

BETTER CARE FUND UPDATE

To: **Health and Wellbeing Board**

Meeting Date: **23 November 2017**

From: **Cath Mitchell, Director of Transformation and Delivery:
Community Services and Integration**

Recommendations: **The Health and Wellbeing Board is asked to:**

- a) note and comment on the report and appendices.**

<i>Officer contact:</i>		<i>Member contact:</i>	
Name:	Geoff Hinkins	Names:	Councillor Peter Topping
Post:	Transformation Manager	Post:	Chairman
Email:	Geoff.hinkins@cambridgeshire.gov.uk	Email:	Peter.Topping@cambridgeshire.gov.uk
Tel:	01223 699679	Tel:	01223 706398

1.0 BACKGROUND

- 1.1 The Better Care Fund (BCF) creates a joint budget to help health and social care services to work more closely together in each Health & Wellbeing Board Area. The BCF came into effect in April 2015. The 2017/19 plan is the third Cambridgeshire BCF Plan. Following previous discussions with the Health and Wellbeing Board, a joint plan has been developed between Cambridgeshire and Peterborough for 2017-19; however, two separate pooled budgets are to be maintained in line with statutory requirements.
- 1.2 This report and its appendices provide updates on a number of issues related to the Better Care Fund, including:
- An update on Cambridgeshire and Peterborough's joint BCF submission and approval status
 - A six-month update on health data following a request from the Health and Wellbeing Board at its meeting in March 2017
 - Progress in delivering the Cambridgeshire and Peterborough BCF Plan for 2017-19, including updates on delivery planning
 - Information on Care Quality Commission (CQC) system reviews proposed for 2018; it is possible that Cambridgeshire will undergo a review.

2.0 BCF PLAN UPDATE

- 2.1 Cambridgeshire and Peterborough submitted their joint Better Care Fund plan on 11 September 2017. On 25 October, following the national assurance and moderation process, Cambridgeshire and Peterborough's plan was assessed as 'Approved with conditions'. The decision letter noted that the joint plan met the principal conditions of approval and the majority of planning requirements; and the plan is described as 'strong'. Partners were granted permission to enter into a formal Section 75 agreement and begin transferring funding. However, partners were also asked to provide some additional information by Thursday 2 November to graduate to 'approved' status, namely to ensure:
- The BCF risk log adequately reflects risks associated with major reorganisations happening across the health and care system in Cambridgeshire and Peterborough;
 - Ensure that every risk in the plan has attached mitigating actions; and
 - Provide an explanation for the amount of funding included within the 'risk share' in the plan.
- 2.2 This information has been submitted and formal notification of approval is awaited at the time of publication; a verbal update will be provided at the meeting. Work is continuing on delivery of the initiatives contained within the BCF Plan, overseen by the Integrated Commissioning Board (ICB) for Cambridgeshire and Peterborough. Progress updates are provided in Appendix 1, the Delivery Plan summary reported to the ICB on 20 November 2017, highlighting progress in each of the BCF project areas.

3.0 SUPPLEMENTARY REPORT ON HEALTH DATA

3.1 At the request of the Health and Wellbeing Board in March 2017, Appendix 2 provides an overview of the latest health data from 2015/16 to 2017/18 (year to date to August 2017).

- Emergency department attendance for 2015-16 remained relatively flat with some seasonable variance and although attendance started to increase in peaks and troughs it began to drop off again in August 2017. The recent change to the Joint Emergency Team (JET) criteria focussing on admissions avoidance has shown, via independent GP audits of JET activity, an increase in the genuine and verified admission avoidance rate from 28% to 42%.
 - From the data available to August 2017, admission volumes across the patch for non-elective admissions are increasing with slight provider trend variation. Cambridgeshire and Peterborough local authorities are currently on plan for activity. The CCG's Care Home Support Team (CHST) has been working with a range of care homes across the Cambridgeshire and Peterborough area. There has been a clear reduction in non-elective admissions from those care homes receiving the input from the CHST. We have seen a reduction across all providers of coded Mental Health non-elective admissions since the Mental Health Crisis Assessment service went live in September 2016.
 - Delayed transfers of care - where a patient was medically fit for discharge, but their discharge was delayed because the required health or social care support systems were not in place - remained an area of challenge.

4.0 DELAYED TRANSFERS OF CARE UPDATE

4.1 Delayed Transfers of Care (DTOC) have remained a significant challenge in Cambridgeshire and Peterborough throughout the first two quarters of 2017/18 and into the third. Through the Better Care Fund, partners invested in a number of immediate initiatives to support delivery of the ambitious national DTOC target of 3.5% of bed days by November. Initiatives include:

4.2 Dedicated Social Worker to support Self-Funding Service Users at Addenbrooke's

Whilst the number of delayed transfers of care for self-funders at Addenbrooke's is relatively low, the length of each delay is significant. A large proportion of delays relate to self-funders with more complex needs who may require assessment for ongoing support or placement following discharge from hospital. This often requires completion of further statutory assessments placing increasing pressure on existing resource. In order to reduce delays within this area, Cambridgeshire County Council (CCC) are recruiting a dedicated Social Worker to support self-funding service users with more complex needs through the discharge process. Recruitment to this post has commenced.

4.3 Transfer of Care

To support a coordinated, system wide approach to managing transfer of care, CCC will be recruiting 2 full-time equivalent Social Worker Strategic Discharge Leads aligned to Addenbrooke's and Hinchingbrooke to support discharge pathways into the community, helping to embed the new Discharge to Assess model. CCC is aiming to recruit to these posts by November 2017.

4.4 Admission Avoidance within Locality Teams

An increase in demand and the need to ensure all packages of care are based on a Care Act compliant assessment which takes longer than a standard review has led to a significant level of outstanding reviews across Locality Teams. Overdue reviews create a significant risk of hospital admissions placing further pressure on DTOC, and increased costs of care post admission. CCC are therefore recruiting additional resource to ensure a focused effort on reducing this backlog is undertaken in order to reduce the impact this could have on DTOC and increased spend due to increases in care need over the winter period. Recruitment of additional posts has commenced.

4.5 Domiciliary Care Provision

A new Home and Community Support Contract commenced from 1 November 2017. The new contract has enabled CCC to take a consistent approach to commissioning domiciliary care provision across all service areas including Older People and Physical Disabilities, Mental Health, Learning Disabilities, Continuing Healthcare and Children's Community Services. The tender exercise has been successful in increasing the number of providers delivering homecare services on behalf of CCC, and is therefore expected to support an incremental increase in capacity from November. The approach is also being supported by a centralised homecare brokerage service which commenced from 6 November 2017. It is envisaged this service will allow for greater oversight and management of capacity across the County.

4.6 Homecare and Discharge Cars

CCC will continue to commission a Discharge and Transition Car service, as part of the Home and Community Support Contract. This service will prioritise hospital discharge in providing interim domiciliary care provision where there is lack of capacity in the mainstream domiciliary care contract. This service will be provided for up to six weeks to support management of DTOC, and will be managed by the centralised Homecare Brokerage Team to ensure available provision is maximised.

4.7 Reablement Provision

A specialist recruiter is being commissioned to work with Peterborough City Council (PCC) and CCC to support increasing reablement capacity by 20% from Monday 9 October. This will include dedicated recruitment to additional Reablement Support Worker and Social Worker posts. 100% of recruitment is planned for the end of December 2017.

4.8 Short Term Reablement Beds

To support ongoing management of winter pressures, CCC will continue to commission existing short term reablement beds at Doddington Court. In addition to this, a number of other reablement beds will be commissioned for 6 months to ensure the reablement team have capacity to enable early intervention to reduce the demand for higher cost placements across the service and support hospital discharge flow across the county throughout this winter. CCC are currently at the final stages of agreeing a service level agreement with the provider of additional bed capacity.

4.9 Discharge to Assess (D2A) Pathway

CCC is working with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) and the wider system to support implementation of the D2A STP business case. A trial Single Point of Contact (SPOC) for discharges continues this week, operating across all three Cambridgeshire and Peterborough acute trusts. The long term design of the model and SPOC is ongoing and will build on good examples of practice across the system.

4.10 Continuing Health Care (CHC) 4Q Hospital Discharge Pathway

Agreement to progress implementation of a three month CHC 4Q pilot for hospital discharges has been agreed. The aim of the pilot is to implement a hospital pre-screening tool (4Q test) to prevent assessment related discharge delays. An implementation workshop and staff training has been held. Further staff training is planned this week to share learning from the Peterborough City Hospital Go Live. The pilot went live in Hinchingsbrooke and Addenbrooke's on 1 November 2017.

4.11 Community Equipment & Assistive Living Technology

Community Equipment and Assistive Living Technology Services will continue to prioritise hospital discharge in deploying equipment to support high risk support packages to both community and residential settings to manage risks and reduce the likelihood of readmission and manage DTOC pressures. In addition to activities funded through the Improved Better Care Fund (IBCF), the CCC Assistive Technology Team will also be piloting Telecare Enabled Discharge. This pilot will aim to engage individuals in using assistive living technology to meet their support needs and maximise their independence as early as possible on discharge from hospital. This should ultimately enable each individual to achieve a sustainable recovery, reducing future readmissions and preventing an increase in the cost of care.

5.0 CARE QUALITY COMMISSION (CQC) AREA REVIEW

- 5.1 Following the additional funding for adult social care through the 'Improved Better Care Fund', the CQC has been requested by the Secretary of State for Health to undertake a programme of targeted reviews in local authority areas. These reviews will be focussed on the interface of health and social care. Reviews will look at the quality of the interface between health and social care and the arrangements and commitments in place to use the Better Care Fund to reduce delays in transfer of care. This will be a system-wide review, not just social care.

- 5.2 The reviews will look specifically at how people move between health and social care, including delayed transfers of care, with a particular focus on people over 65 years old. They will make an assessment of the governance in place for the management of resources and scrutiny of local authorities plans for use of better care fund money.
- 5.3 20 “challenged” areas in total will be reviewed by the CQC. These reviews will predominantly focus on areas that have been deemed to be underperforming by Government based upon published Local Authority Performance Metrics which are weighted in order to make Delayed Transfers of Care the main focus.
- 5.4 The first tranche of reviews (Oxfordshire, Birmingham, East Sussex, York, Coventry, Plymouth, Hartlepool, Bracknell Forest, Manchester, Halton, Trafford, Stoke-on-Trent), are expected to be completed by December 2017. The remaining eight areas, which have yet to be announced, are scheduled to be completed by April 2018. The first review (of Halton, North West England) has been published and is available online at:
http://www.cqc.org.uk/sites/default/files/20171012_local_system_review_halton.pdf
- 5.5 The reviews will be used to inform decisions about future Government social care grants to councils and how to plan for handling winter pressures. Poor performance will be highlighted and findings will be reported to the Health and Wellbeing board. “Support” for improvement will be provided where needed along with possible financial sanctions for authorities which do not improve.
- 5.6 Cambridgeshire may be inspected between January and April, although the list of areas to be inspected over this period has not yet been confirmed. In order to prepare for a potential inspection, a county steering group (Peterborough and Cambridgeshire) has been set up which would meet monthly to cover key preparations to include the local system overview information request, relational audit (survey), data, self-assessment / position statement, supporting evidence documentation, case studies, case auditing etc. In the event of an inspection the group would look to host a preparation workshop towards the end of the year, involving key staff from the local authority, partner organisations and patient forum groups.
- 5.7 It is likely that if a review is conducted of Cambridgeshire, Members of the Health and Wellbeing Board will be interviewed and involved in workshops and focus groups. The Board may wish to consider what briefing would be helpful for the Board in the event of a review.

6.0 RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

- Note and comment on the report and appendices

7.0 **ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY**

This work is relevant to priority 6 of the Health and Wellbeing Strategy: Work together effectively.

Source Documents	Location
None	