Royal Kingston

your healthcare NHS
providing services for the NHS

Kingston Hospital NHS
NHS Trust

South West London and St George's NHS
Mental Health NHS Trust

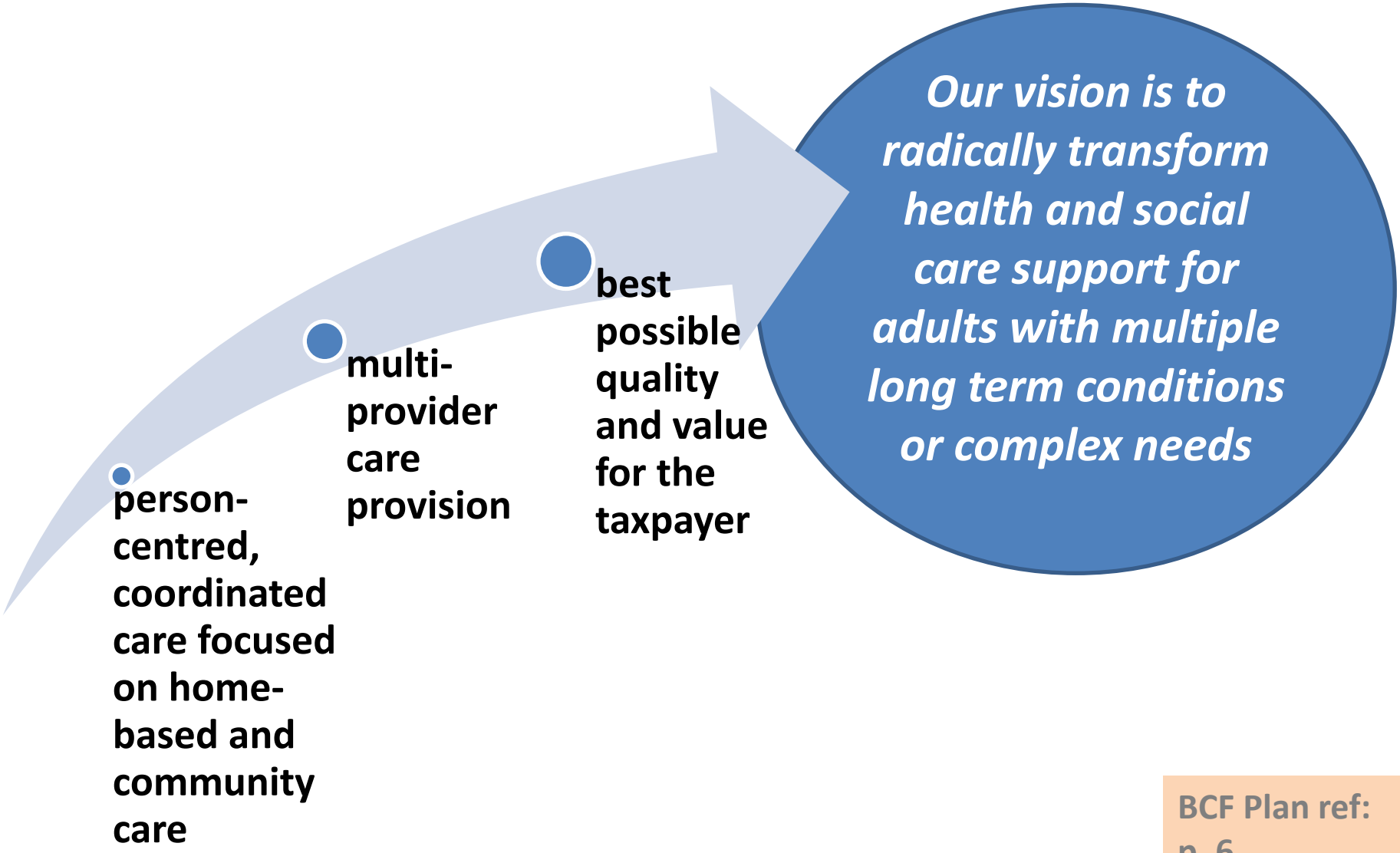
NHS
Kingston Clinical Commissioning Group

In partnership with Kingston's voluntary and community sector

Kingston's Better Care Fund Plan

Better care for our residents through transformed health and social care

Our vision for the Better Care Fund



BCF Plan ref: p. 6

Better care for service users

I know where I can get help and support

I feel part of a community

I know who is in charge of coordinating my care

The care I receive is built around me

I am treated as a person and helped to stay well, and so is my carer

I am supported through difficult times

I manage my conditions myself and am in control of decisions about my care

I live safely and well where I want to be

My independence is respected

How will we deliver better care?

7 day working

Enhanced community support

Information sharing

Primary care led Dementia services

Multi-Disciplinary working & Multi-Provider Teams

Care and support reform

Carers support

Self management

Housing (options and adaptations)

Psychiatric liaison model (RAID)

Kingston at Home

A new model of care

Working in multi-provider teams to support those identified as being at high risk of hospital admission

The aim of this new model of care is to:

1. Avoid unnecessary emergency admissions
2. Prevent ill-health and extend life expectancy
3. Enhance quality of life and wellbeing
4. Create truly coordinated care, centred around the person

Multi-provider teams will:

1. Comprise a small number of GPs and specialists working together 12 hours, 7 days a week
2. Support a defined group of people with complex needs
3. Provide expert assessments, diagnosis, care planning and care provision
4. Coordinate support from across the whole system

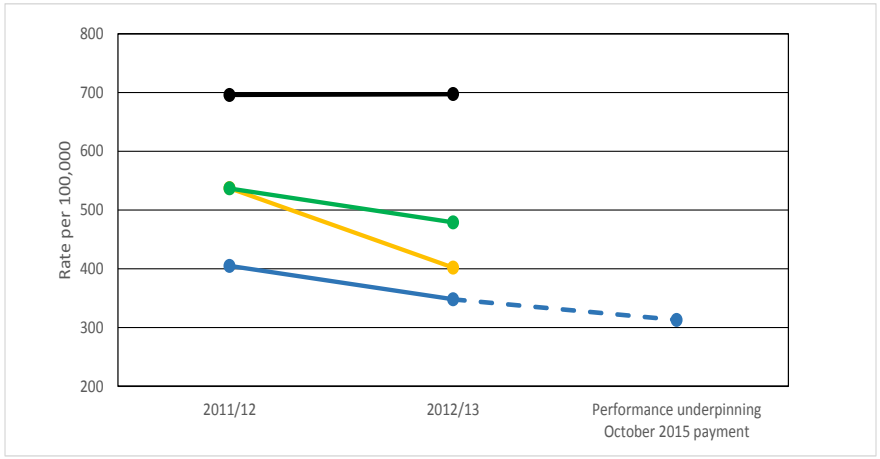
BCF Plan ref: pp. 13-16

Our commitments

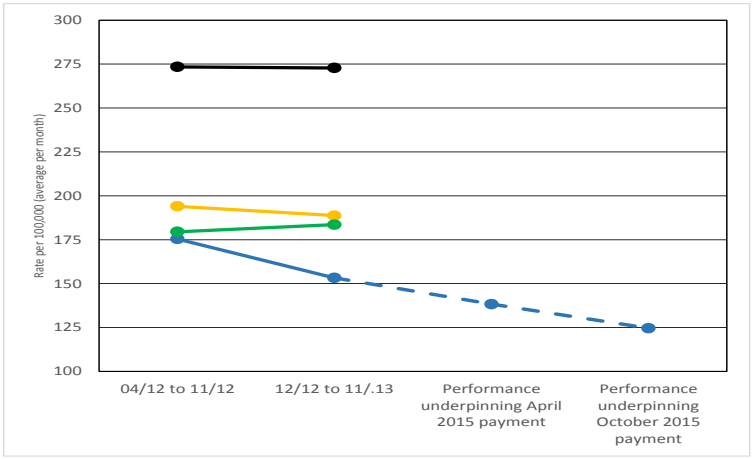
- ✓ Residents' experience of care and support will be better
- ✓ There will be fewer avoidable emergency admissions
- ✓ There will be fewer delayed transfers of care
- ✓ More people will be discharged over the weekend **(local measure)**
- ✓ Reablement services will remain effective and will reach more people
- ✓ There will be fewer admissions to residential and nursing homes

BCF Plan ref: p. 10

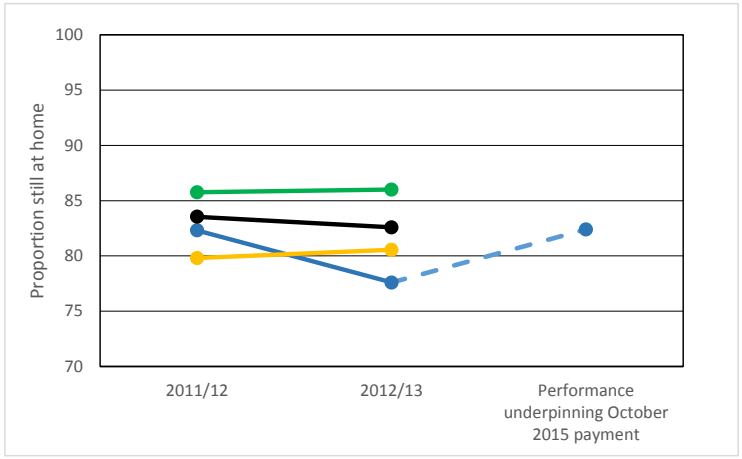
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population



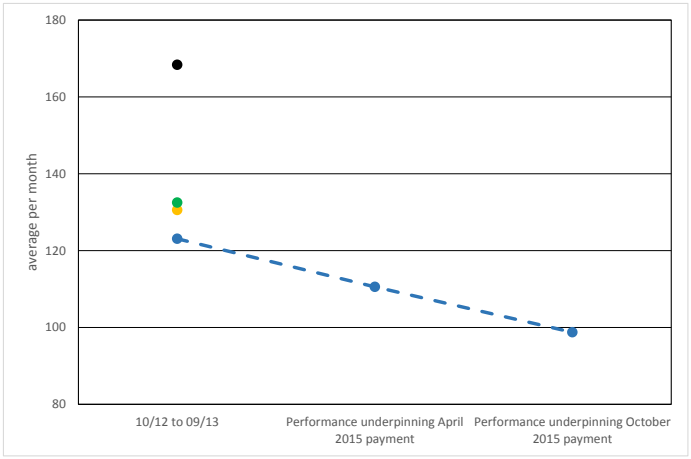
Delayed transfers of care from hospital (days) per 100,000 population (average per month)



Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services



Avoidable emergency admissions (average per month)



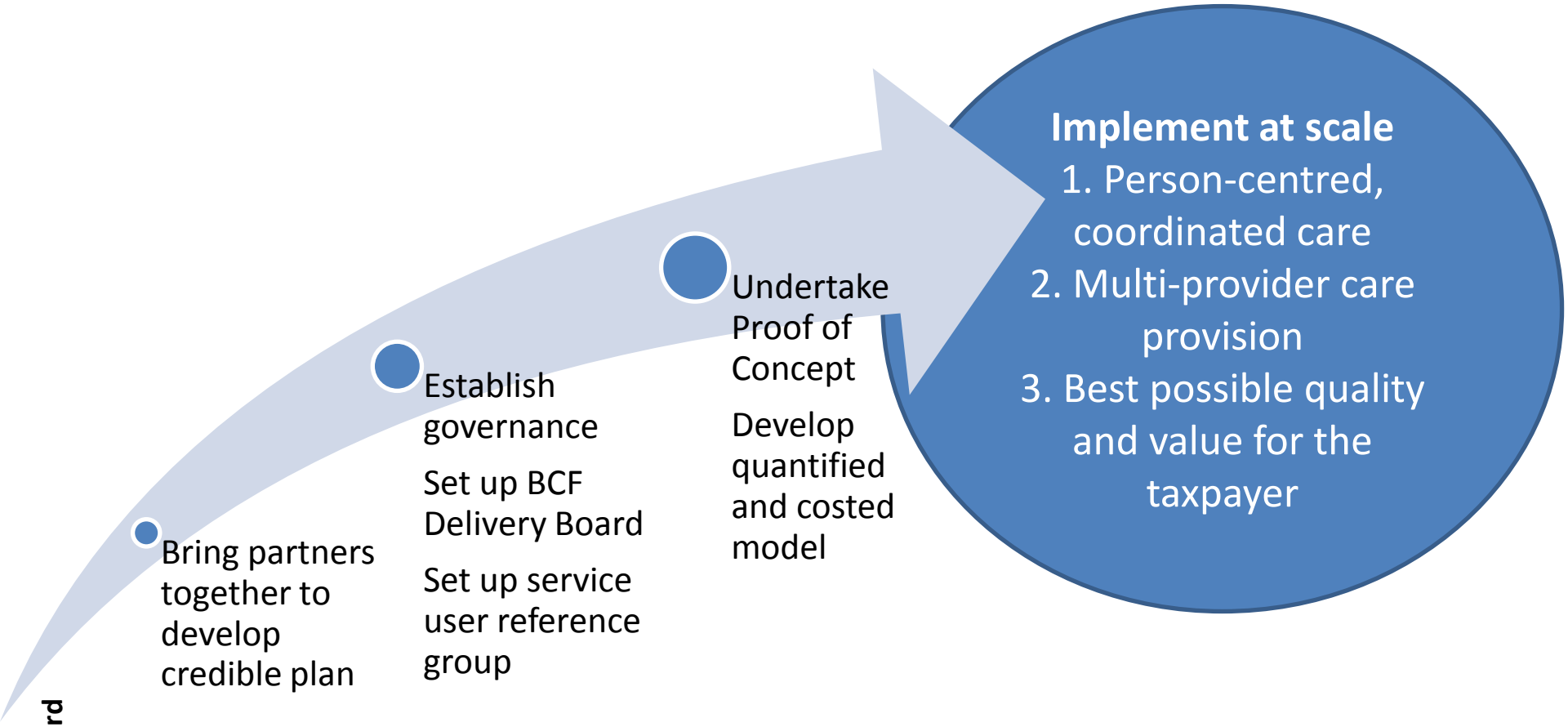
Kingston upon Thames
Comparator authority average
London average
England average

Challenges

- Not a quick fix – a 5 year programme of continual change
- Making the money work
- Affects all service providers
- Significant shift from treatment to prevention and from hospital care to home-based and community –based care
- Collaboration between providers
- Collaboration between providers and commissioners
- Workforce engagement

BCF Plan ref: pp. 39-40

What happens now?



Health & Wellbeing Board

- **Provide system-wide leadership and ongoing strategic direction**
- **Hold system to account for delivery of BCF**