

## APPENDIX 3

### CAMBRIDGESHIRE & PETERBOROUGH

#### IBCF DTOC PERFORMANCE REVIEW 2017/18

##### Purpose of Report

Both Councils have worked in close partnership with the NHS, at a strategic level through the Sustainability and Transformation Partnership (STP) and through our Joint Better Care Fund Plan, resulting in significant investment to reduce current challenges. At an operational level we have actively participated in a range of forums to co-ordinate our activities to enable timely hospital discharge. That said it needs to be recognised that there are a number of major challenges, including a growing older population, greater acuity of need, workforce recruitment and retention and significant funding issues.

The purpose of this report is to provide an overview of 2017/18 performance and financial expenditure in relation to the Improved Better Care Fund (iBCF) Delayed Transfer of Care (DTOC) plans for Cambridgeshire and Peterborough.

## Cambridgeshire

##### Improved Better Care Fund (IBCF) Investment

The 2017/18 iBCF financial contribution of £8,339,311 comprised new monies, which 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

A detailed breakdown of expenditure was jointly agreed as part of our Cambridgeshire Better Care Fund Plan 2017-19. This plan was approved by the Cambridgeshire Health and Wellbeing Board on 8<sup>th</sup> September 2017 and received subsequent full approval from NHS England in December 2017.

The below table provides a breakdown of the agreed areas of planned iBCF investment:

Area of Investment	Amount	Description
Investment in Adult Social Care & Social Work	£2,889k	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	£3,000k	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	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	£2,300k	Targeted implementation of identified priority high impact changes.
Total of grant [allocated]	<b>£8,339k</b>	

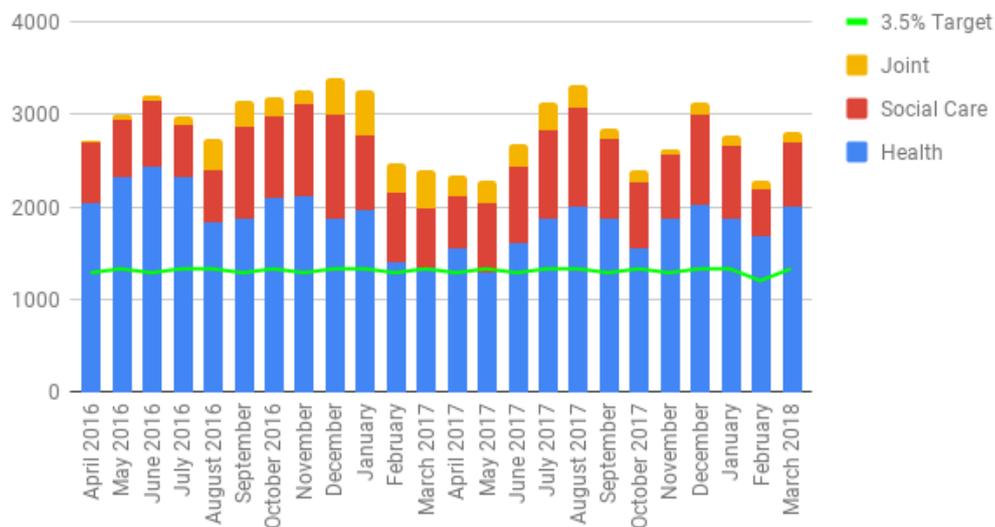
## DTOC Performance

The below tables provide an overview of targets and performance to date across Cambridgeshire at the end of 2017/18:

Metric	2017/18 Planned Target	Cambridgeshire Performance		Mitigating Actions
		Summary Performance to date	RAG Rating	
Delayed Transfers of Care (DTOCs) from hospital	21,301 occupied bed days	The system continued to report high levels of DTOC in Q4. Full year performance was 32,623 against a full year target of 21,301.		<ul style="list-style-type: none"> <li>Ongoing weekly monitoring of DTOC performance to ensure quick identification of trends</li> <li>iBCF investment in DTOCs – ongoing implementation of plan</li> <li>Ongoing review of iBCF DTOC plan to ensure investment is delivering outcomes</li> <li>Senior leadership review of DTOC position to ensure integrated approaches to address pressures</li> <li>Evaluation of Continuing Healthcare 4Q hospital discharge pathway</li> <li>3 month pilot in planning</li> <li>Discharge Programme Delivery Group established</li> </ul>

The below graph shows month on month DTOC performance across Cambridgeshire against the 3.5% target, highlighting that there has been a significant underperformance against the overall target.

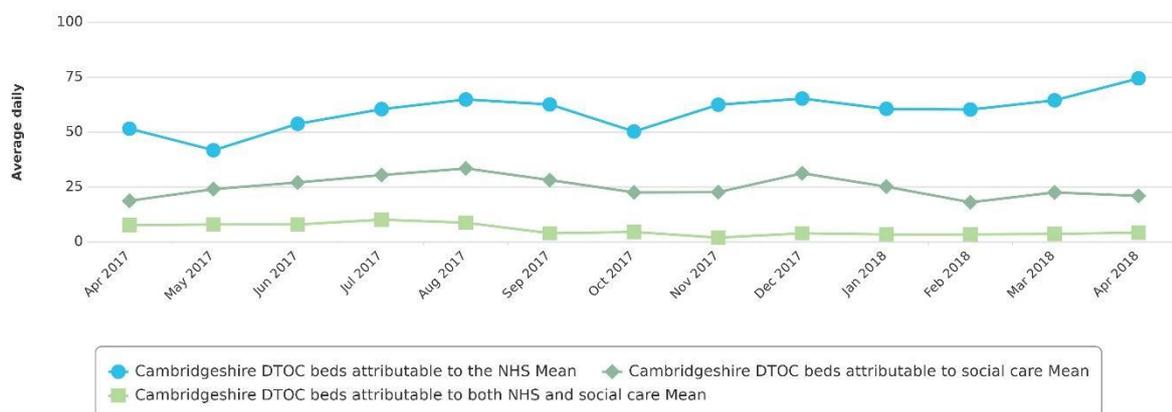
### Health, Social Care, Joint DTOCs - Occupied Bed Days



The biggest acute hospital pressure has been felt in Addenbrookes (CUHFT), with current performance currently running at approximately 6% of the total number of beds (1000).

The below graph shows the trend of DTOCs by attributable organisation for Cambridgeshire.

### Daily DTOC beds, all (breakdown by care organisation) (Mean) (from Apr 2017 to Apr 2018) for Cambridgeshire



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During March, 74.6% of all delayed days were attributable to the NHS, 21.1% were attributable to Social Care and the remaining 4.3% were attributable to both NHS and Social Care.

Cambridgeshire, compared to all single tier and county councils in England, is ranked 142 out of 151 on the overall rate of delayed days per 100,000 population aged 18+. It is ranked 147 on the rate of delayed days attributable to the NHS, and 119 on the rate of delayed days attributable to social care.

A breakdown of DTOC reasons can be found at Appendix 1.

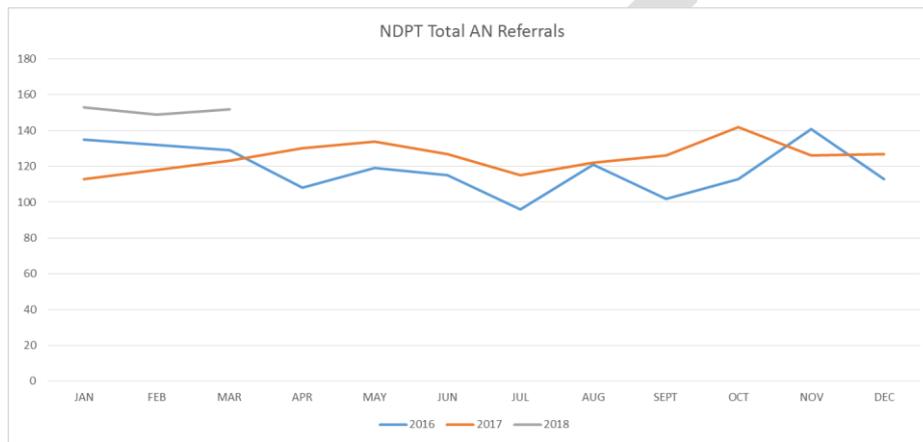
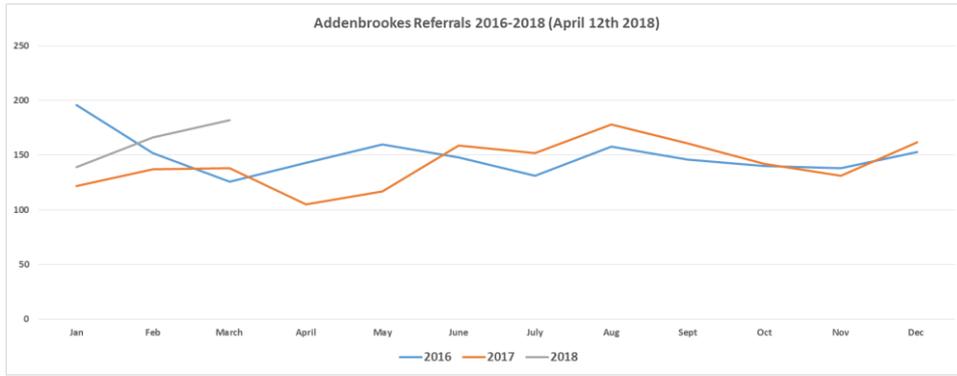
### Impacts on Adult Social Care and Health

Hospital admissions of over 80 year olds in 2017/18 has increased significantly since 2016/17 (see below table). This in turn has had a very big impact on demand on social care and community services post discharge, as well as on the overall DTOC performance figures. The numbers are particularly high in Addenbrookes, and also in Queen Elizabeth Hospital, where there are a number of Cambridgeshire residents. However, as Addenbrookes is a much larger hospital the number of additional patients is particularly important, as it has a very big impact on demand on social care and community services post discharge, as well as on the overall performance figures for Cambridgeshire.

#### Admissions of over 80 year olds from April 2017 to January 2018 compared to the same period in the previous year

Hospital	Increase 2017/2018	% Change
Addenbrookes (CUHFT)	280	+4.4%
Hinchingbrooke	151	+5%
Peterborough City Hospital	-113	-2.4%
Queen Elizabeth Hospital (Kings Lynne)	167	+15.5%
<b>TOTAL</b>	<b>503</b>	<b>+3.2%</b>

The below graphs show a significant increase in referrals into Adult Social Care via the CCC hospital discharge planning teams, where referrals into the South Discharge Planning Team (Addenbrookes) in March were 32% higher than the same month in 2017 and referrals into the North Discharge Planning Team (Hinchingbrooke and Peterborough City Hospital) were 24% higher in March, compared to the same month in 2017.



### DTOC Plan Performance

There was significant investment of £2.3m from the iBCF to support a range of initiatives to reduce DTOCs. This investment was targeted specifically at the health and social care interface and it is important to note that the STP is responsible for a range of health related activities to support delivering the 3.5% DTOC target.

For the key funded interventions, a range of outcomes were identified to enable monitoring of progress. The below table provides an overview of performance to date against those outcomes. However, it is important to note that DTOC plan implementation only commenced in November, with some of the initiatives only coming on line towards the end of the year. Therefore full impacts were delayed slightly.

## Summary Dashboard

### DTCs

Total across all hospitals

Average	Mo & recent months compared to average	Trend	No v 17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
#DIV/0!	N/A	Currently in development						

### Discharge care

Percentage car utilisation

Average	Mo & recent months compared to average	Trend	No v 17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
48%	High		33.6%	48.2%	43.8%	38.7%	39.0%	73.1%

Commentary - Apr-18

Daily hours given  
Last two block cars have now moved across to Westminster allowing further use of their capacity. One car still to start with Beds  
Reablement transfers also added to block cars by FCC  
Figures provided by Lorna Stockdale input by Lisa Knight

### Reablement step-down (Doddington Court)

Percentage occupation

Average	Mo & recent months compared to average	Trend	No v 17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
81%	Low		36%	36%	81%	88%	82%	45%

Percentage of total discharged who was female

Average	Mo & recent months compared to average	Trend	No v 17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
81%	High		100%	100%	0%	100%	0%	67%

Average length of stay of individuals discharged

Average	Mo & recent months compared to average	Trend	No v 17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
89	High		82	40	99	57	28.6	15.5

Commentary - Apr-18

Occupancy There are currently 2 flats vacant in Doddington Court

These beds do not stay vacant for very long

Fin an 09

### Reablement flats - Eden Place

Percentage occupation

Average	Mo & recent months compared to average	Trend	No v 17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
20%	Low		0%	0%	31%	45%	30%	11%

Percentage of total discharged who was female

Average	Mo & recent months compared to average	Trend	No v 17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
81%	High		0%	0%	100%	80%	80%	0%

Average length of stay of individuals discharged

Average	Mo & recent months compared to average	Trend	No v 17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
12	High		0	0	4	9	44	16

Commentary - Apr-18

Occupancy Utilisation is low. From speaking with Alison Friday there are thoughts that the chain is too long (hand offs) and that perhaps if the discharge planning team approached Ditchburn place directly (to sign out Brocage from the chain) this might reduce the number of inappropriate referrals that come through to Eden place. Alison also informs that there has not been more than 2-3 beds used at any one time in Eden Place for some time now.

Fin an 09

### Reablement flats - Ditchburn Place

Percentage occupation

Average	Mo & recent months compared to average	Trend	No v 17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
90%	Low		100%	83%	94%	100%	127%	50%

Percentage of total discharged who was female

Average	Mo & recent months compared to average	Trend	No v 17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
88%	High		0%	100%	100%	0%	0%	0%

Average length of stay of individuals discharged

Average	Mo & recent months compared to average	Trend	No v 17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
81	Low		0	157	0	0	11	17

Commentary - Apr-18

Occupancy There are 3 beds at Ditchburn Court

Fin an 09

### Reablement and AEH

Percentage individuals discharged as independent

Average	Mo & recent months compared to average	Trend	No v 17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
67%	High		57.1%	57.4%	57.2%	57.3%	57.7%	0.0%

### Equipment and AI

Number of DTCs due to lack of equipment

Average	Mo & recent months compared to average	Trend	No v 17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
#DIV/0!	#DIV/0!	Currently in development						

Commentary - Mar-18

Feb and March we high volume months demonstrating more people being supported through equipment provision and a continued high number of contacts from the therapies

### Outstanding reviews

Percentage change in outstanding reviews based on October 2017

Average	Trend in most recent months	Trend	No v 17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
-19.7%	Increasing		-3.0%	1.4%	-8.6%	-3.7%	3.1%	0.0%

### Winter Pressures Service

Main stream home care hours in reablement

Average	Mo & recent months compared to average	Trend	No v 17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
821.7	Low		2216.0	1742.9	1869.9	2097.8	1219.0	0.0

Commentary - Mar-18

The Adm brocage system was launched on 12th March. The plan has been to migrate the entire pending list over to Adm whilst cleaning the data at the same time. Brocage have said they are unable to provide accurate pending list data whilst the migration is still ongoing. Approx. 10% of the pending list data has been migrated across to adm.

## DTOC Plan Progress

The below provides a more detailed review of progress against the iBCF funded DTOC initiatives across Cambridgeshire. Following a system wide self-assessment of progress against the High Impact changes, the following interventions were identified as local priorities for investment.

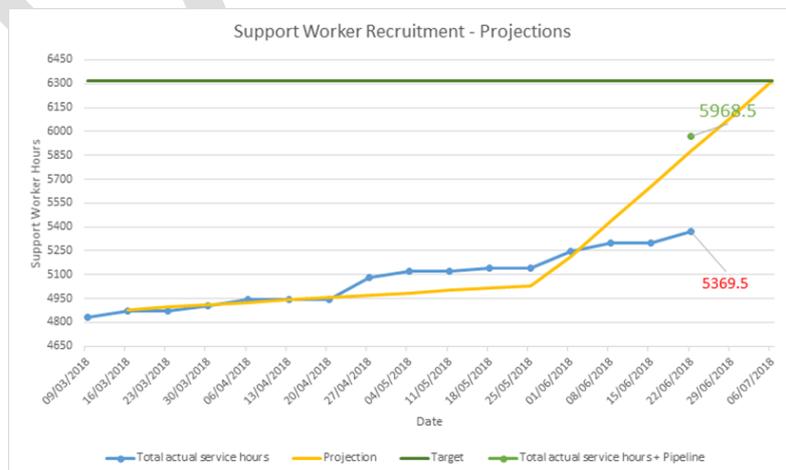


### Reablement Capacity

Planned Investment: £1,000,000

Actual Spend: £314,602

Investment from the iBCF was made to increase reablement capacity by 20%. A challenging recruitment trajectory was set and since the additional investment and escalation of recruitment issues in early 2018, a significant amount of work has taken place to improve the efficiency of the recruitment process thereby increasing the recruitment rate. The below graph shows recruitment and establishment hours against target. Continued recruitment plans are ongoing and include improved marketing approaches, refer a friend scheme, a review of pay awards, working with the Health and Care Academy and exploring apprenticeship opportunities.



**Impact:**

- An increase of an additional 419 hours of reablement capacity per month
- 20,450 hours of bridging packages delivered in 2017/18 as the provider of last resort

**Reablement Flats – Eden Place and Ditchburn***Planned Investment: £140,000**Actual spend: £86,059*

These flats are designed to deliver a period of reablement and recovery to individuals who no longer have acute needs on discharge from hospital, but require a further period of recovery before returning home or where mainstream care required is unavailable. The aim of this service is to enable individuals to maximise their independence and return home following a stay in hospital. Beds were therefore commissioned within Extra Care settings to prevent the risk of increasing dependency resulting in a permanent placement.

Given the availability of Doddington Court in the north of the County, Reablement Flats were commissioned to primarily manage demand arising from Addenbrookes in the South of County. An overview of the volume of provision commissioned is included below:

Provider	Start Date	Units
Eden Place Flats - Luminus	14 <sup>th</sup> November 2017	5 Flats
Eden Place Care Provision - Radis	14 <sup>th</sup> November 2017	Average 15 hours per customer per week
Ditchburn Place - Flats and care provision (Spot)	February 2018	2 Flats

Overall the utilisation of Eden Place has fluctuated. Between November and January 2018 there were a number of issues arising which resulted in the beds not being fully utilised. Issues have now been clarified and resolved, with a positive impact on utilisation from February 2018.

Due to the implementation of a long term refurbishment programme, Cambridge City Council were only able to offer 2 beds at Ditchburn Place from February 2018. The utilisation of these beds continues to be extremely high at around 100%. These beds are highly cost effective, achieve good individual outcomes and operate extremely efficiently.

**Impact:**

- 11 patients have been discharged to these beds

Reablement flats - Eden Place									
<i>Utilise available capacity within extra care for reablement flats</i>									
Report updated monthly		Last update Apr-18							
Most recent month									
Occupancy	Average	compared to average	Trend	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Occupied bed days	32.60	Low		0	0	48	68	47	16
Percentage occupation	22.0%	Low		0.0%	0.0%	31.0%	48.6%	30.3%	10.7%
Number of individuals discharged	1.20	High		0	0	2	2	2	0
Percentage of total discharged who went home	40.0%	High		0.0%	0.0%	100.0%	50.0%	50.0%	0.0%
Average length of stay of individuals discharged	11	High		0	0	4	9	44	16

**Reablement Flats – Doddington Court***Planned investment: £50,000**Actual Spend: £127,800*

Until recently, Doddington Court was a jointly funded by CCC and the CCG to provide short term, step down support to individuals on discharge from hospital. In 2017/18, the CCG announced their intention to withdraw funding to this area. Whilst the CCG will continue to honour the lease agreement on Doddington Court, CCC agreed to fund the provision of care to the short term.

Whilst utilisation of these flats was low in November and December 2017 at around 35%, since January 2018 there has been significant improvement with the average utilisation rate falling at just above 80%. Operational colleagues have reported that this resource is highly valued and well used in enabling them to meet individual outcomes and reduce delays on discharge from hospital.

**Impact:**

- 8 patients have been discharged into Doddington Court

**Community Equipment Pressure**

*Planned Investment: £140,000*

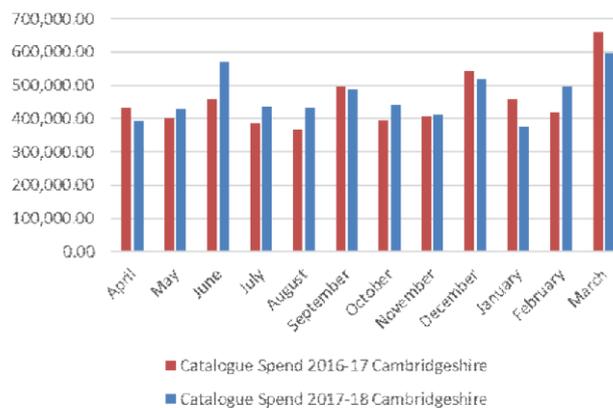
*Actual Spend: £168,000*

The Integrated Community Equipment Service (ICES) continued to deliver an essential element of the adult social care agenda in providing equipment to enable people to manage as independently as possible in the home of their choice. Additional investment from the iBCF was agreed to offset this budget pressure.

**Impact:**

The graphs below shows an overall monthly increase in demand for stock catalogue equipment when compared to last year.

Catalogue Spend Cambridgeshire



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.

**Dedicated Social Worker – CUH**

*Planned Investment: £41,000*

*Actual spend: £16,176*

A dedicated Social Worker was recruited to work with health and social care teams to support individuals who self-fund their care through the hospital discharge process within CUH. There were significant numbers of DTOCS at CUH which related to self-funders who required ongoing nursing/residential placements or homecare post discharge. Whilst CUH fund an unqualified post which supports a majority of self-funding service users through the discharge process, delays were often associated with more complex cases who may require a statutory

assessment, Mental Capacity or Best Interests assessment placing increasing pressure on existing resource. The Local Authority also has a duty under the Care Act to support self-funders.

**Impact:**

- Although, there isn't sufficient data to show a trend analysis, in April 2018 a significant reduction on September 2017 is evidenced. . In September 2017 there were 65 delays in total, equating to a total of 421 bed days. This reduced to 19 self-funder delays accounting for 173 bed days in April 2018.

Social Worker Capacity – Locality Review Backlog

*Planned Investment: £125,000*

*Actual Spend: £80,000*

Social Worker capacity was recruited to address the backlog of reviews held within Locality Teams in order to avoid admission to hospital and ensure individuals are receiving the right level of care to meet their outcomes within the community.

In August 2017, the Older People's Locality Team had 1112 overdue reviews. Annual reviews are required to ensure all service user's are in receipt of a Care Act compliant assessment and are fundamental to ensuring people receive the right level of care to meet their outcomes and needs. Overdue reviews create a significant risk of hospital admissions placing further pressure on DTOC, and increased costs of care post admission. A sample taken from PCH in 2016/17 showed that 12% of referrals had an outstanding review.

**Impact:**

- A reduction in the backlog from 1112 overdue reviews in August 2017 to 922 in March 2018.

<u>Outstanding reviews</u>											
<i>Target: reduce outstanding reviews by 30% based on October 2017 figures.</i>											
Report updated monthly											
											Last update
											Mar-18
	Average	Most recent month compared to average	Trend	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	
Outstanding reviews	965	Low		1032	1001	1015	928	894	922	0	
Outstanding reviews undertaken	122	Low		115	147	108	130	110	119	0	
Percentage change in outstanding reviews based on previous month	-10.7%	Increasing		-	-3.0%	1.4%	-8.6%	-3.7%	3.1%	0.0%	

Strategic Discharge Lead

*Planned Investment: £100,000*

*Actual Spend: £39,347*

A coordinating social worker discharge lead was established in both Addenbrookes and Hingbrooke Hospitals. This has enabled greater oversight of the system, including working with partner organisations to ensure the correct agencies are involved in discharge planning. This enabled the close management of DTOCs over winter period to ensure social care DTOCs remained low. The role has led on the local implementation the Continuing Health Care 4Q hospital discharge pathway.

**Impact:**

- Support an ongoing reduction in social care related DTOC delays.
- Supporting the implementation of the discharge to assess and CHC 4Q pathway.

Trusted Assessor

*Planned Investment: £NIL*

*Actual Spend: £NIL*

The Trusted Assessor pilot was commissioned from LINCA, building on learning from the Peterborough pilot, providing trusted assessments on behalf of care homes, to reduce unnecessary discharge delays in

Addenbrookes Hospital. The pilot went live in March 2018 and the trusted assessors are working across system, working closely with local care homes.

**Impact:**

- The pilot went live in March 2018, so end of year performance data was not available.

Continuing Healthare (CHC) 4Q

*Planned Investment: £120,000*

*Actual Spend: £NIL*

Funding for additional social workers and discharge planning nurse posts was invested in from the iBCF. The 4Q pilot went live in November 2017. There have been issues recruiting to the additional posts which has caused some capacity issues in implementing the pilot fully. Recruitment is ongoing, with interim options being explored. The 4Q pilot is currently undergoing a system wide evaluation to assess its' effectiveness and recommended next steps.

**Impact:**

- Number of patients having a 4Q (at end of March 2018): 204
- Reduction in health assessment related delays: Reduction of 302 delayed bed days in December (10% of all delays) to 191 delayed bed days in March 2018 (7% of all delays)

**Other areas of iBCF Financial Investment in 2017/18**

There have been unprecedented financial pressures on CCC, resulting from increasing costs of care and increasing demands on resources from winter pressures. In line with the iBCF national conditions, funds have been used to mitigate these pressures and provide solutions to meet the DTOC target and meet Adult Social Care needs. The below provides an overview of the other key areas of investment:

Meeting Adult Social Care Needs generally

- Investment in the Transfer of Care Team (TOCT) and respite services.
- Cost pressures on the care placements budget as a result of increased demand and complexity of care Mental health and learning disability cost pressures.

Reducing pressures on the NHS (including DTOC)

- Jointly funded DTOC teams.
- Investment in Care Homes Local Authority Lead to support implementation of the Care Homes Hospital admissions and improve domiciliary care performance.
- Admissions Avoidance: Falls Prevention and Atrial Fibrillation.

Stabilising the care market

- National Living Wage
- Addressed cost pressures relating to:
  - Self-funders
  - Home care costs as result of higher fees, increased demand and complexity
  - Nursing care fee increases
- Responding to loss of provider in the market:
  - Increased investment in reablement to deliver bridging packages as the provider of last resort
  - Increased investment in alternative provision, e.g. MiDAS cars
- Direct Payments cost pressure. Planned Investment: NIL, Actual spend: £868k

## Financial Spend Breakdown 2017/18

CAMBRIDGESHIRE COUNTY COUNCIL IBCF		Spend
	Detail	
Planned	Reablement capacity - General	314,602
Planned	Reablement capacity - Flats	86,059
Planned	Reablement capacity - Doddington Court	127,800
Planned	Community Equipment pressures	140,000
Planned	Dedicated Social Worker Capacity to support self-funders (CUH)	16,176
Planned	Social Care Lead (1 per acute) to support D2A 4Q Pathway	39,347
Planned	Part-funding of Adults Services demographic and legislative pressures identified during business planning	508,000
Planned	Admissions avoidance (locality teams)	80,000
Planned	Enhanced Response Service - Falls and Telecare	348,665
Planned	Investment in support for long-term redesign of Adults Services and other related investments	400,000
Planned	Extension of dedicated reassessment and brokerage capacity in for Learning Disability services	100,000
Planned	Implementation of contracting and brokerage system for domiciliary care	26,360
Planned	Disability Access Projects	68,726
Planned	Support from Atebion (Cardiff Council) around CareHome Capacity	40,182
Unplanned	Head of DTOC Performance	66,038
Unplanned	Dedicated commissioner working to improve performance of large domiciliary care provider	53,765
Unplanned	Additional DTOC team agreed by Exec Director (4 x SW , 3 x Brokerage) - part year	38,918
Unplanned	Pricing pressures on Older People Residential and with dementia placements	1,145,000
Unplanned	Volume pressures on Nursing Dementia placements (Older People)	706,000
Unplanned	Direct payments - growth of packages/live in care	868,000
Unplanned	Additional pressures on Community Equipment	28,000
Unplanned	Demand pressures within preventative services for adults with mental health needs	58,000
Unplanned	Reduced level of Funded Nursing Care (especially out of county)	195,000
	<b>SUBTOTAL SPENDING</b>	<b>5,454,638</b>
<b>TOTALS</b>	ORIGINAL ALLOCATION - improved Better Care Fund	<b>8,339,311</b>
	SUBTOTAL SURPLUS	<b>-2,884,673</b>
	LEARNING DISABILITY PRESSURES AND INVESTEMENT FUNDED BY COUNTY COUNCIL	3,635,625
	<b>DEFICIT FUNDED BY COUNTY COUNCIL (ON ADULTS SERVICES)</b>	<b>750,952</b>

*excludes Children's Services Pressures, Adults Services Housing schemes capital contribution*

*excludes Children's Services Pressures, Adults Services Housing schemes capital contribution*

*The original intention was to invest £3,000,000 of IBCF monies into housing for vulnerable people. Adult Social Care is facing 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, we are using the funds to mitigate these pressures and provide solutions to meet the DTOCs target and meet Adult Social Care (ASC) needs. The Council has committed to explore Capital funding investment to enable continued delivery of the vulnerable housing project objectives.*

# Peterborough

## Improved Better Care Fund (IBCF) Investment

The iBCF financial contribution of £3,876,686 comprised new monies, which had to be spent in line with the following national conditions:

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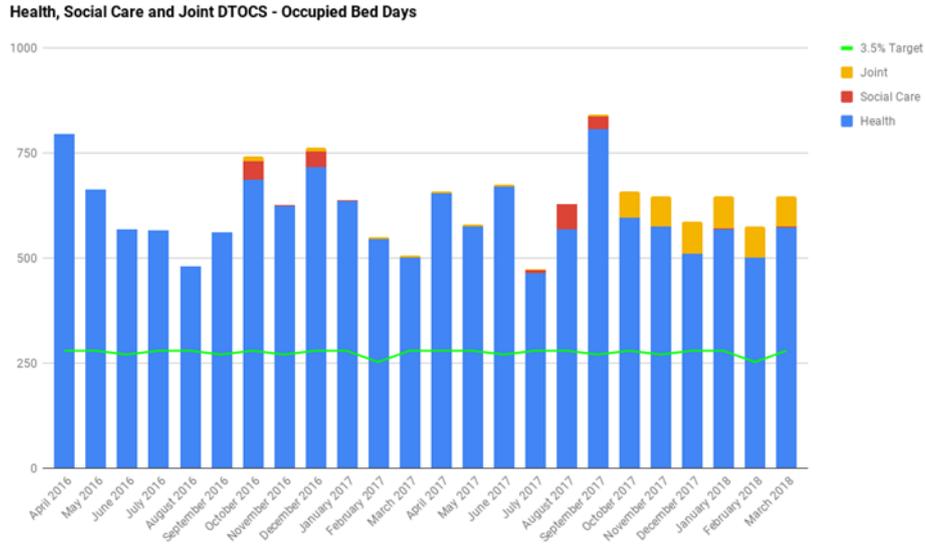
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Detailed plan to support delivery of national reducing delayed transfers of care target	£1,000k	Targeted implementation of identified priority high impact changes.
Total of grant [allocated]	<b>£3,877k</b>	

## DTOC Performance

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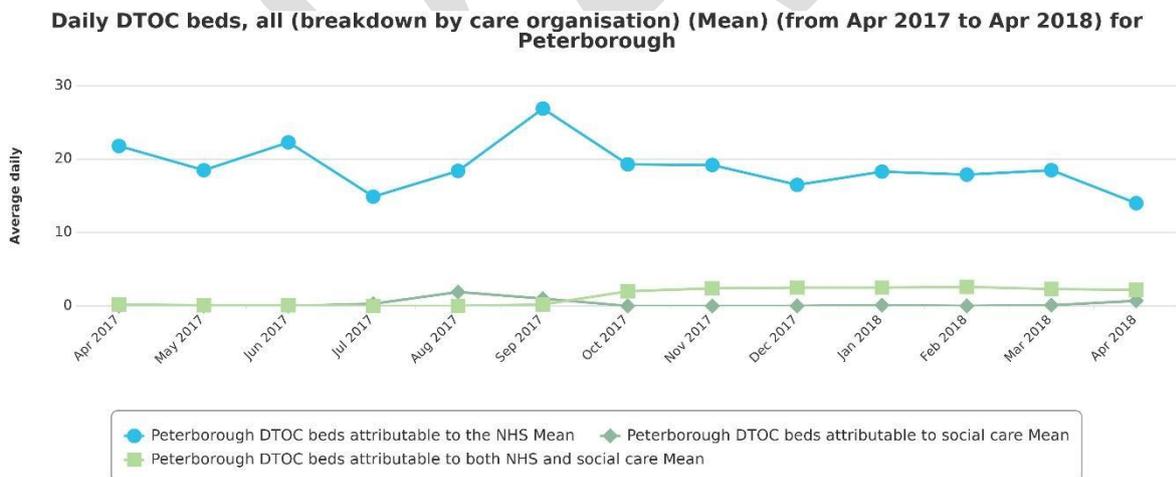
The below graph shows month on month DTOC performance across Peterborough against the 3.5% target, highlighting that performance is significantly underperforming against target.



During December, 82.7% of all delayed days were attributable to the NHS, 4.3% were attributable to Social Care and the remaining 13% were attributable to both NHS and Social Care.

Peterborough, compared to all single tier and county councils in England, is ranked 101 out of 151 on the overall rate of delayed days per 100,000 population aged 18+. It is ranked 124 on the rate of delayed days attributable to the NHS, and 27 on the rate of delayed days attributable to social care.

The below graph shows the trend of DTOCs by attributable organisation for Peterborough.



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A breakdown of DTOC reasons can be found at Appendix 1.

### DTOC Plan Performance

There was significant investment of £1m from the Improved Better Care Fund (iBCF) to support a range of initiatives to reduce DTOCs. This investment was targeted specifically at the health and social care interface and it is important to note that the STP is responsible for a range of health related activities to support delivering the 3.5% DTOC target.

For the key funded interventions, a range of outcomes have been identified to enable monitoring of progress. The below table provides an overview of performance to date against those outcomes. However, it is important to note that DTOC plan implementation only commenced in November, with some of the initiatives only coming on line towards the end of the year. Therefore full impacts were delayed slightly.

### Peterborough

#### Delayed Transfer of Care system metrics

*Objective: To reduce system wide delayed discharges of care*

Objective	Key Strategy	Key Metrics	Project alignment	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Direction of travel	RAG		
DTOC	Homecare capacity	Final published DTOC Occupied bed days from Unify	Homecare	472	626	841	659	647	587	648	574		Decreasing	Green		
		Number of hours of domiciliary care on waiting list	Homecare								221.16	204.98	152.37	Decreasing	Green	
		Number of hours of supplementary treatment provided by PCC reablement	Reablement	11.90%	39.79%	63.54%	48.67%	30.74%	0.00%	0.00%	0.00%	0.51%	Decreasing	Green		
		% of social care discharges (patients) from hospital that go into reablement	Reablement	23.08%	22.99%	23.08%								Decreasing	Green	
Reablement capacity	Discharge Assessments	Available capacity - Reablement hours	Transfer of Care	2152	2101	2123	2490	2490	2490	2,431	2428	2761	Increasing	Green		
		% CHC assessments (DSTs) completed in hospital	Transfer of Care				100%	72%	61%	0%	0%	0%	Decreasing	Green		
Admissions Avoidance	Social care Admissions avoidance	Final published Non elective admissions to Hospital (85+) from Unify	Voluntary Sector		4170			4474			4,630		Stable	Green		
		Total number of admissions avoided from VCS BRC initiative	Transfer of Care							18	20	17	Increasing	Green		
Social care Admissions avoidance	Social care Admissions avoidance	Total number of admissions avoided from A social worker specific initiatives	Transfer of Care							2	3	10	9	11	Increasing	Green
		Number of Cross Keys falls interventions Proportion of Cross Keys falls interventions where Ambulance was not required	Falls Prevention						0%	67%	73%	67%	95%	Increasing	Green	

The below provides a more detailed review of progress against the iBCF funded DTOC initiatives across Cambridgeshire. Following a system wide self-assessment of progress against the High Impact changes, the following interventions were identified as local priorities for investment.

#### Peterborough Commissioning Winter Pressures/iBCF Plan 2017/18

HomeCare	Reablement Step-Down	Voluntary Sector	Moving & Handling	Equipment & AT	Reviews	Transfer of Care	Reablement	Accommodation
<b>Winter Pressures Service</b> Deliver extra HomeCare capacity to manage winter pressures	<b>Staggered Mobilisation</b> Deliver a Step-Down Reablement Unit with the Private Sector - Test the Market	<b>Increase Voluntary Capacity</b> Red Cross - Acute Trust	<b>Dedicated M&amp;H Coordinator</b> Recruit a moving & handling coordinator	<b>Deliver Equipment faster &amp; increase AT</b> Deliver equipment quickly & reliably. Significantly increase the offer available and the responder actions	<b>Review of HomeCare Functions</b> Social workers to undertake low-level reviews	<b>Improve Hospital Transfers of Care</b> Trusted Assessor, CHC AG, Strategic Discharge Lead, Discharge to Assess and Admissions Avoidance Social Worker	<b>Increase Market Capacity</b> Recruit appropriate numbers of reablement staff to increase capacity	<b>Maximise Accommodation Usage</b> Optimise usage of age-appropriate services such as Extra-Care
GJ & RA	GJ & DMc	GJ	DMc	GJ/TS	DMc	DMc	DMc	GJ

### Trusted Assessor

*Planned Investment: £50,000*

*Actual Spend: £18,000*

The Trusted Assessor pilot was jointly commissioned with South Lincolnshire County Council and is provided by LINCA, providing trusted assessments on behalf of care homes, to reduce unnecessary discharge delays. The pilot went live in December 2017 and the trusted assessors are working across system, working closely with local care homes. There is increased uptake, as we are seeing greater buy in from care homes as confidence builds. This has been a useful resource for the team, speeding up assessments and therefore reducing days lost.

#### **Impact:**

- Number of patient assessments undertaken: 75
- Number of discharges facilitated: 61

### Continuing Healthcare (CHC) 4Q

*Planned Spend: £80,000*

*Actual Spend: £72,500*

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. The 4Q pilot is currently undergoing a system wide evaluation to assess its' effectiveness and recommended next steps.

#### **Impact:**

- Number of patients having a 4Q (at end of March 2018): 86
- 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)

### Falls Pilot

*Planned Investment: £NIL*

*Actual Spend: £20,000*

From 13th November 2017, Cross Keys Housing (CKH) have delivered an enhanced falls service, picking up clients that have fallen with the aim of preventing unnecessary hospital admissions. CKH have utilised existing staff and delivered a bespoke training course. Only clients that reside in Peterborough that do not need medical attention will be lifted, 24hrs a day. To meet industry standards CKH aims to respond to 90% of falls within 45 minutes and 100% of calls within 60 minutes. There was limited business intelligence regarding the scale of the problem, so data collection mechanisms were developed to collate all the necessary data sets to evidence this trial. The service went from a 12-hour service to a 24-hour service (in early January 2018)

#### **Impact:**

- 28 clients have been visited
- The average response rate was approximately 14 minutes.

### Reablement

*Planned Investment: £191,000*

*Actual Spend: £158,390*

Investment to increase the reablement provision by 20% has been successful in increasing capacity, the additional posts created have all been recruited to and the service is almost at full capacity. The service is regularly meeting their monthly referral target of 85; the number of people being referred to the service has increase and the number of people accessing the service has decreased (2017/18). In addition 12 reablement step down beds were commissioned at Clayburn Court.

#### **Impact:**

- Reablement capacity has increased 20% with 4516 hours available per month
- 10,018 hours of bridging packages were delivered between December 2017 and March 2018.

### Voluntary Sector Support

*Planned Investment: £100,000*

*Actual Spend: £90,672 + £35,975*

The British Red Cross have been commissioned from November 2017 to provide admissions avoidance support in the Emergency Department and low level reablement support to support discharge.

Age UK were commissioned to provide a Community Support at Home service to help support low level needs on discharge which went live in January 2017. The service is providing much needed daily contact for people to ensure their wellbeing and independence is positively supported. The service is picking up more referrals recently, but there is further work to improve understanding of the service provision across the acute, reablement and brokerage teams.

The Carer's Trust have been commissioned to provide low level reablement for up to 6 weeks to support hospital discharge and reduce the burden of bridging clients on the reablement service. The service went live in January 2017 and we have seen a positive reduction in bridging packages stuck in the reablement service.

#### **Impact:**

- Between January and March 2018, the British Red Cross supported 108 patients.
- Reduction of in bridging packages in the reablement service by an average of 450 hours per month since January 2018.

### Community Equipment Pressure

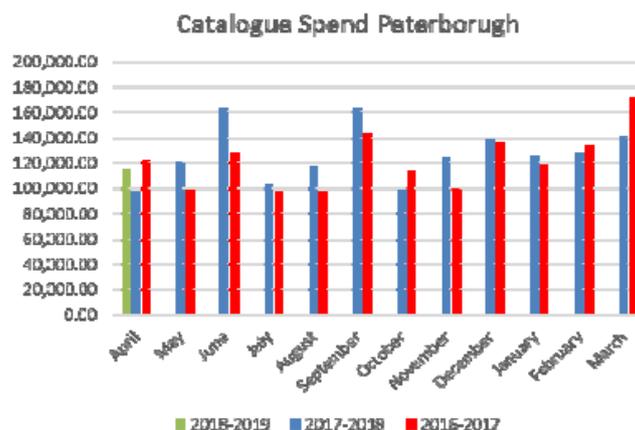
*Planned Investment: £80,000*

*Actual Spend: £80,000*

The Integrated Community Equipment Service (ICES) continued to deliver an essential element of the adult social care agenda in providing equipment to enable people to manage as independently as possible in the home of their choice. Additional investment from the iBCF was agreed to offset this budget pressure.

#### **Impact:**

The graphs below shows an overall monthly increase in demand for stock catalogue equipment when compared to last year.



### Moving and Handling Coordinator

*Planned Investment: £50,000*

*Actual Spend: £31,200*

An Occupational Therapist is has been based within Peterborough City Hospital Emergency Department since October 2017 with a view to embedding greater provision of community equipment and assistive technology to support with admissions avoidance and hospital discharge.

The post has resulted in closer working with ward therapists, improving understanding of what is available in the community. The role has also developed close links with the community OT, which is improving patient follow up in the community.

**Impact:**

- Discharges have been expedited, advising on how ward recommendations for double up packages can be managed with equipment and single handed care and there is financial evidence of a significant reduction in the number of hospital discharges requiring double up packages.

Admissions Avoidance Social Worker

*Planned Investment: £40,000*

*Actual Spend: £29,900*

The role is supporting admissions avoidance in the emergency department, improving ward staff understanding of what support is available and liaising with care providers to accept patients back rather than attendances resulting in an admission. There is close liaison with care providers, which is proving positive and they are becoming more confident about accepting patients back into their care from the Emergency Department.

**Impact:**

- An average of 35 hospital admissions avoided per week.

Strategic Discharge Lead

*Planned Investment: £50,000*

*Actual Spend: £25,150*

A coordinating social worker discharge lead was established in Peterborough City Hospital in October 2017. This has enabled greater oversight of the system, including working with partner organisations to ensure the correct agencies are involved in discharge planning. The role has led on the local implementation of the Continuing Health Care 4Q hospital discharge pathway. There has been improved liaison with reablement, including working to develop the Reablement beds at Clayburn Court to expedite discharges. Liaison with care homes through attendance at Winter Pressures Task and Finish Group and Care Homes Discharge Forum has helped to develop and strengthen these relationships. The role is working with NWAFT and CPFT on the Choice Policy and implementation of the Discharge to Assess model of working.

**Impact:**

- Close management of DTOCs over winter period to ensure social care DTOCs remained low.
- Supporting the implementation of the discharge to assess model and CHC 4Q pathway.

***Other areas of iBCF Financial Investment in 2017/18***

There have been unprecedented financial pressures on PCC, resulting from increasing costs of care and increasing demands on resources from discharge pressures. In line with the iBCF national conditions, funds have been used to mitigate these pressures and provide solutions to meet the DTOC target and meet Adult Social Care needs. The below provides an overview of the other key areas of investment:

Meeting Adult Social Care Needs generally

- Investment in the Transfer of Care Team (TOCT) and respite services
- Cost pressures on the Independent Sector Placement (ISP) budget as a result of increased demand and complexity of care
- Mental health and learning disability cost pressures

Reducing pressures on the NHS (including DTOC)

- Jointly funded Strategic Discharge Lead post
- Investment in Care Homes Local Authority Lead to support implementation of the Care Homes Hospital admissions avoidance business case

### Stabilising the care market

- National Living Wage
- Addressed cost pressures relating to:
  - Self-funders
  - Home care costs as result of higher fees, increased demand and complexity
  - Care home costs as result of higher fees, increased demand and complexity
- Responding to loss of provider in the market – increased investment in reablement to deliver bridging packages as the provider of last resort
- Direct Payments cost pressur

### Peterborough iBCF Actual Spend 2017/18

PETERBOROUGH CITY COUNCIL iBCF	Detail	Forecast Spend
Planned	Reablement capacity - general	35,240
Planned	Reablement Step down beds	123,150
Planned	Admission Avoidance SW in ED x 1	29,900
Planned	CHC 4Q = 1 DPN x 1SW and utilise existing resource	72,500
Planned	Equipment Budget Pressures	80,000
Planned	Moving and Handling Coordinator	31,200
Planned	Increased low level reablement support (VCS provision)	90,672
Planned	Social Care Lead (1 per acute) to support D2A 4Q Pathway	25,150
Planned	Brokerage Capacity	0
Planned	Cross Keys 7 Day Lifting service	20,000
Planned	CHC Nurse resource to address CHC backlog (provision)	0
Planned	Social Worker Capacity to address CHC backlog	0
Planned	Trusted Assessor	18,000
Planned	Age UK Domiciliary Care Provision	35,975
Planned	Market Management Review	170,469
Planned	Stay Well in Winter	50,000
Planned	Keep Your Head Website	0
Planned	Dementia Alliance Coordinator	0
Planned	Falls prevention and atrial fibrillation	150,000
Planned	Taken to Savings	353,599
Planned	Repay investment	350,000
Unplanned	Community Team Staffing Pressures	219,520
Unplanned	Commissioning Pressures	87,692
Unplanned	Reablement/Therapy pressures	31,049
Unplanned	Current balance of care package budget pressures	1,481,995
Unplanned	Reserves to cover staffing and continuation of DTOC plan*	686,000
<b>TOTALS</b>	SUBTOTAL SPENDING	<b>4,142,111</b>
	ORIGINAL ALLOCATION - improved Better Care Fund	3,876,686
	DEFICIT FUNDED BY CITY COUNCIL (ON ADULTS SERVICES)	<b>265,425</b>

*excludes Children's Services Pressures, Adults Services Housing schemes capital contribution*

*The original intention was to invest £2,000,000 of iBCF monies into housing for vulnerable people. Adult Social Care is facing 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, we are using the funds to mitigate these pressures and provide solutions to meet the DTOCs target and meet Adult Social Care (ASC) needs. The Council has committed to invest Capital funding to enable continued delivery of the vulnerable housing project objectives.*

Appendix 1

### Delayed Transfers of Care system metrics

Latest DTCO detailed analysis (monthly)

Lead data source: Caroline Townsend

Detailed breakdown of reasons	July 2017		August 2017		September 2017		October 2017		November 2017		December 2017		January 2018		February 2018		March 2018		April 2018												
	CCC	PCC	Eng	UCC	Eng	UCC	Eng	UCC	Eng	UCC	Eng	UCC	Eng	UCC	Eng	UCC	Eng	UCC	Eng	UCC											
<b>A. Awaiting completion of assessment</b>	11%	57%	16%	13%	51%	11%	11%	59%	14%	8%	39%	13%	10%	28%	13%	9%	32%	13%	7%	29%	13%	7%	34%	12%	10%	26%	12%				
<b>B. Awaiting further non-acute (including community and mental health) NHS care (including intermediate care, rehabilitation services etc)</b>	18%	4%	16%	18%	10%	15%	18%	10%	15%	24%	8%	16%	30%	19%	17%	22%	14%	18%	26%	12%	18%	25%	17%	19%	22%	11%	18%				
<b>C. Awaiting residential home placement or availability</b>	7%	3%	11%	8%	6%	12%	10%	8%	12%	8%	1%	12%	6%	3%	12%	6%	2%	12%	4%	3%	12%	6%	0%	12%	5%	2%	12%				
<b>D. Patient or family choice</b>	7%	7%	11%	9%	3%	12%	10%	7%	12%	8%	16%	12%	4%	10%	12%	4%	11%	5%	11%	11%	10%	14%	11%	7%	13%	11%	12%	20%	12%		
<b>E. Awaiting care packages in own home</b>	36%	14%	20%	29%	10%	22%	27%	5%	20%	31%	15%	21%	29%	19%	21%	40%	20%	21%	17%	21%	21%	14%	22%	33%	13%	22%	30%	12%	20%		
<b>F. Awaiting - patients not covered by Care Act</b>	1%	4%	3%	0%	5%	3%	0%	5%	3%	0%	5%	3%	0%	1%	3%	0%	1%	3%	0%	2%	4%	2%	0%	3%	1%	0%	4%	1%	0%	4%	
<b>G. Awaiting public funding</b>	3%	6%	4%	3%	4%	3%	3%	4%	1%	1%	6%	4%	1%	13%	4%	1%	13%	4%	1%	13%	3%	1%	13%	3%	1%	13%	3%	1%	13%	3%	
<b>H. Awaiting community equipment and adaptations</b>	1%	3%	3%	1%	3%	3%	1%	2%	3%	1%	5%	3%	1%	4%	3%	0%	2%	2%	0%	1%	2%	1%	2%	1%	2%	1%	2%	3%	2%	3%	
<b>I. Awaiting nursing home placement or availability</b>	14%	1%	14%	20%	8%	15%	19%	1%	15%	17%	1%	15%	17%	9%	15%	17%	9%	15%	17%	14%	16%	13%	14%	15%	10%	13%	14%	10%	14%		
<b>J. Disputes</b>	0%	0%	0%	0%	0%	1%	1%	0%	1%	1%	2%	1%	1%	1%	0%	1%	0%	1%	0%	1%	2%	1%	2%	1%	2%	0%	1%	0%	1%	0%	1%
<b>K. Other</b>	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	1%	0%	0%	1%	0%	0%	1%	0%	0%	1%	0%	0%	1%	0%	0%	1%	0%	0%	1%	0%	1%
<b>Grand Total</b>	3135	472	101888	322	238	101055	2381	811	163502	2402	653	120059	2517	647	155059	3124	587	145310	2767	648	151291	2292	574	140133	2315	646	154602	2996	500	144977	