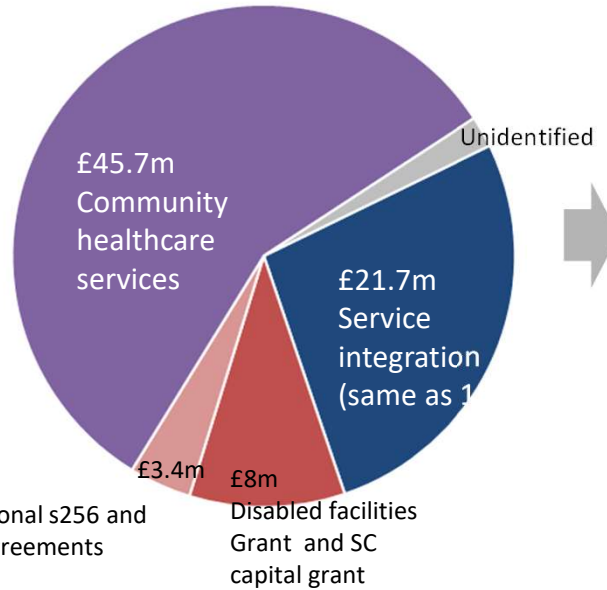
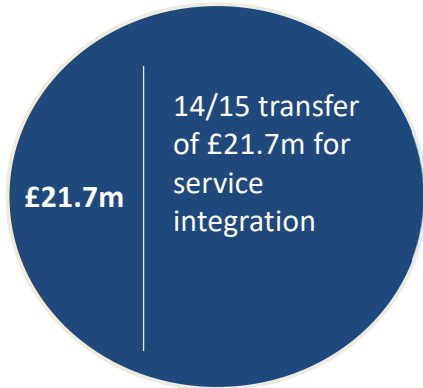
Protecting Social Care Services

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

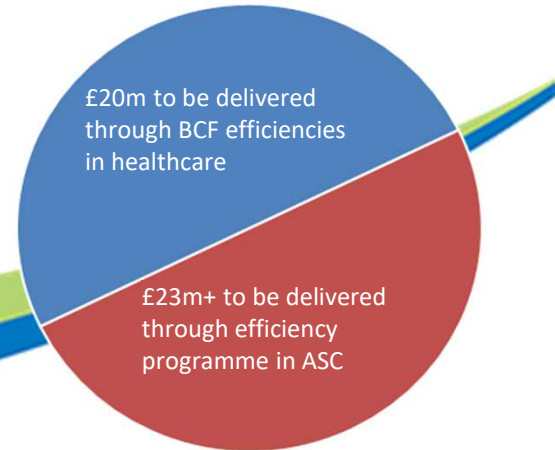
BCF 'Plus'15/16 total funding of c.£280m from ASC and CCGs on activities where health and care interface directly



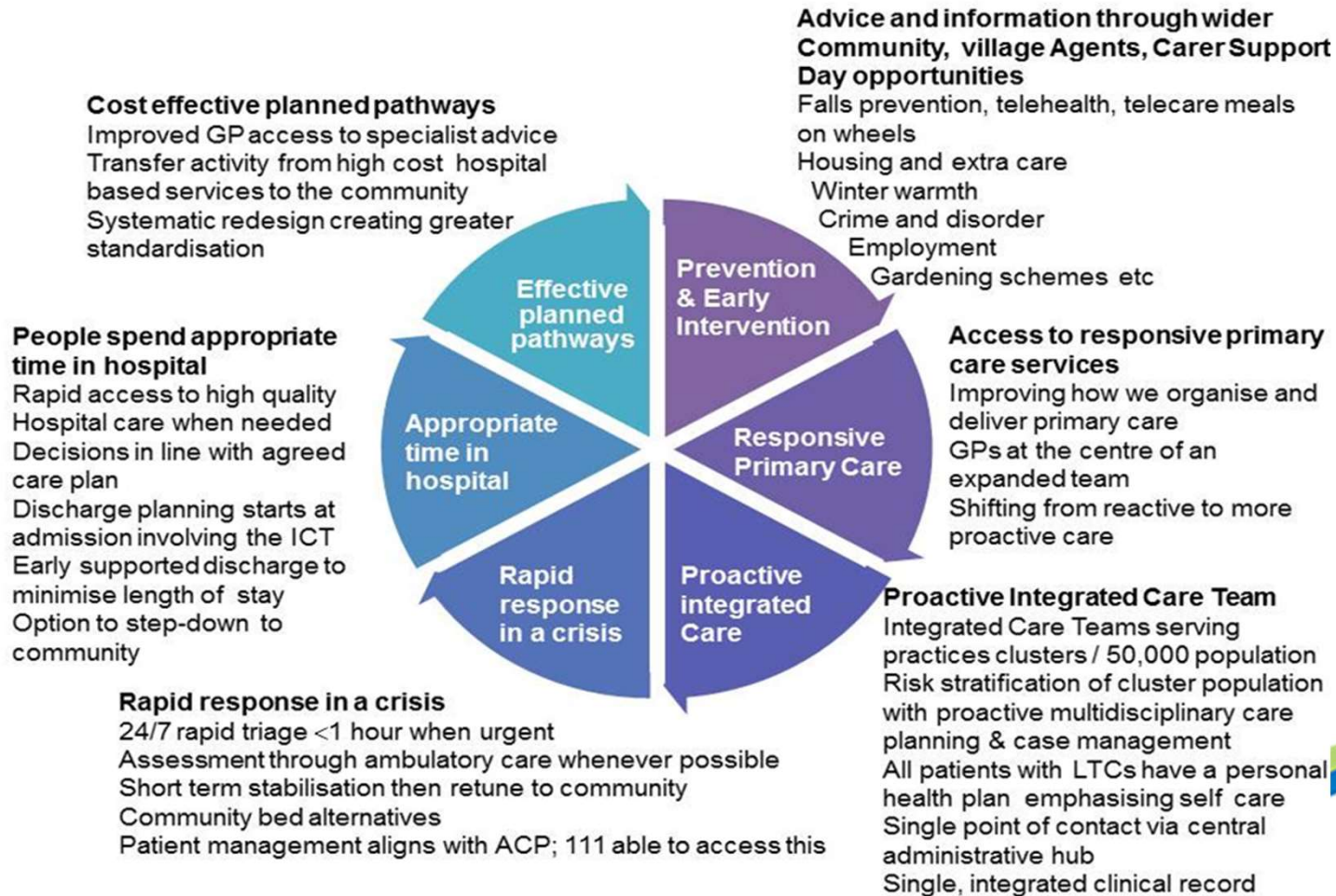
System wide budgetary pressures & efficiency plans

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

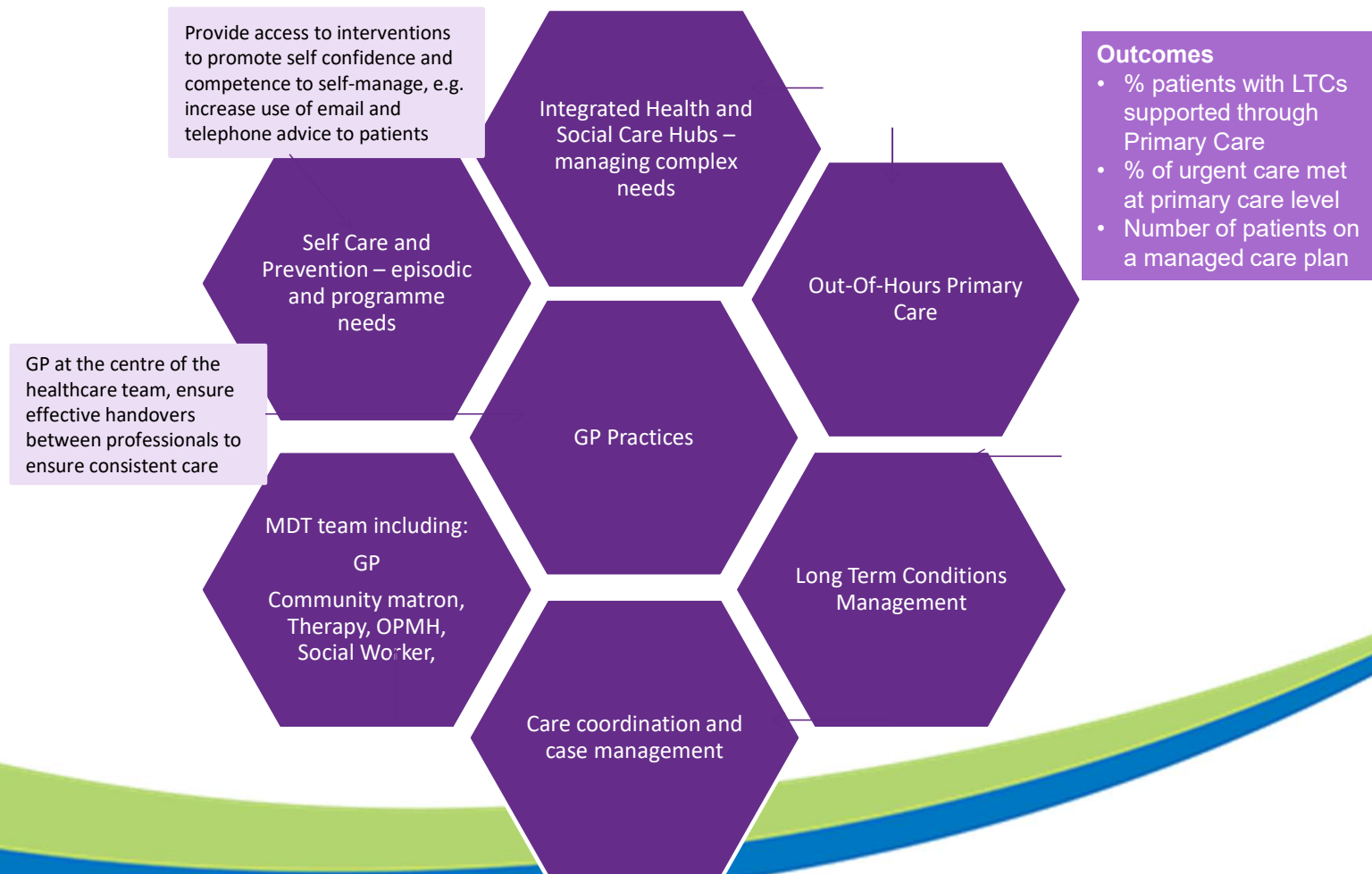


Phase 1 Out of hospital care model to deliver real changes:




Focuses on the out of hospital care model

Integrated Care Teams – with primary at the centre



What has happened?

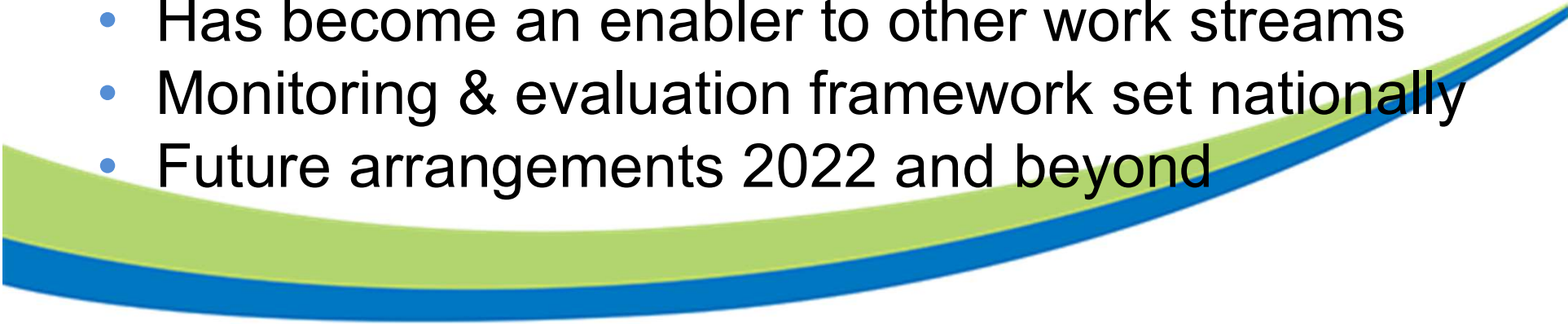
- Changes in policy – Vanguard, NMOC etc
 - Multiple organisational changes and changes to structures and governance
 - Some progress on “Out of Hospital care”
 - More challenging financial circumstances
 - 2018 Newton / CQC – “we could do better”
 - NHS Long Term Plan priorities
 - Greater focus on 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)
- Coterminosity

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	HCC	Total
Revised Split (removing additional spend)					
S256's					
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		£5,228,974
Section 4 - Adult Services	£1,012,112	£50,752	£1,062,864		£1,062,864
Section 6 - Community Enablement	£132,345	£0	£132,345		£132,345
Section 8 - Sitting Service/Day Care	£33,866	£0	£33,866		£33,866
Section 10 - Welcome Home Support	£55,847	£0	£55,847		£55,847
Section 15 - Palliative Care	£216,463	£0	£216,463		£216,463
Section 19 - OPMH Dementia Advisors	£142,045	£17,571	£159,615		£159,615
15/16 Agreement - OPMH Dementia Advisors	£193,003	£33,086	£226,089		£226,089
Section 26 - Frogmore Dementia Days	£0	£33,019	£33,019		£33,019
ICES	£2,606,810	£357,766	£2,964,577		£2,964,577
Agreed to Transfer	£27,886,836	£3,846,352	£31,733,189	£0	£31,733,189

Investment 2021/22

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
- 