

South Kent Coast CCG
Better Care Fund - Programme Plan (High Level)

SKC Better Care Fund Plan - High level timetable

No.	Tasks	Lead/s	RAG status	Development Year 2014/15				Better Care Fund Delivery 2015/16			
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1 Programme Governance/Monitoring											
1.1	Develop project briefs and plans to set out details of all schemes including milestones	ZM									
1.2	Finalise performance dashboard (activity and finance) to include all scheme metrics	TBC									
1.3	Agree details of section 256 monies for the 14/15 schemes and how they support 15/16 transformational changes	CCG/KCC									
1.4	Agree reporting process with Integrated Commissioning Group & local HWBB	ICG									
1.5	Agree timetable for reporting progress of plans through CCG assurance framework	ZM									
1.6	Agree communication plans and ongoing engagement activities for schemes (patients/members/providers/other stakeholders)	ZM									
1.7	Reports to Local HWBB	ZM									
1.8	Reports to CCG Clinical Cabinet & Performance & Delivery Committees	ZM									
1.9	Others (tbc)										
2 Integrated Teams, Rapid Response & Reablement (supported by local Intermediate Care group)											
2.1	Agree amendments to existing ICT service specification and communicate with stakeholders	ZM/KCHT									
2.2	Agree trajectory for achieving 60%:40% split for step down/step up community hospital beds	ZM/KCHT									
2.3	Further work to defined enhancement of rapid response	CCG/KCHT/KCC									
2.4	Complete modelling of activity to determine therapist input required 7 days a week	KCHT/CCG									
2.5	Commence pilot of an integrated intermediate care performance dashboard	CCG/KCC/KCHT									
2.6	Review evaluation of non-weight bearing / interim beds project and confirm model of care & investment for model	CCG									
2.7	Implement integrated rehabilitation & non-weight bearing pathway (with additional beds if agreed)	CCG									
2.8	Implement changes to ICT to achieve next stage of integration	KCHT									
2.9	Integrate ICT single point of access with social services & ICT for all areas	KCHT/KCC									
2.10	Agree details of an integrated hospital discharge team and how it links to community pathways	KCHT/EKHUFT/CCG									
2.11	Step up (40%) beds available in community hospital supported by revised criteria	KCHT									
2.12	Implement enhanced rapid response (1st stage)	KCHT									
2.13	Implement enhanced rapid response (2nd stage)	KCHT									
2.14	Additional developments for 2014/15 tbc										
2.15	Additional changes for 2015/16 tbc										
3 Enhance Neighbourhood Care Teams & Care Coordination (supported by Proactive Care & Primary Care Groups)											
3.1	Agree further enhancement of NCTs	CCG									
3.2	Integrate NCT single point of access with social services & ICT	KCHT/KCC									
3.3	Integrate NCT pathways with secondary care including the development of integrated discharge teams	KCHT/CCG									
3.4	Additional developments for 2014/15 tbc										
3.5	Additional changes for 2015/16 tbc										
4 Enhance Primary Care (supported by Primary Care Development group)											
4.1	Agree pathway for proactive management of high risk patients and how MDTs fit with new schemes	ZM									
4.2	Start implementing schemes to support over 75s (to be listed separately once agreed)	CCG									
4.3	Agree additional opportunities for enhancing primary care	CCG									
4.4	Additional developments for 2014/15 tbc										
4.5	Additional changes for 2015/16 tbc										
5 Enhance Support to Care Homes (supported by local Care Homes group)											
5.1	Recruit additional resource to CNS Older People team to enhance existing pathway and implement changes	KCHT									
5.2	Agree outcomes for scheme jointly with stakeholders	JDK									
5.3	Implement revised service specification to formally reflect changes to existing contract	JDK									
5.4	Develop stakeholder engagement plans	CCG									

