

BETTER CARE FUND UPDATE

To: Health and Wellbeing Board

Meeting Date: 1 February 2018

**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 Post: Transformation Manager Email: Geoff.hinkins@cambridgeshire.gov.uk Tel: 01223 699679	Name: Councillor Peter Topping Position: Chairman, Cambridgeshire Health and Wellbeing Board Email: Peter.Topping@cambridgeshire.gov.uk Tel: 01223 706398 (office)

1. 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 agreement from the Health and Wellbeing Board, it is the first joint Cambridgeshire and Peterborough Plan. Two separate pooled budgets are to be maintained in line with statutory requirements.
- 1.2** This report and its appendices provide an update on Cambridgeshire and Peterborough's joint BCF submission and approval status; and on progress in delivering the Cambridgeshire and Peterborough BCF Plan for 2017-19.

2. BCF PLAN UPDATE

- 2.1** Cambridgeshire and Peterborough submitted their joint Better Care Fund plan on 11 September 2017. Following a request for additional information, Cambridgeshire was formally notified that its plan was approved on 22 December 2017. The approval letter noted that the plan meets all Better Care Fund requirements, and the focus should now be on delivery. This formal notification gives partners permission to develop the full Section 75 partnership agreement that sets the legal framework for the pooled BCF budget; the County Council and Clinical Commissioning Group (CCG) are now developing this agreement.
- 2.2** Pending formal approval of Cambridgeshire and Peterborough's plan, partners have continued to work together to deliver the Better Care Fund plan; progress on delivery is reported regularly to the Integrated Commissioning Board (ICB), an officer group that monitors the BCF on behalf of both Cambridgeshire and Peterborough Health and Wellbeing Boards. The Delivery plan progress report considered by the ICB at its December meeting is attached as Appendix A. The Quarter 3 update report submitted to NHS England (covering performance from October to December) is attached as Appendix B.

3.0 DELAYED TRANSFERS OF CARE UPDATE

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

3.2 Dedicated Social Worker to support Self-Funding Service Users at Addenbrookes

Whilst the number of delayed transfers of care for self-funders at Addenbrookes 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, a dedicated Social Worker has been recruited to support self-funding service users with more complex needs through the discharge process.

3.3 Transfer of Care

To support a coordinated, system wide approach to managing transfer of care, Cambridgeshire County Council (CCC) will be recruiting Social Worker Strategic Discharge Leads aligned to Addenbrookes and Hinchingbrooke to support discharge pathways into the community, helping to embed the new Discharge to Assess model.

3.4 Admission Avoidance within Locality Teams

An increase in demand and the need to ensure all packages of care are based on Care Act compliant assessments, 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 have recruited 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.

3.5 Domiciliary Care Provision

The new Home and Community Support Contract has commenced. This approach 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 and a centralised brokerage service has also been implemented to provide oversight and management of capacity across the County. Due to limited market capacity and a significant increase in demand there have been significant challenges which brokerage and CCC are working with the system to mitigate.

3.6 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.

3.7 Reablement Provision

A specialist recruiter has been commissioned to work with PCC and CCC to support increasing reablement capacity by 20%. This will include dedicated recruitment to additional Reablement Support Worker and Social Worker posts. A number of these posts have now been recruited to, and a recruitment campaign for remaining posts is ongoing. As part of this work, CCC are also running recruitment fairs, promotional campaigns and working in partnership with JobCentre Plus to proactively identify potential candidates. Whilst the majority of Social Worker, Coordinator and Administrative roles have been recruited to, attracting Reablement Support Worker

applicants has proven challenging due to current market conditions and the demographics of Cambridgeshire. CCC are currently exploring options to mitigate the challenges.

3.8 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 available to 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. These have now been implemented, with 2 additional beds also being identified within the South of the County which are due to go live next week.

3.9 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. The phase one Single Point of Coordination (SPOC) has been established and is operating across all three Cambridgeshire and Peterborough acute trusts. The long-term design of the model and SPOC is on-going and will build on good examples of practice across the system.

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

A three month pilot has been implemented to introduce a hospital pre-screening tool (4Q test) to prevent assessment related discharge delays. The pilot went live across all three acute trusts during November and December and a three month evaluation is planned.

3.11 Community Equipment & Assistive Living Technology

Community Equipment and Assistive Living Technology Services will continue to give priority to 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.

3.12 Trusted Assessor Model

Under the wider Better Care Fund Programme, CCC are engaging in development of a trusted assessor model to reduce delayed transfers of care for individual awaiting a care home placement on discharge from hospital.

4. **ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY**

The Better Care Fund is relevant to priorities 2, 3, 4 and 6 of the Health and Wellbeing Strategy:

- Priority 2: Support older people to be independent, safe and well.
- Priority 3: Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices.
- Priority 4: Create a safe environment and help to build strong communities, wellbeing and mental health.
- Priority 6: Work together effectively.

5. Source Documents

Source Documents	Location
None.	