

The following table illustrates those changes/deliverables that will be either fully funded or partially funded by the Better Care Fund (BCF) and the expected impact on the 6 outcomes/benefits of the BCF. These are the changes/deliverables that are the responsibility of the PCC Transforming ASC Operational Programme to deliver (SRO Debbie McQuade, Programme Mgr TBD)



Programme	Project	Project Manager	Deliverables (Expected Due Date)	Expected Outcome/Benefit and rationale						BCF Funded or not	14/15	15/15	Additional notes on BCF funding		
				Admission to residential and care homes	Effectiveness of Reablement	Delayed Transfers of Care	Avoidable emergency admissions	Patient / service user experience	Local metric - falls						
Transforming ASC Ops Programme	P1	Implementing the information & advice strategy for ASC health, social care and wellbeing	Jackie Cousins working with Serco PM	P1.D1	info & advice website and care directory (Sept'14)	yes - decrease res & care home numbers by promoting community based alternatives	yes - increase effectiveness of reablement by promoting community based solutions			yes - increase to patient satisfaction	yes - decrease in number of falls by promoting prevention & community based alternatives	BCF Funded	TBD	TBD	out of the £1,458,000 set aside for prevention & community Interventions
Transforming ASC Ops Programme	P1	Implementing the information & advice strategy for ASC health, social care and wellbeing	Jackie Cousins working with Serco PM	P1.D2	ASC / community specific content (care directory) designed to promote self service (Sept'14)	yes - decrease res & care home numbers by promoting community based alternatives	yes - increase effectiveness of reablement by promoting community based solutions			yes - increase to patient satisfaction	yes - decrease in number of falls by promoting prevention & community based alternatives	BCF Funded	TBD	TBD	out of the £1,458,000 set aside for prevention & community Interventions
Transforming ASC Ops Programme	P2	Accessing health and social care	Lesley Holt (Serco PM)	P2.D1	single point of initial contact, the new front door for social care - contact centre, telephony/IVR, electronic referrals, processing white mail / fax referrals (Sept'14). Single point of initial contact for health and social care including mental health (April'15)					yes - increase to patient satisfaction		BCF Funded	TBD	TBD	out of the £3,522,000 set aside to protect social care
Transforming ASC Ops Programme	P2	Accessing health and social care	Lesley Holt (Serco PM)	P2.D2	triage/eligibility and initial demand management with reablement & assistive technology as the default (Sept'14)		yes - increase effectiveness of reablement via AT	yes - decrease in DTOC by increasing capacity and coordination of service	yes - decrease in avoidable emergency admissions by promoting community based alternatives	yes - increase to patient satisfaction	yes - decrease in number of falls by promoting prevention & community based alternatives	BCF Funded	TBD	TBD	out of the £3,522,000 set aside to protect social care
Transforming ASC Ops Programme	P3	Care Act compliant care management	Kerry Wright	P3.D5	changing care mgmt so Assistive technology is the default (April'15)	yes - decrease res & care home numbers by promoting community based alternatives			yes - decrease in avoidable emergency admissions by promoting community based alternatives		yes - decrease in number of falls by promoting prevention & community based alternatives	BCF Funded	TBD	TBD	out of the £3,522,000 set aside to protect social care
Transforming ASC Ops Programme	P4	Integration with health to improve hospital admission / hospital avoidance	TBD *Cath - could this be a PM from health/ccg or lead integrator?	P4.D1	integrated hospital discharge pathway & team - 7 day working, strong alignment to MDT's		yes - decrease in DTOC by increasing capacity and coordination of service	yes - decrease in avoidable emergency admissions by promoting community based alternatives				BCF Funded	£100k Reablement	£150k Reablement	out of the £5,105,000 set aside for enhanced reablement services
Transforming ASC Ops Programme	P4	Integration with health to improve hospital admission / hospital avoidance	TBD *Cath - could this be a PM from health/ccg or lead integrator?	P4.D2	integrated reablement/rehab/intermediate care pathway & team - 7 day working, strong alignment to MDT's		yes - increase effectiveness of reablement by increasing capacity and coordination of service					BCF Funded	£100k Reablement	£150k Reablement	out of the £5,105,000 set aside for enhanced reablement services
Transforming ASC Ops Programme	P4	Integration with health to improve hospital admission / hospital avoidance	TBD *Cath - could this be a PM from health/ccg or lead integrator?	P4.D3	CHC pathway - funding without prejudice		yes - decrease in DTOC by increasing capacity and coordination of service			yes - increase to patient satisfaction		BCF Funded	TBD	TBD	out of the £3,522,000 set aside to protect social care
Transforming ASC Ops Programme	P4	Integration with health to improve hospital admission / hospital avoidance	TBD *Cath - could this be a PM from health/ccg or lead integrator?	P4.D4	development of reablement offer for both LD and MH		yes - increase effectiveness of reablement by increasing capacity and coordination of service			yes - increase to patient satisfaction		BCF Funded	TBD	TBD	out of the £5,105,000 set aside for enhanced reablement services
Transforming ASC Ops Programme	P4	Integration with health to improve hospital admission / hospital avoidance	TBD *Cath - could this be a PM from health/ccg or lead integrator?	P4.D5	accountable professional named for any integrated packages of care		yes - decrease in DTOC by increasing capacity and coordination of service			yes - increase to patient satisfaction		BCF Funded	TBD	TBD	out of the £3,522,000 set aside to protect social care
Transforming ASC Ops Programme	P6	Monitoring and responding to the impact of the Care Act	Philip Hammond	P6.D3	use of NHS number as prime identifier (March'15)					yes - increase to patient satisfaction		BCF Funded	TBD	TBD	out of the £442,000 set aside for capital investment
Transforming ASC Ops Programme	P7	Development of Care Sector Quality Improvement Team	Tina Hornsby	P7.D1	Development of multi-agency quality improvement / trouble-shooting function with health and social care input (Sept'14)	yes - decrease res & care home numbers by promoting community based alternatives			yes - decrease in avoidable emergency admissions by promoting community based alternatives	yes - increase to patient satisfaction		BCF Funded	TBD	TBD	out of the £5,105,000 set aside for enhanced reablement services
Transforming ASC Ops Programme	P7	Development of Care Sector Quality Improvement Team	Tina Hornsby	P7.D2	Provide targeted/practical support to improve the quality of all commissioned care - eg care homes, daycare, home care, PA's etc (Jan'15)	yes - decrease res & care home numbers by promoting community based alternatives			yes - decrease in avoidable emergency admissions by promoting community based alternatives	yes - increase to patient satisfaction		BCF Funded	TBD	TBD	out of the £5,105,000 set aside for enhanced reablement services
Transforming ASC Ops Programme	P7	Development of Care Sector Quality Improvement Team	Tina Hornsby	P7.D3	design of kyte mark quality standards and processes to support it - links with commissioning/contracts/procurement/contract monitoring. To be published on the website & care directory (Sept'14)	yes - decrease res & care home numbers by promoting community based alternatives			yes - decrease in avoidable emergency admissions by promoting community based alternatives	yes - increase to patient satisfaction		BCF Funded	TBD	TBD	out of the £5,105,000 set aside for enhanced reablement services

Proposed Next Steps:

- 1) Quantify the likely impact (documenting any assumptions used). Could this be a task for the H&WB Information/Data sharing group?
- 2) Agree the amount of BCF funding to be used for each deliverable. Could this be a task for the BCF Steering Group once they understand the likely impact?
- 3) Develop the same for the "Commissioning Health and Wellbeing Programme". Could this be a task for the Commissioning Programme Manager?

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