

BETTER CARE FUND UPDATE

To: Health and Wellbeing Board

Meeting Date: 26th July 2018

From: Will Patten, Director of Commissioning, Cambridgeshire County Council and Peterborough City Council

Recommendations: The Health and Wellbeing Board is asked to note and comment on the report and appendices.

<i>Officer contact:</i>	<i>Member contact:</i>
Name: Will Patten	Names: Councillor Peter Topping
Post: Director of Commissioning	Post: Chairman
Email: Will.patten@cambridgeshire.gov.uk	Email: Peter.Topping@cambridgeshire.gov.uk
Tel: 07919365883	Tel: 01223 706398 (office)

1. PURPOSE

1.1 The purpose of this paper is to provide an update on the Cambridgeshire Better Care Fund (BCF) during 2017/18, including:

- A review of financial spend for the BCF and Improved Better Care Fund (iBCF) for the financial year 2017/18, including performance and progress during this period
- Governance and monitoring arrangements

2 BACKGROUND

2.1 The BCF is a single pooled budget to support health and social care services (for all adults with social care needs) to work more closely together. The BCF was announced in June 2013 and introduced in April 2015. The BCF is not new money. It is largely a reorganisation of funding currently used predominantly by Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and Cambridgeshire County Council (CCC) to provide health and social care services. It includes funding for the Disabled Facilities Grant, which supports housing adaptations. This pooled fund amounted to £40,103,454 in 2017/18.

2.2 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 £8,339,311 had to be spent in line with the following national conditions:

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

2.3 In 2017, Cambridgeshire submitted a jointly agreed BCF Plan, covering a two year period (April 2017 to March 2019). The plan was approved by the Cambridgeshire Health and Wellbeing Board on 9th September 2017 and received full NHS England approval in December 2017.

2.4 The Section 75 agreement was established and outlined the breakdown of budgeted financial allocations for the BCF and iBCF in 2017/18. At the end of the financial year the budget was balanced. The breakdown of actual financial spend against budget is attached at **Appendices 1 and 2**. There was a performance fund element to the BCF allocation that was held back by the CCG, only to be released into the pooled fund on delivery of a successful reduction in non-elective admissions. At the end of 2017/18 performance against the non-elective admissions target was not met. In line with the conditions of the section 75 agreement, this money was not released into the pooled budget and was utilised to recompense acute based activity.

3. MAIN ISSUES

3.1 Better Care Fund (BCF) monies 2017/18

The BCF monies were not new monies into the system and nearly all of the funding included within the BCF budget was already being used in Cambridgeshire to support local health and social care services. Local areas were required to move specific budgets into the Better Care Fund, including:

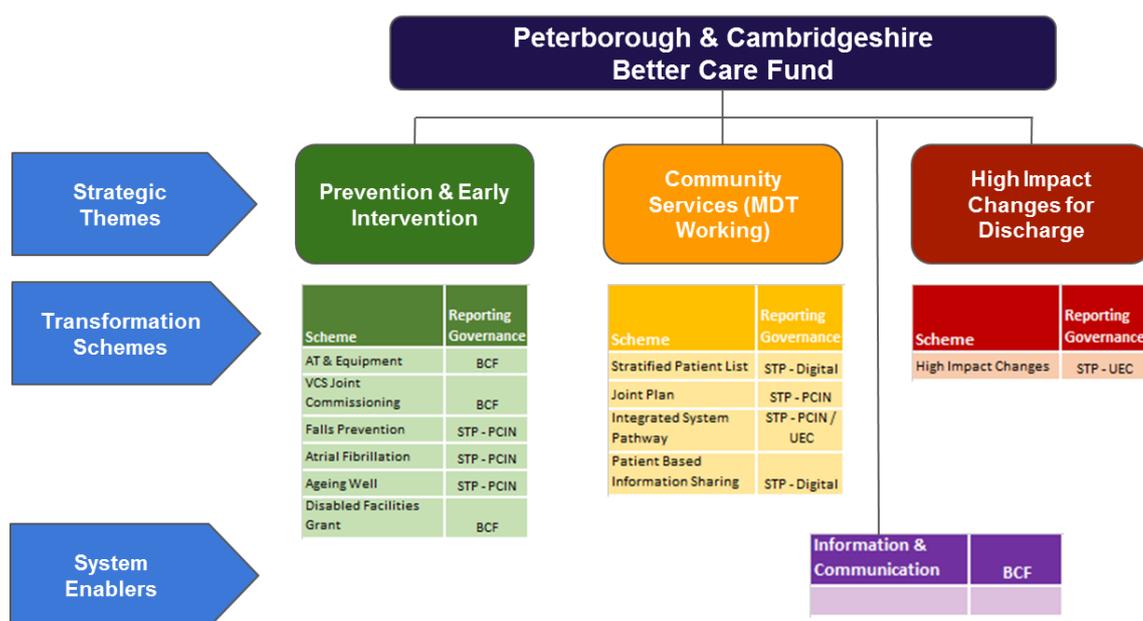
- Funding that was already providing community health services
- 'Section 256' funding that was already transferred from the NHS to social care to support social care services which benefitted the health and Care system
- Funding for delivery of new social care duties under the Care Act 2014
- Funding received by the NHS for funding local re-ablement provision
- Capital funding used by District Councils for provision of Disabled Facilities Grant
- The Adult Social Care Capital Grant used for capital requirements in Adult Social Care.

Therefore, BCF monies have been invested across two key areas:

1. BCF transformation projects
2. Business as Usual activities

1. BCF Transformation Projects

Transformation projects have progressed at varying speeds and the below offers a brief summary of the key progress to date and future plans for each of the key areas:



Assistive Technology & Equipment (no incremental investment from BCF): The aim of this project is to expand the impact of assistive technology, moving to the point where it is a core part of care pathways and a key element of the support we offer at every stage of a service users' journey. A joint Assistive Technology board has been established across Peterborough and

Cambridgeshire and a county wide strategy is in development. A joint Technology Enabled Care team has been set up across Cambridgeshire and Peterborough to unify and embed aligned approaches to support the following outcomes:

- Develop stronger links between assistive technology and neighbourhood teams, including the expansion of telehealth to monitor health indicators.
- Integration of Assistive Technology with Primary Care: to explore the impact of technology on managing demand for primary care or assist GPs in managing high-risk cases.
- Deployment of monitoring equipment (such as Just Checking) to more accurately assess the need for social care – helping manage demand and freeing up capacity in the care system – in turn easing pressure on health services
- Increased reach of Assistive Technology through maximising the potential of technology to enhance resilience in communities by ensuring as many people as possible are linked to a support network which knows when they are deteriorating and is able to respond.
- Exploring how we could unify the network of different call centres and monitoring hubs responding to community alarms and other technology. As well as achieving efficiency for the system this approach allows us to gather and use the live information from assistive technology, telecare and alarms to target our responses across public services.
- Unifying the different assistive technology arrangements which currently exist in different geographies and for different client groups – aligning arrangements in Peterborough and Cambridgeshire and establishing a consistent response for older people, people with learning disabilities, people with sensory impairments and children and young people.

Voluntary Sector (VCS) Joint Commissioning (£50,000 Investment in the Wellbeing Network): Building on the agreed joint commissioning principles, the existing arrangements are being reviewed by the CCG, Peterborough City Council (PCC) and CCC. A mapping exercise is being undertaken to review all commissioned services, including VCS provision across Peterborough and Cambridgeshire local authorities. This will inform a review and development of a joint commissioning plan. The two separate Cambridgeshire and Peterborough Wellbeing Networks merged into a single network in 2017, which has strengthened the co-ordination and support for wellbeing services and VCS activity across Cambridgeshire and Peterborough.

Disabled Facilities Grant (DFG investment, as below): The outcome of this transformation project includes development of a fast track system for smaller grants to improve efficiency; and the adoption of a Joint Adaptations Agreement across all partners committing to more flexible spend of the DFG Allocation in order to meet Better Care Fund outcomes. A joint working group with Cambridgeshire has been established and a joint Housing Adaptations and DFG policy continues to be developed to ensure a consistent approach county-wide.

Community Services (Multidisciplinary (MDT) Working) (Investment as per below for the Integrated Adults Community Services Contract): In 2017/18, the most significant investment in transformation through the BCF continued to be in the CCG's Integrated Adults Community Health Services (IACHS) Contract, delivered by Cambridgeshire and Peterborough NHS Foundation Trust (CPFT). Neighbourhood Teams in Cambridgeshire have continued to develop with Better Care Fund investment, supporting the continued roll out of the case management model. Coordinated and effective management of people who are elderly, frail and have complex needs will promote independence and allow people to stay at home in a supported environment for longer. Supporting these people through a broader MDT model that includes the voluntary sector gives the system an integrated structure to make the best use of services and resources. The project is supporting the following key outcomes:

- Stratified Patient List: Developing effective interventions to support frail older people and adults with long term conditions/disability is establishing a robust mechanism to identify these patients who are at risk (case finding).
- Joint Care Plan: co-produce a shared care plan, which will quickly inform professionals of agreed care plans
- Integrated System Pathway to admission and discharge: Ensure an integrated pathway from early identification of need, through intermediate care provision to long term care support and supported early discharge
- Patient Based Information Sharing: MDT working systems to share patient data and appropriate information governance will be developed to ensure seamless care and reducing the need for the patient to tell their story more than once

Information and Communication (No incremental investment from BCF):

The goal is to deliver a trusted source of 'one version of the truth', enabling information and advice provided to customers to be consistent, accurate and comprehensive; regardless of the point of access. A proof of concept was developed which tested the viability of sharing local authority and VCS information via the 111 MiDOS platform and involved a piece of research, analysing customers of older people's services provided by Cambridgeshire County Council and Peterborough City Council, to understand their communication and information needs and preferences, development of a set of data standards that allow the collation of data from multiple databases into one place and a test system that demonstrated an automatic way of passing data from local authority and voluntary sector databases about services to a central point. CCC are undertaking detailed user research and development of a technical specification for development of a single directory platform for CCC. NHS Online and 111 Online are in development. There are ongoing discussions to review the most appropriate opportunities for linkages across these platforms, including linking with VCS and community services information, which is an ongoing priority for 2018/19. The project will support delivery of prevention and early intervention outcomes, supporting people to self-manage and maintain independence for as long as possible.

2. Other areas of existing BCF spend in 2017/18

There was continued existing investment in the following areas to support business as usual activity in 2017/18, in line with national BCF conditions:

- **Care Act monies (£1,500,000 investment):** CCC is now legally compliant with the requirements of the Care Act and 2017/18 investment funded additional costs due to the increased responsibilities of CCC as a result of the Care Act changes, e.g. Carer's assessments.
- **Protection of Adult Social Care (£15,538,769 investment):** This investment has been allocated to core service budgets to ensure that the level of provision of Adult Social Care is protected. This has allowed us to continue to meet demand and respond to demographic pressures and increasing levels of need. The investment is broken down against the following core budgets:
 - £272,048 social care uplift – protection of adult social care
 - £338,000 social care commissioning
 - £8,600,000 Intermediate Care and Reablement
 - £1,525,000 Promoting Independence
 - £3,809,721 VCS Joint Commissioning
 - £994,000 Discharge Planning and DTOCs
- **Integrated Adults Community Services Contract (£17,333,769 investment):** In 2017/18 Neighbourhood Teams in Cambridgeshire have continued to develop with Better Care Fund investment in their core contract and a commitment has remained to continue to deliver the integrated community service model.
- **Carer's Prescription (£350,000 investment):** Investment was made in the Carer's Prescription in 2017/18, which has facilitated support to Carer's. This investment has facilitated the GP Family Carers Prescription service, supporting GP commissioning by offering GPs and surgeries a proactive way to support carers.
- **Disabled Facilities Grant (£3,809,721 investment):** Capital allocation was invested in this area to support minor and major adaptations for eligible adults and children via the Care and Repair service to enable people to stay in their homes. More innovative models of utilising the DFG were also implemented, including preventative small grants to aid hospital discharges.
- **CCG investment in Intermediate Care and Reablement (£1,944,916 investment):** This investment has been allocated to core service budgets to ensure that the level of provision is maintained.
- **Care Home Educators (£115,000 investment):** During 2017/18 the BCF has continued to invest jointly with the CCG in the Care Home Support Team. The team provides clinical review, support, and training to care home staff. The educators provide a link between care homes and other health services to embed alternative pathways to prevent avoidable admissions, and, between the acute trust and care homes, to improve discharge pathways.
- **Discharge to Assess – Intermediate Care Workers (£485,000 investment):** In 2017/18, BCF resource has been used in Cambridgeshire to invest in intermediate care, to ensure that neighbourhood teams are complemented by a resilient, integrated intermediate care tier offering home-based services and intensive rehabilitation services (therapy).

- **Performance Fund (£836,000 investment):** The performance fund was not released by the CCG into the pooled budget as the non-elective admissions target was not reached. Monies were utilised to recompense acute providers for increased activity.

3.2 Improved Better Care Fund (iBCF) Performance 2017/18

In line with national conditions, iBCF planned investment was in the following key areas:

Area of Investment	Amount	Description
Investment in Adult Social Care (ASC) & 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 the provision of care, including 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 Sustainability and Transformation Plan (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 (DTOC) target	£2,300k	Targeted implementation of identified priority high impact changes.
Total of grant	£8,339k	

** 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. However, CCC has committed to explore capital funding investment to enable continued delivery of this project in line with the original BCF plan intentions, as it becomes necessary and it is anticipated that due to the scale of the project, this investment will be over and above the value of £3,000,000.*

The below offers a brief summary of the key progress to date in relation to iBCF funded projects. Due to the delay in NHS England planning guidance and subsequent plan approvals, many of these initiatives did not commence until the latter part of Quarter 3.

Care and Support, including Housing for Vulnerable People (£3,000,000 planned investment): 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. CCC has committed to explore the potential for capital investment funding to enable continued delivery of this project in line with the original BCF plan intentions, as it becomes necessary. There are plans underway now to secure land and build a core and cluster model bespoke and specific accommodation for the very high needs complex people both in out of area placements and within the county.

Falls Prevention (jointly funded with the STP) (£100,000 planned investment):

The aim of this project was to reduce injurious falls by implementing a comprehensive, standardised, and integrated falls prevention pathway across Cambridgeshire and Peterborough. During 2017/18 there has been successful recruitment to the majority of new posts. Three out of four CPFT localities (Huntingdonshire, East Cambs and Fenland, Cambridge and South Cambs) have been trained, are receiving clinical supervision and are delivering assessments. Comprehensive CPFT falls documentation is in place, including a falls screen, that supports the identification of patients on CPFT case-loads who are at risk of falls. Solutions4Health Falls Prevention Health Trainer service contract issued, successful recruitment has been undertaken and the new service is being mobilised. A multi-agency falls implementation group has been established to oversee ongoing implementation and embedding of the project.

Atrial Fibrillation (Stroke Prevention) (Jointly funded with the STP) (£50,000 planned investment): The aim of the project is to develop and deliver a programme for patients on the Atrial Fibrillation register not currently receiving anticoagulation, to increase the level of anticoagulation across Peterborough and Cambridgeshire. The GRASP AF tool has been rolled out across GP practices to help with the identification of appropriate patients and regular data is being uploaded to support with case finding. GP clinical champions are in place and are supporting practices. Good progress is being made with the project, but slow engagement with primary care has led to slight delays in the project roll out. The project will continue to be embedded within 2017/18, with a full evaluation of impact planned.

DTOC Plan / Implementation of the High Impact Changes for Discharge (£2,300,000 planned investment): Significant iBCF investment was designated to support delivery of the 3.5% DTOC target, including the implementation of the High Impact Changes for Discharge; Early Discharge Planning, Systems to monitor patient flow, Multi-Disciplinary Teams, Home First/Discharge to Assess, 7 Day Services, Trusted Assessors, Focus on Choice and Enhanced Health in Care Homes. Following a system wide self-assessment of progress against the High Impact changes, the following interventions were identified as local priorities for investment. A full evaluation of the initiatives implemented is contained at **Appendix 3**.

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 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
 - 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

3.3 A full review and evaluation of iBCF investment is underway to ensure that investment continues in the most effective areas for 2018-19. This evaluation will be completed over the next 6-8 weeks, following which any changes to investment will be agreed via the formal governance of the Integrated Commissioning Board.

3.4 2017/18 Performance against BCF metrics

Performance metrics included within the BCF are largely set at a national level and relate to national policy goals for health and social care. The national metrics in Cambridgeshire's Plan are:

- A reduction in non-elective admissions to acute hospital
- A reduction in admissions to long-term residential and nursing care homes
- An increase in the effectiveness of re-ablement services
- A reduction in Delayed Transfers of Care (DTC) from hospital

Whilst performance against some indicators has been positive, performance against delayed transfers of care (DTCs) and effectiveness of reablement have not delivered against target. The below table summarises performance against metrics:

Metric	2017/18 Planned Target	Cambridgeshire Performance		Mitigating Actions
		Summary Performance to date	RAG Rating	
Non-elective admissions to hospital	57,986	At year end performance was at 59,313 against a threshold target of 57,986.	AMBER	Continued roll out of falls prevention programme of work, stroke prevention (Atrial Fibrillation) ECG equipment rolled out across GP flu clinics. Admissions avoidance team, including social worker, operating well in Emergency Department. Ongoing focus on Red to Green rolled on all wards in December. GP streaming implemented in December. High utilisation of JET service to help prevent avoidable admissions.

Delayed Transfers of Care (DTOCs) from hospital	3.5% Occupied Bed Days 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.	RED	Ongoing weekly monitoring of DTOC performance to ensure quick identification of trends iBCF investment in DTOCs – ongoing implementation of plan Ongoing review of iBCF DTOC plan to ensure investment is delivering outcomes Senior leadership review of DTOC position to ensure integrated approaches to address pressures Evaluation of Continuing Healthcare 4Q hospital discharge pathway 3 month pilot in planning Implementation of Plan B integrated hospital discharge teams
Admissions to long-term residential and nursing homes in over 65 year olds	464.8 per 100,000	We exceeded our threshold target for 17/18 with residential admissions at a rate of 50.8 per 100,000 population.	GREEN	Target met.
Effectiveness of reablement services	82.8%	Final year performance was 75%.	AMBER	Additional iBCF investment in reablement provision Ongoing recruitment of reablement support workers to increase capacity by 20%. Domiciliary Care capacity being reviewed with providers at fortnightly forum to reduce bridging packages in reablement Additional VCS provision commissioned to support reablement and domiciliary care capacity

However, it is important to note that success in these indicators is reliant on a significantly wider range of factors than activity contained within the BCF Plan. Whilst BCF-funded activity will have successfully had an impact on preventing non-elective admissions and reducing DTOCs, this has not been sufficient to mitigate all underlying demand and increased pressures across the system.

3.5 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 Cambridgeshire County Council and Cambridgeshire and Peterborough Clinical Commissioning Group.

Quarterly updates on BCF progress are reported to NHS England. In addition, quarterly reporting to the Ministry of Housing, Communities and

Local Government on the progress of the iBCF is also undertaken. 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 is chaired by the Director of Community Services and Integration at the CCG. 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.

4 ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

4.1 The BCF is relevant to priorities 2 and 6 of the Health and Wellbeing Strategy:

- Priority 2: Support older people to be independent, safe and well.
- Priority 6: Work together effectively.

Source Documents	Location
Cambridgeshire Better Care Fund 2017-19 Plan	https://www.cambridgeshire.gov.uk/residents/working-together-children-families-and-adults/working-with-partners/cambridgeshire-better-care-fund-bcf/

Appendix 1 – Better Care Fund Actual Spend 2017/18

Appendix 1 - Better Care Fund - Cambridgeshire Pool				
2017/18 Budget - Year End Position				
As at 31/03/18				
1	2017/18 Financial Position		2017/18	
			Budget	Actuals
			£	£
	Revenue			
	Carer's Support		1,500,000	1,500,000
	Discharge Planning & DTOC		944,000	944,000
	Intermediate Care and Reablement		8,600,000	8,600,000
	Promoting Independence		1,525,000	1,525,000
	Social Care Commissioning		338,000	338,000
	Social Care Uplift (Protection of Adult Social Care)		272,048	272,048
	VCS Joint Commissioning		3,809,721	3,809,721
		Sub-Total	16,988,769	16,988,769
	Integrated Adults Community Health Services (IACHS) - Neighbourhood Teams		17,333,769	17,333,769
	Carer's Fund		350,000	350,000
	Wellbeing Network		50,000	50,000
	COG - Intermediate Care and Reablement		1,994,916	1,994,916
	COG Commissioning and Transformation (Discharge to Assess)		485,000	485,000
	COG Commissioning and Transformation (Care Home Educators)		115,000	115,000
	Performance Fund		836,000	836,000
		Sub-Total	21,164,685	21,164,685
	Capital			
	Disabled Facilities Grant: Adults		3,809,721	3,809,721
		Sub-total	3,809,721	3,809,721
		TOTAL	41,963,175	41,963,175
	Financed by			
	COG	Revenue	38,153,454	38,153,454
	COC	Capital	3,809,721	3,809,721
		TOTAL	41,963,175	41,963,175
1	17/18 Financial Position			
	1.1 The pool finished in balance			
	1.2 Performance Fund was not released by COG into the pooled budget as the non-elective admissions target was not reached. Monies were utilised to recompense acute providers for increased activity.			
	Name			
	Stephen Howarth, Strategic Finance Manager			
	Cambridgeshire County Council			
	30/03/2018			

Appendix 2 – Improved Better Care Fund Actual Spend 2017/18

CAMBRIDGESHIRE COUNTY COUNCIL IBCF		Detail	Spend
	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
TOTALS		SUBTOTAL SPENDING	5,454,638
		ORIGINAL ALLOCATION - improved Better Care Fund	8,339,311
		SUBTOTAL SURPLUS	-2,884,673
		LEARNING DISABILITY PRESSURES AND INVESTEMENT FUNDED BY COUNTY COUNCIL	3,635,625
		DEFICIT FUNDED BY COUNTY COUNCIL (ON ADULTS SERVICES)	750,952

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