1.0 Introduction

1.1 Everyone Counts Planning Guidance 2014/15 advises that Clinical Commissioning Groups should engage with their providers and other stakeholder through the Urgent Care Working Group. CCGs should share a plan which sets out appropriate use and reinvestment of the 70% threshold monies and other non-recurrent funding sources such as deductions for avoidable readmissions. They should publish such plans on their website.

2.0 Telford & Wrekin CCG Proposals based on plans to date

2.1 For planning purposes, Telford & Wrekin CCG has estimated that, in 2014/15, the value available for reinvestment will be between £2m and £3m. The exact value will be determined by levels of activity and the results of an assessment of readmissions.

2.2 The following summarises existing plans for use of this funding, outlined in strategies previously shared with stakeholders. These plans have been articulated in CCG Commissioning Intentions, the Better Care Fund and the CCG Two Year Operational Plans, and will be discussed at the Urgent Care Working Group meeting in 2014.

2.3 In September 2013 the CCG clearly set out its proposed Commissioning Intentions in a board paper. These included, as one of five ‘Transformational Aims:-

To “redesign integrated Health and Social Care services to support more urgent care closer to home to avoid hospital admission where possible, and to facilitate rapid discharge.”

2.4 The paper went onto to define this as to:-

- Integrate more (enhanced) community nurses through the reconfiguration of CNS above.
- Integrate staff from SaTH therapy, nursing and medical teams
- Re-provide rehabilitation activity currently provided in the hospital setting to the community
- Similarly, to support more End of Life care, particularly for elderly patients to community care
- Embed a Community Falls service within the integrated arrangements
- Improve processes with the independent sector to improve timeliness of assessment discharges
- Work with Social Care to develop the market to expand the availability of community capacity for elderly patients with mental health needs as there is a clear shortfall (ref. JSNA)
2.5 The strategy adopted by the board is delivered through a £3m transfer from Acute Services into Re-ablement, Rehabilitation Services. The strategy is congruent with national policy released later relating to the better care fund. In 2014/15 the CCG has invested the transformational funding through an early adoption BCF pilot.

2.6 The commissioning intention to invest the £3m in this way were shared with the SaTH Trust and other stakeholders in 2013.

2.7 In February 2014 the Telford & Wrekin Health & Well Being Board agreed the pooled budget to be created between the Council and the CCG that would form the Better Care Fund pool.

2.8 The BCF plan has been ‘signed off’ by the Area Team and is currently being reviewed by the Regional Team. Ongoing detailed work designing integrated community health and social care services is well underway locally so that enhanced admission avoidance and community re-ablement/rehabilitation schemes can start during 14/15. To that end £2.4m of the planned ‘readmissions/emergency threshold monies’ has been allocated to the BCF, in line with national guidance.

2.9 This money will be invested initially with a number of local stakeholders including, Shropshire Community Trust, Local Authority Enablement Services, Care Providers and the Voluntary Sector, who are all working closely with the CCG to design new arrangements.

2.10 Simultaneously the CCG is working with primary care providers and other stakeholders and for planning purposes, plans to invest an additional £600K in attendance and admission avoidance schemes. These will include providing medical care and taking medical accountability for sub-acuteely ill patients who can be cared for at home.

3.0 Audit activity

3.1 The CCG plans to review the activity generated by admissions and readmissions through a further audit. This will be completed on or as near as possible to 1st July 2014. Ideally the audit will be completed in partnership with Shropshire CCG and SaTH clinicians. Arrangements to complete this will be developed during June 2014.

3.2 The CCG intends to complete repeat audits on an annual basis (every February), at the very least, and ideally would prefer a bi-annual exercise. This will help to inform the evaluation of the investment to ensure the best possible outcome for the population of Telford & Wrekin.

4.0 Summary

4.1 The CCG plans to reinvest the 2014/15 Readmissions/Emergency Threshold monies as follows:-
- £2.4m into the Better Care Fund pool to support integrated Health and Social Care Admissions Avoidance; Rehabilitation and Re-ablement services
- £600K domiciliary care to support the integrated teams and take on elements of medical accountability for patients who might otherwise be admitted/re-admitted.

4.2 The impact of this investment will be to reduce the rate of emergency admissions and readmission in line with the spirit of the 208/09 guidance and all the CCG strategic plans to date.