

HANCOCK WINTER MONIES – UPDATE

To: **Adults Committee**

Meeting Date: **21 March 2019**

From: **Will Patten, Service Director of Commissioning**

Electoral division(s): **All**

Forward Plan ref: **N/A** *Key decision:* **No**

Purpose: **The report provides an update on the progress of the Hancock monies investment in managing winter pressures.**

Recommendation: **To note and comment on the contents of the report.**

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1. BACKGROUND

1.1 On 2nd October Matt Hancock, Secretary for Health and Social Care announced £240m of additional funding for local authorities. Cambridgeshire County Council received £2.395m of funding for 2018/19. In line with national guidance from the Department of Health and Social Care, the funding is to be issued to local authorities to spend on social care services with the aim of:

- Alleviating winter pressure from the NHS, reducing DTOCs due to people waiting for adult social care services.
- Getting patients home from hospital quicker, reducing extended lengths of stay.
- Improving weekend discharge arrangements so that patients are assessed and discharged earlier and speeding up the process of assessing and agreeing what social care is needed for patients in hospital.

The Hancock monies were originally announced at the Conservative Conference as one off monies for the financial year of 2018/19. Following this, further funding was announced (£2.395m for 2019/20) as part of the Autumn Budget.

2. MAIN ISSUES

2.1 Use of Hancock Monies

2.1.1 The allocation of the Hancock monies, as reported at the December Adults Committee report, was agreed to fund additional domiciliary care and reablement capacity to address the ongoing delayed transfers of care (DTOC) challenges of the system, as outlined below:

Description	Amount
Increase capacity of reablement provision to deliver domiciliary care as the provider of last resort	£300k
Purchase additional 2956 hours per week of domiciliary care via discharge cars	£2,100k
TOTAL	£2,400k

Since the announcement of Hancock monies for 2019/20, and following discussions with health partners, it has been agreed to ringfence next year's allocation to continue to fund this commissioned provision. As the above costs represent the full year cost of provision, this ringfencing has enabled us to utilise £1.2m of the 2018/19 allocation to invest in additional support to address DTOCs. The following areas of additional investment have been agreed with system partners:

Theme/ Objective	Proposal	Cost
Increased assessment capacity and checks on over prescribing	Social care- Additional social care capacity to speed up assessments and reduce over prescribing	156K
Increased flow and capacity ICT pathway	CPFT- Additional Integrated Care Worker capacity to increase flow on Intermediate Care pathway	30K
Increased flow and capacity- Reablement	Increase in reablement capacity, improving flow and supporting reablement to act as provider of last resort when there are gaps in domiciliary care	300K
Domiciliary care capacity in Reablement (in anticipation of turnover)	Decision to over recruit in anticipation of staff turnover in reablement	200K
Training for staff involved in the discharge planning process	Training to support discharge planning, manage choice and work with self funders, to include: 1. Setting expectations for discharge 2. How to have a difficult conversation re choice 3. Self funders 4. Setting outcomes from an MDT meeting	50K
Increased capacity and resilience- domiciliary care	Additional support for vulnerable providers to avoid loss of capacity	150K
Increased flow and admission avoidance	Overtime hours Adult Early Help and Reablement over Christmas and Jan/ Feb to respond to increased referrals and demand	50K
Admission avoidance and timely discharge for low level need/ reducing over prescribing	British Red Cross at Hinchingsbrooke (organise transport, prescriptions, heating, food in cupboard plus follow up visits for 6 weeks)	117K
Trusted assessment Hinchingsbrooke	Linca Care to provide Trusted Assessor in Hinchingsbrooke in line with the current Addenbrookes model	60K
Data sharing/ increased efficiency of Patient Tracker List process	6-weeks worth of work for CPFT to reconfigure SystemOne to have 1 Patient Tracker list for NHS and social care to access	60K
TOTAL		1173K

2.1.2 Discharge Car Capacity

The additional discharge car capacity of 2956 hours per week was commissioned as of November 2018. However, due to the challenges of finding alternative care for patients on the ICT pathway, and as system partners are clear that no person will be left without care, the local authority agreed that the CCG would be able to temporarily access some of these commissioned hours. This capacity is being directly purchased by the CCG from the providers and the below table outlines the agreed split of capacity that has been agreed:

	Total Capacity (hrs/week)	Local Authority DomCare (hrs/week)	CCG Integrated Care (hrs/week)
<i>Beaumont</i>	1,631	1,331	300
<i>Midas</i>	1,274	728	546
	2,905	2,059	846

100% of the Beaumont capacity is now online and circa 50% of MiDAS capacity is available for utilisation. We are working closely with MiDAS and have an agreed trajectory which will see the remainder of the capacity coming online by mid-February.

Reablement

The following table shows the number of additional reablement workers who have been recruited between October and January 2019.

<u>October 2018 - January 2019</u>						
	North		South			
Position	Hours	FTE	Hours	FTE	Total Hours	Total FTE
Support Worker	200	8.9	90	3	290	11.9
Lead Reablement Worker	117.5	4	37	1	154.5	5
ERS	84	3			84	3

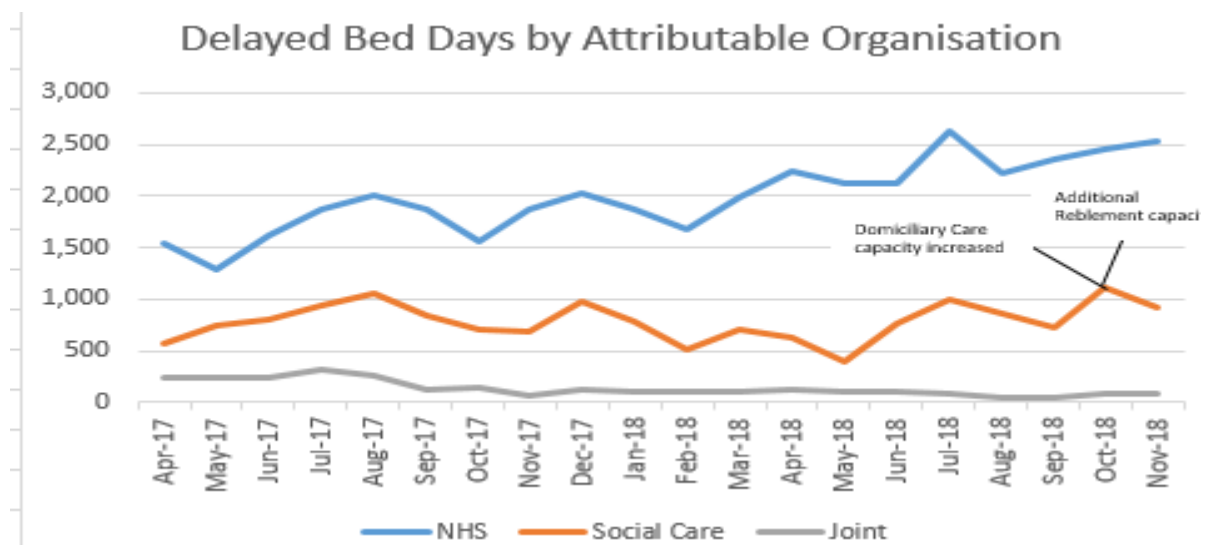
11.9 FTE Reablement Support Workers have been recruited, equating to an additional 274 hours per week of direct reablement provision. This capacity is now fully operational following induction and training, and is on top of the additional capacity that was invested in and recruited to prior to October taking capacity in the service to c. 6,800 hours of direct care provision per week.



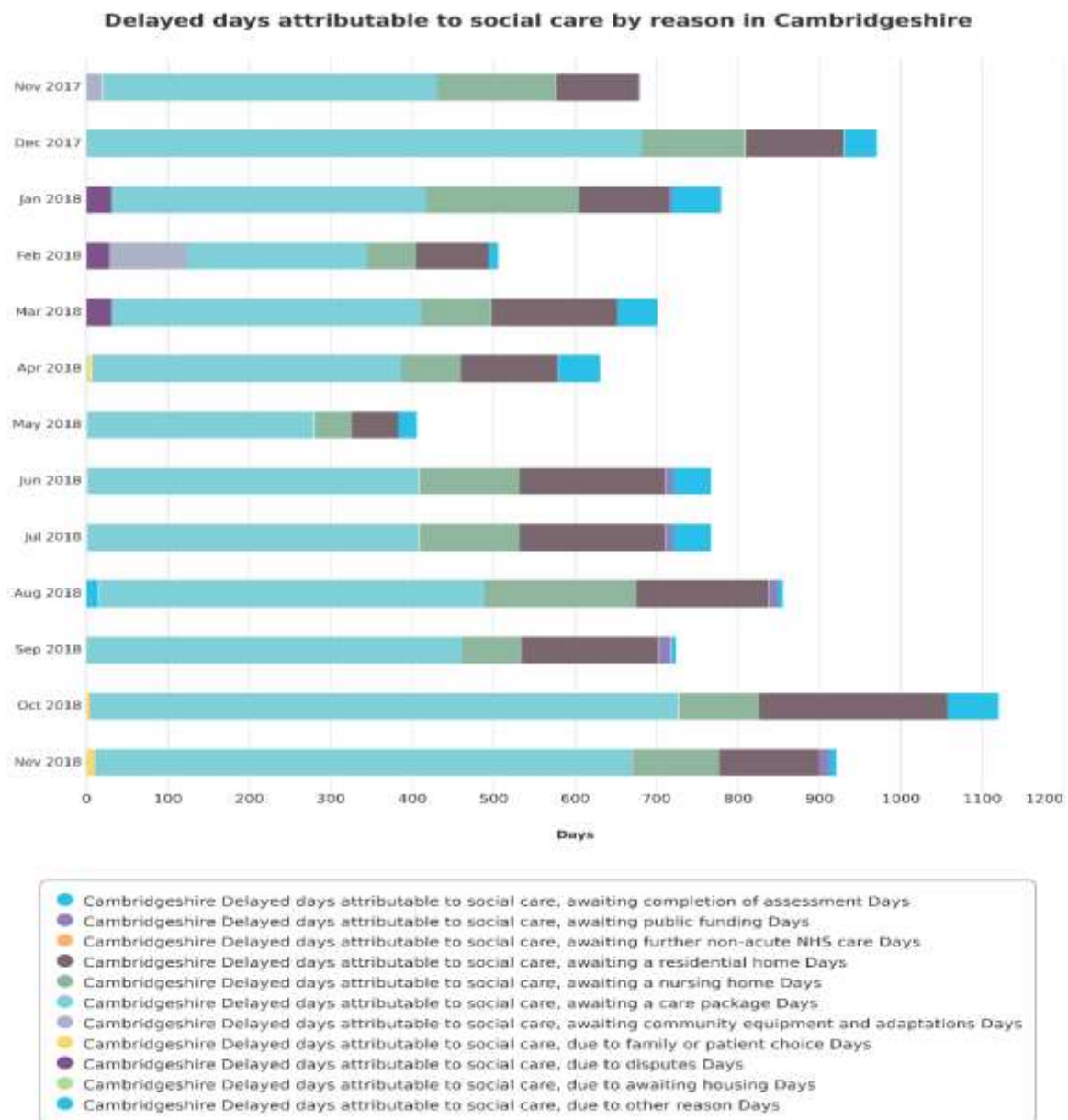
2.2 Performance

2.2.1 DTOC Performance

The latest published UNIFY data is for November 2018. The total number of monthly bed-day delays (BDDs) across the Cambridgeshire system continued to decrease during November 2018, reaching 3,547 – a decrease of 3% from October (3,645). NHS attributable BDDs increased from their October total of 2,446, to reach 2,542 (+4%). In contrast Social Care attributable BDDs recorded a drop in November, at 921, down 18% from October's total (1,121). The below graph shows the trend of DTOCs across Cambridgeshire per attributable organisation, highlighting when the additional domiciliary care and reablement provision came online.



People awaiting a care package in their own home continued to be the main reason (73%) for social care attributable delays in November, as outlined in the graph below. However, we saw a reduction of 9% in the number of these delays between October and November.



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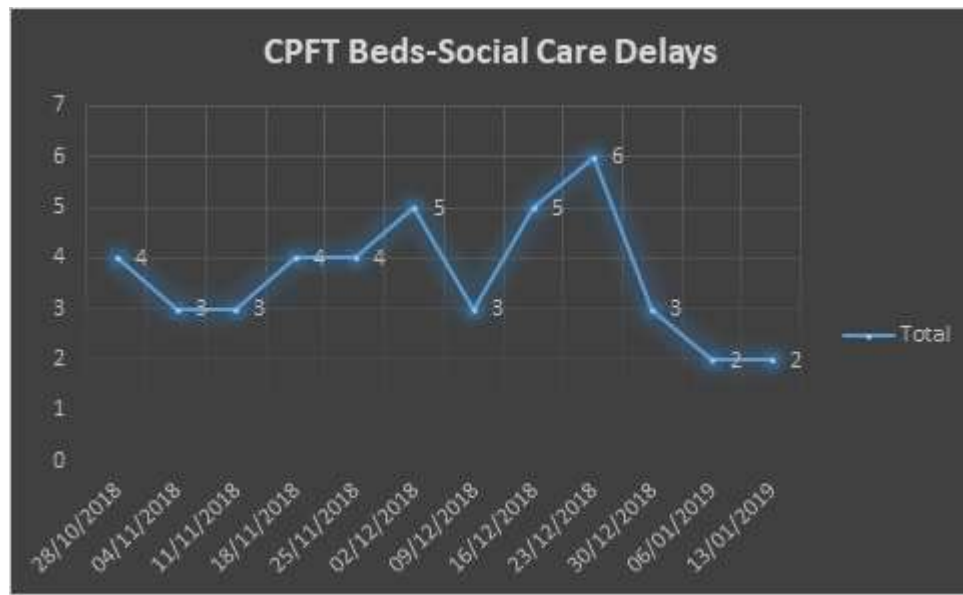
Intermediate Care Delays

We have seen significant reductions in the number of social care delays on the intermediate care pathway.

As of 2nd January 2019, the current social care delays on the intermediate care pathway are:

- Inpatient rehabilitation beds: 2

The below graph shows the trend of patient delays (number of patients) from the end of October 2018:



The below graph shows the trend of delayed bed days since the end of October 2018:

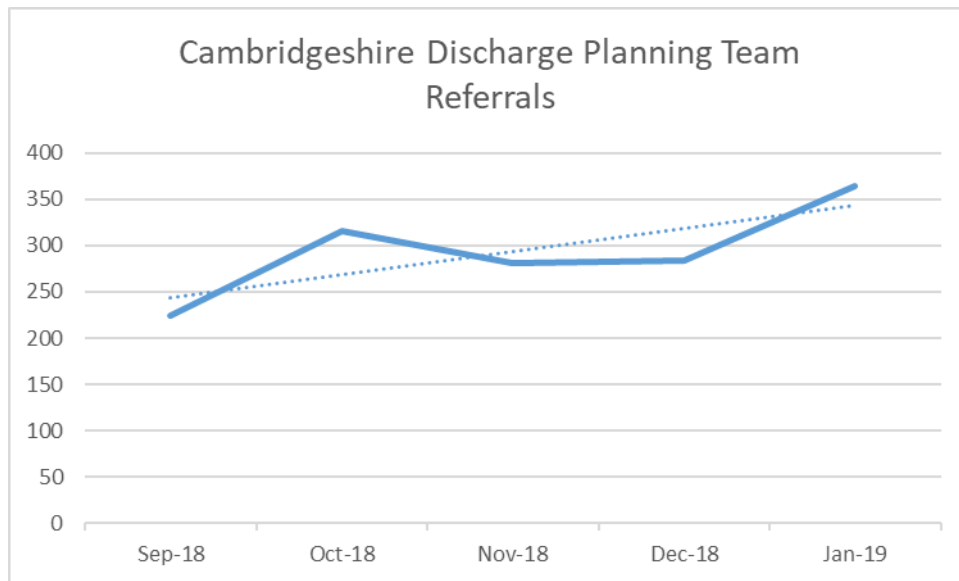


2.2.2 Increase in Demand

In addition to improvements in the rate of social care DTOCs between October and November 2018, we have also seen significant increased demand into services as a result of the increased numbers of hospital referrals. The additional capacity has therefore enabled us to manage demand more effectively, as without it we would have seen greater DTOC pressures in the system.

The below shows the total number of referrals into the South and North Discharge Planning teams, which shows a continued upward trend in numbers since September

2018, representing a 63% increase in referral numbers between September 2018 and January 2019¹.



3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 A good quality of life for everyone

Increasing the availability of home care provision and hospital discharge support for people who need it, ensuring people are receiving the right care in the right setting at the right time to support and maintain quality of life.

3.2 Thriving place for people to live

Increasing the availability of home care provision and hospital discharge support for people who need it, ensuring people are receiving the right care in the right setting at the right time to support and maintain quality of life.

3.3 The best start for Cambridgeshire's Children

There are no significant implications

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

Recruitment of additional capacity within the reablement service.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications.

¹ January 2019 forecast, based on actual referral data available on the 17th January 2019.

4.3 **Statutory, Legal and Risk Implications**

Complies with national Department of Health and Social Care conditions for spending of the Hancock monies.

4.4 **Equality and Diversity Implications**

There are no significant implications.

4.5 **Engagement and Communications Implications**

There are no significant implications.

4.6 **Localism and Local Member Involvement**

There are no significant implications.

4.7 **Public Health Implications**

There are no significant implications.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	N/A Name of Financial Officer:
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	N/A Name of Officer:
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	N/A Name of Legal Officer:
Have the equality and diversity implications been cleared by your Service Contact?	N/A Name of Officer:
Have any engagement and communication implications been cleared by Communications?	N/A Name of Officer:
Have any localism and Local Member involvement issues been cleared by your Service Contact?	N/A Name of Officer:

Have any Public Health implications been cleared by Public Health	N/A Name of Officer:
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Source Documents	Location
National UNIFY DTOC data	https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/