



CITY OF
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Better Care Fund

16th March 2022



The National Context

- Better care funding has been agreed for another year, therefore will cover 21/22 and 22/23.
- The York plan has been signed off and agreed by NHSE together with activity targets.
- The White paper on integration makes further suggestions that the mechanism of the Better Care Fund could support further pooling of budgets in later years.



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Key Targets

- There have been changes in the BCF performance metrics the two specific changes are around health activity.
- The 21/22 metrics are:
 1. Reductions in ambulatory care condition admissions
 2. Length of Stay: 14 & 21 day reductions
 3. Reablement
 4. Admissions into long term care

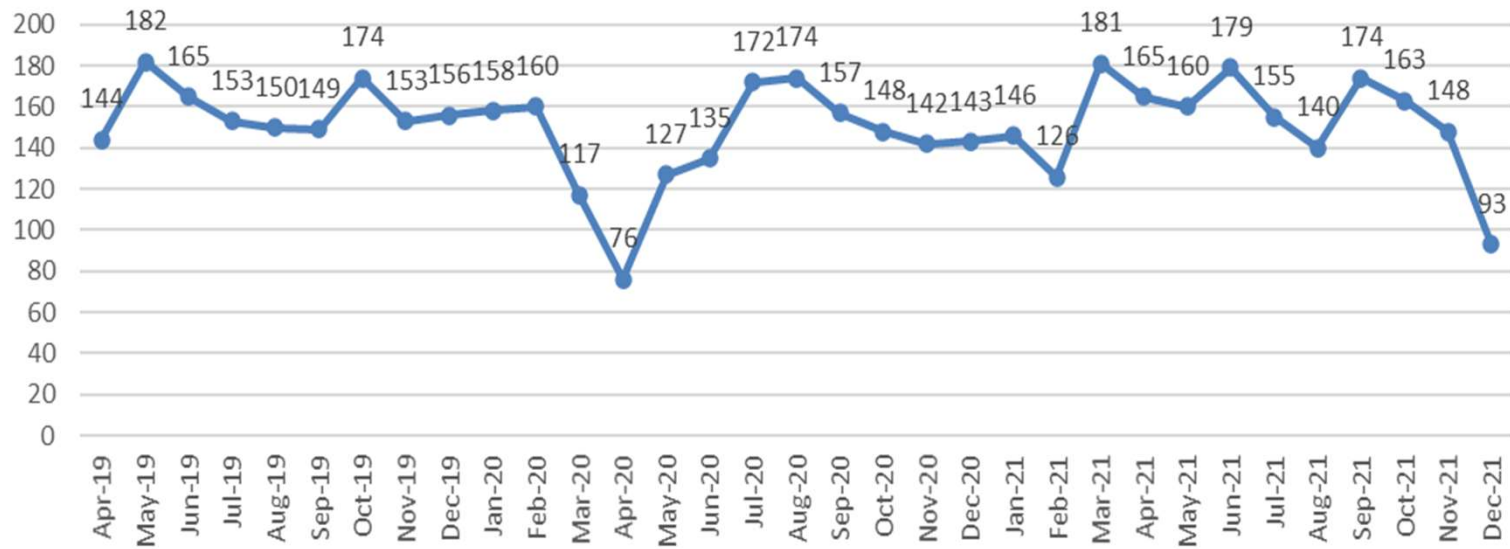
The two performance metrics that are no longer measurable are:

1. 4hr A/E target
2. Delayed Transfers of Care

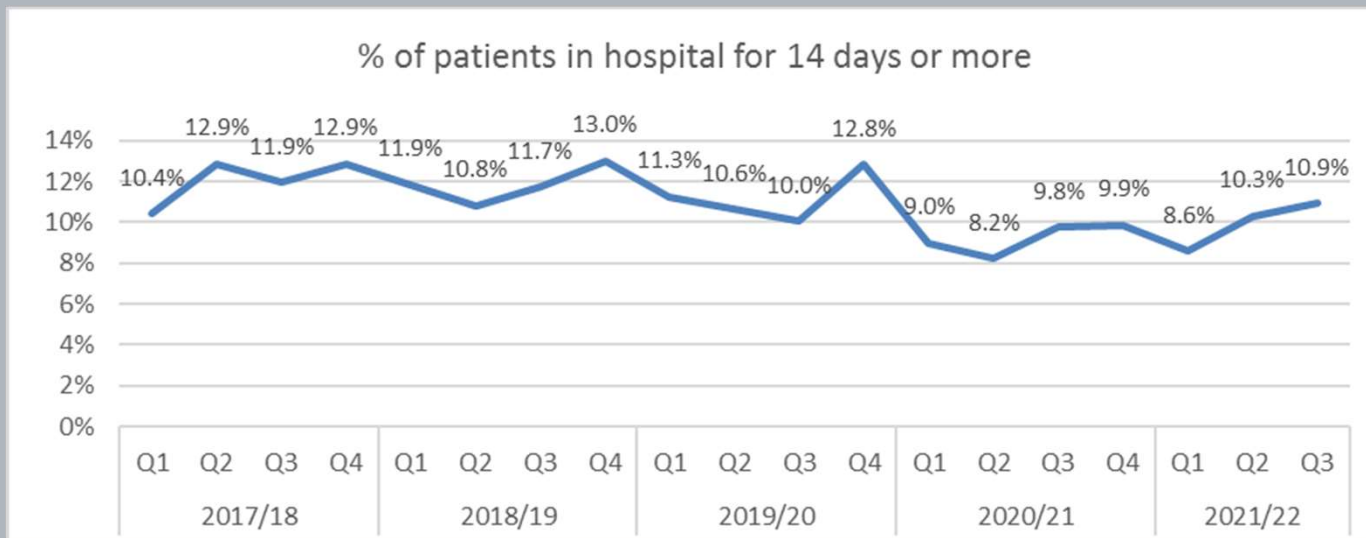


Performance

2.3.i Unplanned hospitalisation for chronic ambulatory care sensitive conditions

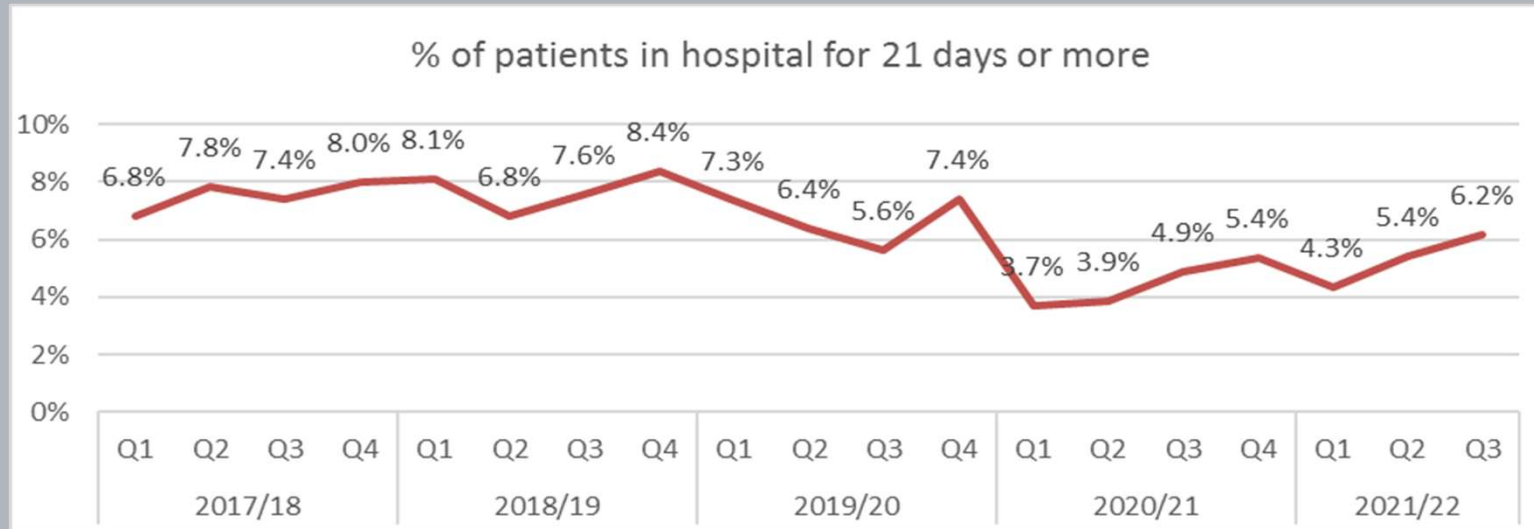


Length of Stay



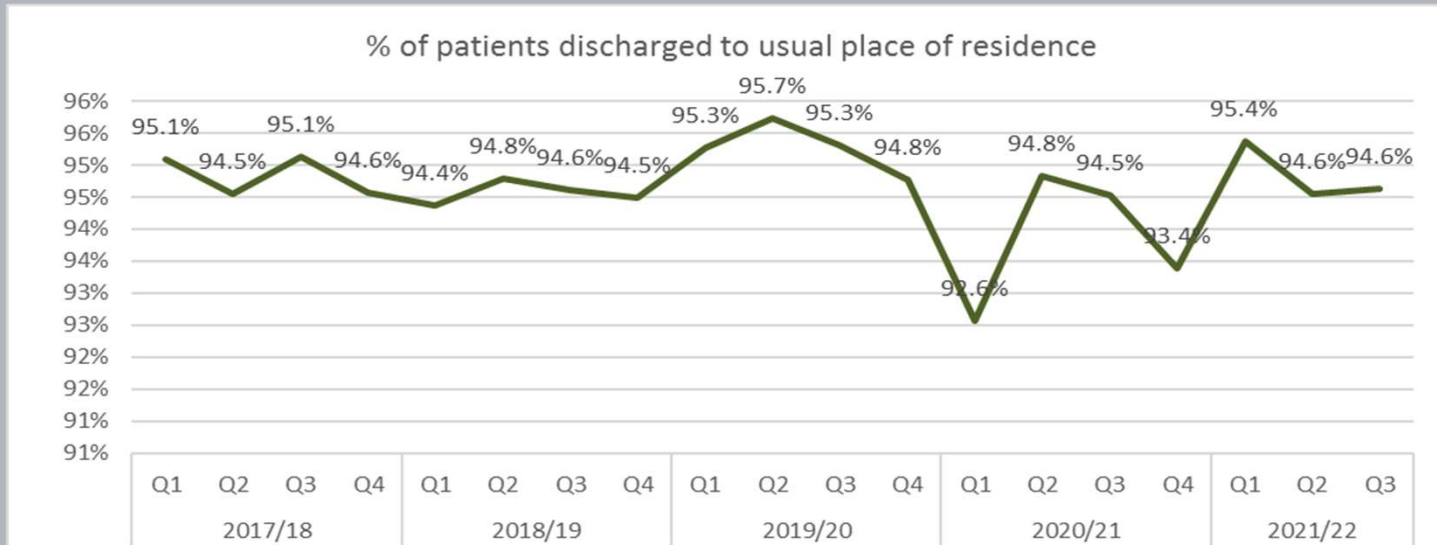
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Length of Stay



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Discharges



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Local context

- Partners have agreed minimum levels of BCF funds to be pooled as part of the BCF directions.
- The BCF partnership group has agreed to review all schemes and re-design or decommission schemes that are not performing or meeting targets.
- In light of this the BCF partnership commissioned VENN consulting to ensure we completed due diligence on areas of particular redesign and focus.



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Key Findings from VENN

- Partners work very well together to support discharges out of hospital, using differing approaches to care.
- Individually services do support early intervention approaches within the community.
- There is a no wrong door approach which supports easier access to services.
- Real focus on discharges from hospital.
- Some real good work within crisis teams and Local Area co-ordinators.



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Areas for consideration

- Although there is strength in a no wrong door approach as partners we may wish to review the criteria as this may support more people accessing statutory services unnecessarily.
- Early intervention approaches are good however there is evidence that people may not be getting the right care or too much care.
- There is duplication within reablement and intermediate care services and we should possibly consider implementing an integrated seamless pathway.



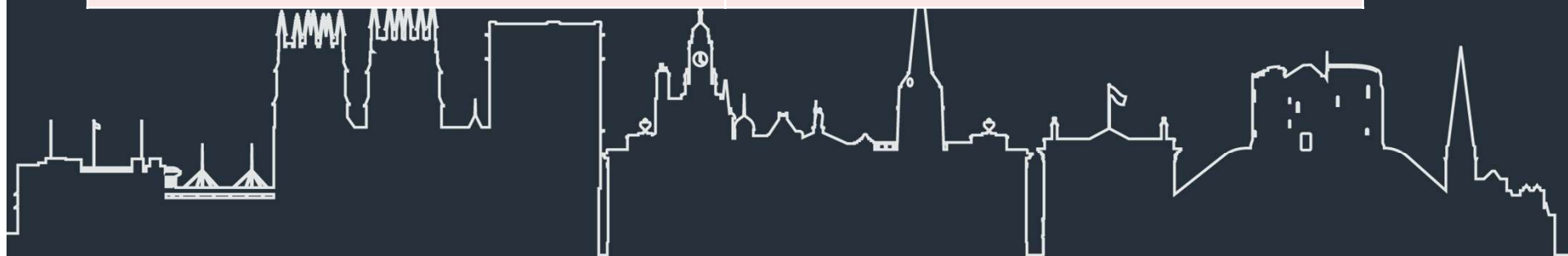
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Next Steps



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Shorter-Term	Longer-Term
Step-up into rapid community service / beds	No wrong door / SPA
Enhanced pathways into housing / adaptations	Focus on sustainable prevention & early intervention – funding / outcomes / VFM
Capacity in reablement & rehabilitation	Market management & cost of care exercise
Effective discharge pathways	Extra Care Housing & other schemes
Front-door turn-around / streaming	Enhanced voluntary & community sector
Ambulance pathways	Workforce strategy
Effective brokerage system	
Effective assessment & review - ASC	
Dynamic purchasing system	
Strength-based assessments	





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Thank you

Any Questions?

