

HEALTH AND WELLBEING BOARD	AGENDA ITEM No. 10
10 DECEMBER 2018	PUBLIC REPORT

Report of:	Will Patten, Director of Commissioning, Cambridgeshire County Council and Peterborough City Council	
Cabinet Member(s) responsible:	Councillor John Holdich, Health and Wellbeing Board Chair.	
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BETTER CARE FUND UPDATE

R E C O M E N D A T I O N S	
FROM: Will Patten, Director of Commissioning, Cambridgeshire County Council and Peterborough City Council	Deadline date: N/A
It is recommended that the Health and Wellbeing Board note and comment on the report.	

1. ORIGIN OF REPORT

- 1.1 This report is submitted to the Health and Wellbeing Board following a request from the board to provide an update on progress of the local Better Care Fund Plan and follows a system wide evaluation of the Improved Better Care Fund investment (iBCF).

2. PURPOSE AND REASON FOR REPORT

- 2.1 The purpose of this paper is to summarise the Peterborough iBCF evaluation findings and recommendations for the final two quarters of 2018/19.

- 2.2 This report is for the Board to consider under its Terms of Reference No. 2.8.3.6:

To identify areas where joined up or integrated commissioning, including the establishment of pooled budget arrangements would benefit improving health and wellbeing and reducing health inequalities.

3. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	NO	If yes, date for Cabinet meeting	N/A
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4. BACKGROUND AND KEY ISSUES

4.1 BACKGROUND

The Improved Better Care Fund (iBCF) was introduced in 2017/18. It was new, non-recurrent funding and was required to be included in the BCF pooled budget arrangements. The iBCF financial contribution of £3,876,686 in 2017/18 and £5,245,865 in 2018/19 had to be spent in line with the following national conditions:

- Meeting Adult Social Care Needs generally;
- Reducing pressures on the NHS (including DTOC); and
- Stabilising the care market

In 2017, Peterborough submitted a jointly agreed BCF Plan, covering a two year period (April 2017 to March 2019). The plan was approved by the Peterborough Health and Wellbeing Board on 11th September 2017 and received full NHS England approval in December 2017. The Section 75 agreement was established and outlined the breakdown of budgeted financial allocations for 2017/18 and 2018/19.

Following the recent local health and social care system peer review (24th-27th September), which was supported by the Local Government Association (LGA), initial feedback indicated that we are utilising Better Care Fund and Improved Better Care Fund monies and implementing plans in line with the national conditions.

4.2 KEY ISSUES

4.2.1 Peterborough 2017-19 iBCF Plan Agreed Areas of Investment

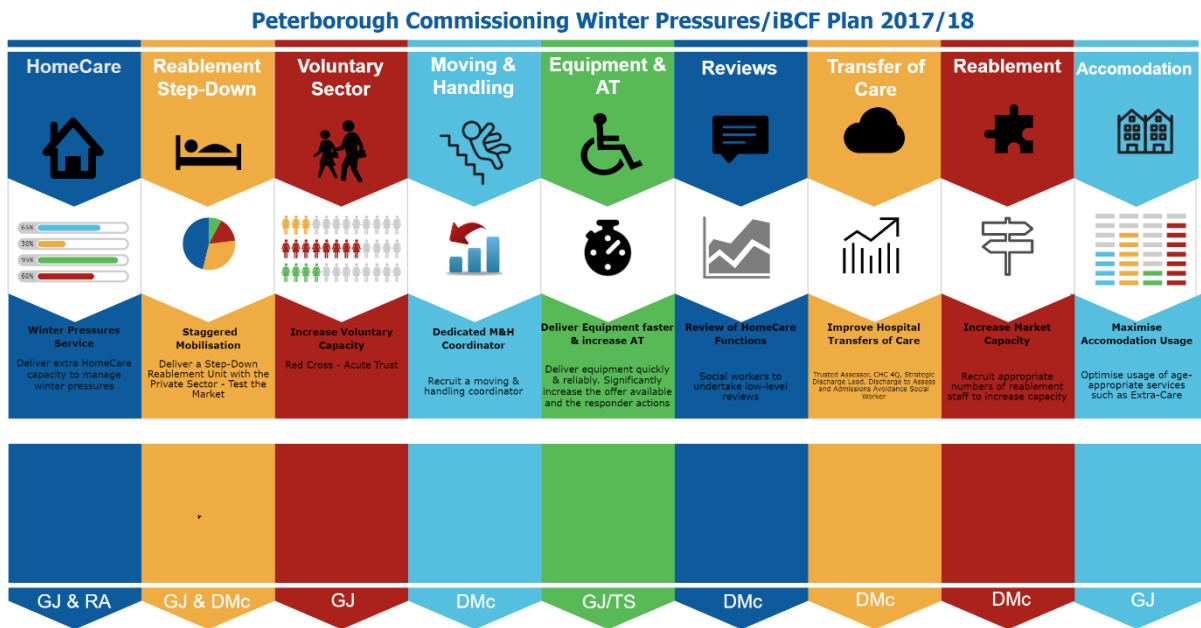
The investment as agreed within our approved Better Care Fund Plans and associated section 75 pooled budget agreements for the two year period, 2017-19 is outlined below:

Area of Investment	Peterborough		Description & Performance Summary
	2017/18 Agreed Investment	2018/19 Agreed Investment	
Investment in Adult Social Care & Social Work, including managing adult social care demands	£350k	NIL	Description: Address identified ASC budget pressures, including across domiciliary/home care, national living wage, demographic demand, investment in Transfer of Care Team (TOCT) and reablement capacity
Investment into housing options & accommodation projects for vulnerable people*	£2,000k	£1,100k	Description: Provision of suitable long term care and support, including housing, to support individuals to maintain greater independence within their own homes.
Joint funding with NHS and Peterborough CC Public Health prevention initiatives	£150k	£150k	Description: A joint investment with the STP in public health targeted prevention initiatives, including falls prevention and atrial fibrillation.
Detailed plan to support delivery of national reducing delayed transfers of care target	£1,000k	£1,000k	Description: Targeted implementation of identified priority high impact changes.

Total of Spring Budget Allocation	£3,500k	£2,250k	
Protection of ASC in line with original intentions of the grant	£377k	£2,996k	Investment in core budgets to ensure the protection of ASC. This met the national condition of meeting adult social care needs generally.
Total iBCF allocation	£3,877k	£5,246k	

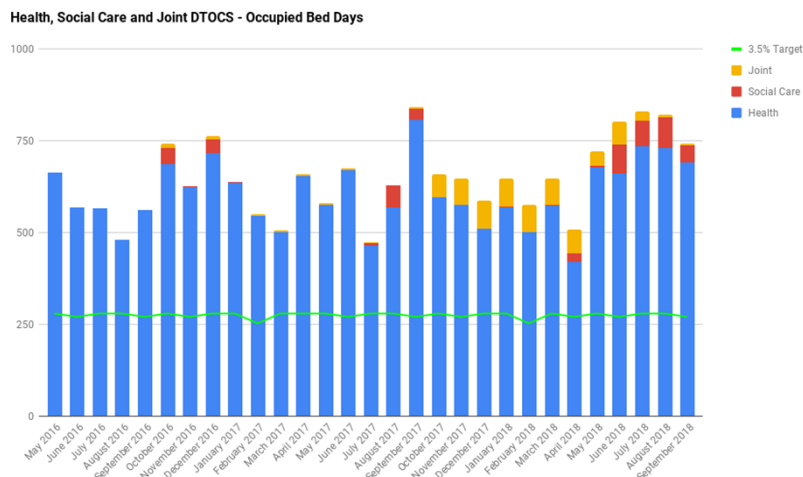
* Due to the unprecedented financial pressures resulting from increasing costs of care and increasing demands on its resources from winter pressures; in line with the iBCF national conditions, the funds have instead been used to mitigate these pressures and provide solutions to meet the DTOC target and meet Adult Social Care needs.

Following a system wide self-assessment of the High Impact Changes for Discharge and associated identified areas of priority, the below diagram provides an overview of 2017/18 initiatives.



DTOC Performance

4.2.2 Based on the latest NHS England published DTOC statistics, the below graph shows month on month DTOC performance across Cambridgeshire against the 3.5% target, highlighting that performance is significantly underperforming against target.

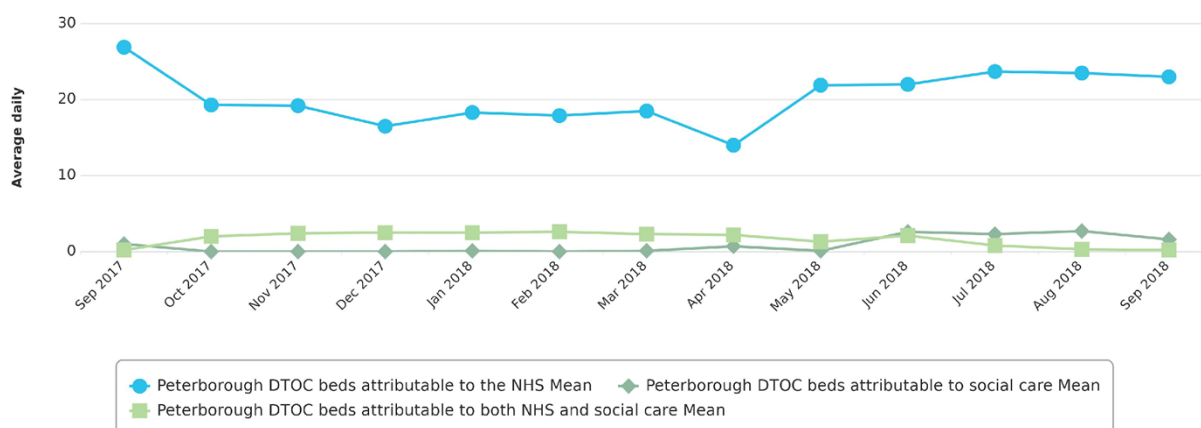


During September 2018, 92% of delayed days were within acute settings. 92.9% of all delayed days were attributable to the NHS, 6.3% were attributable to Social Care and the remaining 0.8% were attributable to both NHS and Social Care.

The below graph shows the DTOC trends by attributable organisation. Between August 2017 and September 2018 we have seen a 21% increase in in NHS attributable delays and a 20% reduction in social care attributable delays. There was a significant increase in community bed delays since June 2018. Prior to this social care performance was exceptionally low, averaging 7 bed delays per month, with many months recording zero delays.

4.2.3

Daily DTOC beds, all (breakdown by Care organisation) (Mean) (from Sep 2017 to Sep 2018) for Peterborough & All English unitary authorities



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IBCF Investment areas - Impact

In 2017/18 a total of £1,033k was invested to support delivery of the DTOC target. The impact of the specific initiatives was varied and the below table provides an evaluation summary.

Area of Investment	Planned Investment 2017/18	Actual Spend 2017/18	Impact	2018/19 Recommendation
Reablement capacity – general	£191,000	£35,240	<p>Recruitment has increased capacity 20% from 3792 hours per month to 4984 hours per month.</p> <p>10,018 hours of bridging packages were delivered between December 2017 and March 2018.</p> <p>The service is regularly meeting their monthly referral target of 85, with an average of 91 referrals per month.</p>	Investment to continue
Reablement Capacity – Clayburn Court	£NIL	£123,150	<p>12 reablement beds were commissioned at Clayburn Court. The utilisation of these beds has been very low at circa. 17% and the block contract provision for this service was decommissioned at the end of June 2018. The service was unsuccessful due to the provider model not being effective. It is recognised that there is an ongoing need for effective reablement flat provision and an alternative provider model has been sourced.</p>	Decommission
Admissions Avoidance Social Worker in ED	£40,000	£29,900	<p>The role is supporting admissions avoidance in the emergency department, improving ward staff understanding of community support and liaising with providers to accept patients back rather than the attendances resulting in an admission.</p> <p>There is close liaison with care providers, which is proving positive and they are becoming more confident in accepting patients back into their care.</p>	Investment to continue.

			<p>The service is reporting an average of 39 hospital admissions avoided per week. Interventions included signposting (74%), restart of care package (0.5%), Red Cross referral (1%), Case note support (15%).</p>	
CHC 4Q Pathway – additional DPSN and social worker resource	£80,000	£72,500	<p>Funding for additional social worker and discharge planning nurse posts was invested in from the iBCF. The 4Q pilot went live in November 2017 and the additional posts have been recruited to on an interim basis.</p> <p>The number of patients having a 4Q (at end of March 2018) was 86</p> <p>There has been a significant reduction in health assessment related delays: Reduction of 493 delayed bed days in September (59% of all delays) to 131 delayed bed days in March 2018 (26% of all delays)</p>	Investment to continue
Equipment budget pressures	£80,000	£80,000	<p>The graphs below shows an overall monthly increase in demand for stock catalogue equipment when compared to last year.</p> <p>Despite the increased demand placed on the service, it continues to perform well and respond to changing needs and priorities across health and social care.</p>	Investment to continue
Moving and Handling Coordinator	£50,000	£31,200	<p>An Occupational Therapist is has been based within Peterborough City Hospital since October 2017.</p> <p>The role is working well, with positive feedback received from hospital teams. It has enhanced relations with ward therapists, improving understanding of what is available in the community and is working closely with the Community OT, improving patient follow up in the community.</p> <p>The Moving and Handling Coordinator has worked with 88 cases, all of which have led to a reduction in care package.</p>	Investment to continue
Increased low level reablement provision from the VCS	£100,000	£90,672	<p>Age UK: were commissioned to provide a community support at home service to support low level needs on discharge which went live in January. The level of referrals has been low into this service, with only 6 clients supported.</p>	Discontinue investment
			<p>British Red Cross: were commissioned to provide additional low level reablement support to aid discharge. This service is well regarded with hospital teams and it supported 108 clients between January and March 2018.</p>	Investment to continue

Social care lead in each acute	£50,000	£25,120	This has enabled greater oversight of the system, including working with partner organisations to ensure the correct agencies are involved in discharge planning. Enabled close management of DTOCs over winter period to ensure social care DTOCs remained low. Led on implementation of CHC 4Q hospital discharge pathway and supported the Discharge to Assess pathway implementation. Social Care Attributable DTOCs continue to average at 0%.	Investment to continue
Brokerage Capacity	£40,000	£NIL	This investment was not required in 2017/18.	Discontinue Investment
CHC Nurse resource to address CHC backlog	£150,000	£NIL	This investment was not required in 2017/18.	Discontinue investment
Social worker capacity to address CHC backlog	£50,000	£NIL	This investment was not required in 2017/18.	Discontinue investment
Trusted Assessor	£50,000	£18,000	The Trusted Assessor service, provided by LINCA, went live in December 2017. The service has undertaken 75 patient assessments to date and facilitated 61 discharges.	Investment to continue
Public Health Initiatives: Stay Well in Winter, Keep Your Head Website and Dementia Alliance Coordinator	£69,000	£50,000	Only the stay well in winter investment was required in 2017/18, due to the late start of other projects.	Investment to continue
Market Management Review	£50,000	£170,489	Delivered the iMPower demand management findings, which are informing development of early intervention and prevention programme of work.	Discontinue investment
Planned Investment Sub-Total	£1,000,000	£726,301		
Unplanned Investment				
Cross Keys Day Lifting Service		£20,000	The service is targeted at a specific cohort of current LifeLine users. The service delivers excellent outcomes with 100% of calls responded to within the target 45 minutes. An average of 64% of calls have prevented an ambulance conveyance, though this has increased dramatically since March to an average of 94%.	Investment to continue
Reablement / Therapy Pressures		£31,049	Addressed staffing budget pressures. This supported the national condition of meeting ASC needs generally.	Discontinue Investment
Community Staffing Pressures		£219,520	Addressed staffing budget pressures as a result of reliance on locum staff. This supported the national condition of meeting ASC needs generally.	Discontinue investment

Additional VCS Domiciliary care provision		£35,975	The Carer's Trust: were commissioned to provide domiciliary care support for up to 6 weeks to support hospital discharge. The service went live in January 2018 and has a low level of referrals.	Discontinue investment
Unplanned Investment in DTOCs		£306,544		
TOTAL	£1,000,000	£1,032,845		

4.2.4 Recommendations for Quarter 3 and Quarter 4 of 2018/19

Based on the outcomes of the impact evaluation, the review of the High Impact Change Self Assessments and the system wide workshops, the following recommendations are proposed for consideration.

Key principles were:

- Due to national delays from NHS England, iBCF approvals and monies were not in place until December 2017, this resulted in many initiatives not be implemented until the final quarter of 2017/18, with some coming online in early 2018/19, which has impacted on the timelines for delivery of outcomes.
- There are a number of existing financial commitments for 2018/19 from existing projects
- We should continue to deliver the things that are delivering well
- Where no impact is proven we should stop these initiatives
- Where pilot initiatives were working well, we should look to expand these wider
- We need to recognise where there are capacity issues and address these in the right way
- Some larger scale initiatives, it wouldn't be feasible to implement in the final two quarters of 2018/19 and these should be explored further to consider for future year funding where an identified need and benefit has been established

Peterborough			
Continue	Start 2018-19		Stop
Reablement investment - General	£191,000	Housing Case Worker - Peterborough City Hospital	CHC Backlog - Nurse and Social Work Investment £20,000
Admissions Avoidance Social Worker	£40,000	Prevention/Early Intervention Enabling	Brokerage Investment
Equipment Pressures	£80,000	People in Own Homes - Reviews Team	Market Management Review
Social care discharge lead - to support support D2A 4Q pathways	£50,000	Technology Enabled Care Investment	
Falls Lifting Service	£20,000	Increased VCS Support for Discharge	£50,000
Moving and Handling Coordinator	£50,000	Care Home Interim Beds Capacity	£100,000
CHC 4Q Investment - Discharge Planning Nurses	£40,000	Areas for consideration for 2019-20	
Public Health Initiatives	£69,000	Discharge model for care home patients	
Trusted Assessor	£50,000		
VCS Support for Discharge	£100,000		
Reablement Flats - alternative provision to Clayburn	£100,000		
TOTALS	£790,000		£210,000
Total Investment Required for 2018/19 would be £1,000,000			

*There is an agreed level of investment in the 2017-19 plans for 2018/19 iBCF DTOC investment of £1,000,000. This is the same level of investment as 2017/18.

Based on the above recommendations, the following is proposed as the iBCF investment areas for 2018/19. A copy of the 2017/18 agreed Costed DTOC Plan can be found at below.

2018/19 Proposal	Peterborough	
Detail of funding required	Cost	Notes
Reablement Capacity - general	191,000	Continue delivery of expanded reablement capacity
Reablement Capacity - Flats	100,000	Doddington, Ditchburn and Lapwings to continue. Clayburn Court and Eden Place decommissioned.
Admission Avoidance SW in ED	40,000	Continue PCH post and introduce new post for CUH and Hinch.
Equipment Budget Pressures (plus the continued requirement of N	80,000	ICES pressure
Moving and Handling Coordinator	50,000	Continue PCH post. New post in Hinch. CUH - pilot already being established by TEC team. Future model for CUH to be reviewed following pilot.
Increased low level reablement support (VCS provision)	150,000	Cambridgeshire - recommendation to look at sustainable commissioned VCS provision in 2019/20 to support discharge.
4Q DSPN capacity	40,000	
Housing Case Worker in PCH	20,000	Pilot model at PCH for 2018/19
Dedicated social work capacity to support self-funders (CUH)	-	
Social Care Lead to support D2A pathway	50,000	Social worker in each acute to support 4Q pathway
Technology Enabled Care	20,000	Additional capacity in Peterborough to support TEC joint team.
Falls Lifting Response Service	20,000	Continue commissioning of Cross Key Home Service
Additional Interim Care Home Beds	100,000	Spot Purchase capacity to address peaks in demand
Trusted Assessor	50,000	Continue PCH. CUH post established in April. New post in Hinch.
Occupational Therapy	-	
Additional Discharge Team Social Worker Capacity	-	
Out of County LD Review Team	-	
Pilot with South Cambs District to increase reablement flat provision through use of vacant sheletered accomodation	-	4 month pilot Dec - Mar
Stay Well in Winter	50,000	
Keep Your Head Website	4,000	
Dementia Alliance Coordinator	15,000	
Admissions Avoidance (Locality Teams)	20,000	
Actual DTOC reduction planned		
Target reduction of DTOCs to hit 3.5% national target		
iBCF Total	1,000,000	
lbcf 18/19 DTOC allocation in 2017-19 Plans	1,000,000	

4.2.5 In addition, it is also recommended that a programme board be established, accountable to the Integrated Commissioning Board to oversee the iBCF DTOC programme of work, to ensure:

- Oversight of the programme plan to enable effective implementation and delivery of initiatives.
- Maintain robust monitoring and evaluation of initiatives to ensure delivery of outcomes and inform future recommendations for continued investment.

Governance

A joint two year (2017-19) Cambridgeshire and Peterborough BCF and iBCF plan was submitted following Cambridgeshire Health and Wellbeing approval on 9th September 2017 and Peterborough Health and Wellbeing Board approval on the 11th September 2017. The plan received full NHS England approval in December 2017 and a two year section 75 agreement was established between Peterborough City Council and Cambridgeshire and Peterborough Clinical Commissioning Group.

Quarterly updates on BCF progress are reported to NHS England. Local monitoring of performance and financial spend is overseen by the Integrated Commissioning Board, which has delegated responsibility for the BCF and iBCF from the Health and Wellbeing Board. The Integrated Commissioning Board meets monthly and has cross system representation from senior management. Initiatives which are jointly funded with the STP are also monitored through the STP North and South Alliance Boards, which have health and social care system wide representation in attendance.

Two system wide workshops were held on 7th September 2018 and 4th October 2018 to review the iBCF interventions and informed the basis of the evaluation and final recommendations for 2018/19. The iBCF evaluation report and findings were discussed at the Integrated

Commissioning Board on 17th September 2018 and were then re-presented for formal approval on the 15th October 2018. All members of the board approved the recommendations, bar the CCG representative who requested more time to consider the proposals. Virtual approval from the CCG is currently being sought.

5. CONSULTATION

5.1 As previously reported, in the developing and drafting of the BCF Plan there were detailed discussions and workshops with partners, including discussion at the A&E Delivery Board and appropriate STP governance boards. The Joint Cambridgeshire and Peterborough Integrated Commissioning Board, which has system wide health and care representation, has overseen the development of the plan. In line with national requirements, local system partners have approved and are signatories to the 2017-19 BCF Plan. Joint working across Cambridgeshire and Peterborough continues and regular monitoring activities have been solidified to ensure clear and standardised reporting mechanisms.

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 Not applicable. The contents of this report provide an update for the board to note.

7. REASON FOR THE RECOMMENDATION

7.1 The report is for the information to the board.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 Not applicable.

9. IMPLICATIONS

Financial Implications

9.1 Delivery assurance through the Board will enable the Council and the CCG to continue to meet NHS England's conditions for receiving BCF monies.

The BCF funding is in line with the Council's Medium Term Financial Strategy (MTFS) and numbers within earlier sections of this report.

Legal Implications

9.2 There are no legal implications related to this report.

Equalities Implications

9.3 There are no equality implications related to this report.

10. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

10.1 Peterborough Better Care Fund Plan 2017-19

11. APPENDICES

None

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