

**Agenda Item No: 6**

**BETTER CARE FUND – DEEP DIVE**

*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 a deep dive on the Better Care Fund.**

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

<b><i>Officer contact:</i></b>		<b><i>Member contacts:</i></b>	
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## **1. BACKGROUND**

1.1 The Better Care Fund is a single pooled budget to support health and social care services (for all adults with social care needs) to work more closely together. It is nationally mandated that the following funding streams be pooled into the BCF Pooled budget as part of our local 2017-19 plans:

- Better Care Fund monies: 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 to provide health and social care services. It also includes funding for the Disabled Facilities Grant, which supports housing adaptations.
- Improved Better Care Fund (IBCF): The IBCF was introduced in 2017/18. It was new, non-recurrent funding and was required to be included in the BCF pooled budget arrangements. National conditions require the IBCF to be spent on Adult Social Care, with the aim of:
  - Meeting Adult Social Care needs generally
  - Reducing pressures on the NHS (including DTOCs)
  - Stabilising the care market

The refreshed Integration and Better Care Fund Operating Guidance, which was published on 18<sup>th</sup> July 2018, outlined the requirement that local authority section 151 officers (Chief Finance Officers) will be required to certify that the additional iBCF is being used exclusively on adult social care in 2018-19.

The following report outlines the findings from the recent review of the iBCF DTOC investments.

## **2. MAIN ISSUES**

### **2.1 Cambridgeshire 2017-19 BCF Plan Agreed Areas of Investment**

2.1.1 The following table provides a breakdown of the agreed iBCF funding as set out in the 2017-19 Better Care Fund Plan for Cambridgeshire. The plan received full approval from NHS England in December 2017, following Health and Wellbeing Board sign off from the Cambridgeshire Health and Wellbeing Board in September 2017 and the associated Section 75 agreement is in place between the local authority and the CCG.

The investment as agreed within our approved Better Care Fund Plan and associated section 75 pooled budget agreement for the two year period, 2017-19 is outlined below:

Area of Investment	Cambridgeshire		Description & Performance Summary
	2017/18 Agreed Investment	2018/19 Agreed Investment	
Investment in Adult Social Care & Social Work, including managing adult social care demands	£2,889k	£4,000k	<p>Description: 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</p> <p>Met the national condition to meet adult social care needs generally and stabilising the care market.</p>
Investment into housing options & accommodation projects for vulnerable people	£3,000k	£517k	<p>Description: Provision of suitable long term care and support, including housing, to support individuals to maintain greater independence within their own homes.</p> <p>Due to unprecedented financial pressures resulting from increasing costs of care and increasing demands on resources from winter pressures. The 2017/18 money was invested in line with the national conditions to meet adult social care needs and stabilising the care market.</p> <p>N.B. The project deliverables are continuing, with a commitment to seek corporate capital investment as required.</p>
Joint funding with NHS and Peterborough CC Public Health prevention initiatives	£150k	£150k	<p>Description: A joint investment with the STP in public health targeted prevention initiatives, including falls prevention and atrial fibrillation.</p> <p>The funding for this project was met from Public Health reserves, enabling the iBCF investment to be invested in line with the national conditions to meet adult social care needs and stabilising the care market.</p>
Detailed plan to support delivery of national reducing delayed transfers of care target	£2,300k	£1,900k	<p>Description: Targeted implementation of identified priority high impact changes.</p> <p>Investment in this area was across a variety of planned and unplanned areas of spend which supported the national condition to reduce pressures on the NHS. The impact of these initiatives varied and a more detailed evaluation of impact in detailed below.</p>
Total of Spring Budget Allocation	<b>£8,339k</b>	<b>£6,567k</b>	
Protection of ASC in line with original intentions of the grant	NIL	£4,091k	Investment in core budgets to ensure the protection of ASC. This met the national condition of meeting adult social care needs generally.
<b>Total iBCF allocation</b>	<b>£8,339k</b>	<b>£10,658k</b>	

### 2.1.2 Cambridgeshire DTOC Plan

Following a system wide self-assessment of the High Impact Changes and associated identified areas of priority to address DTOCs the below diagram provides an overview of 2017/18 initiatives that were agreed to progress with funding from the IBCF.

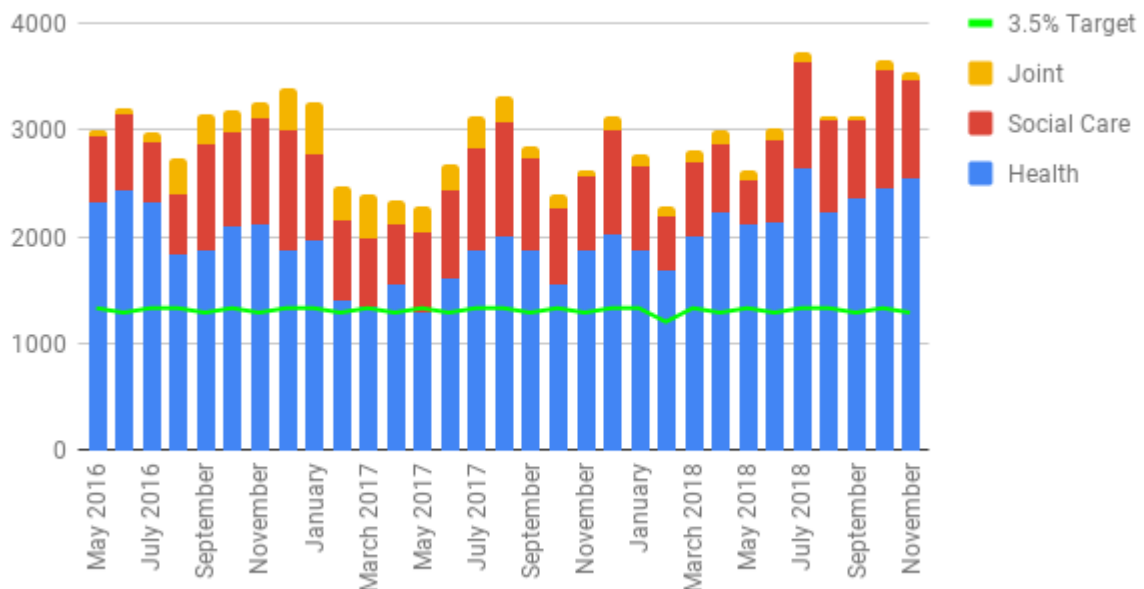


## 2.2 Performance

### 2.2.1 DTOC Performance

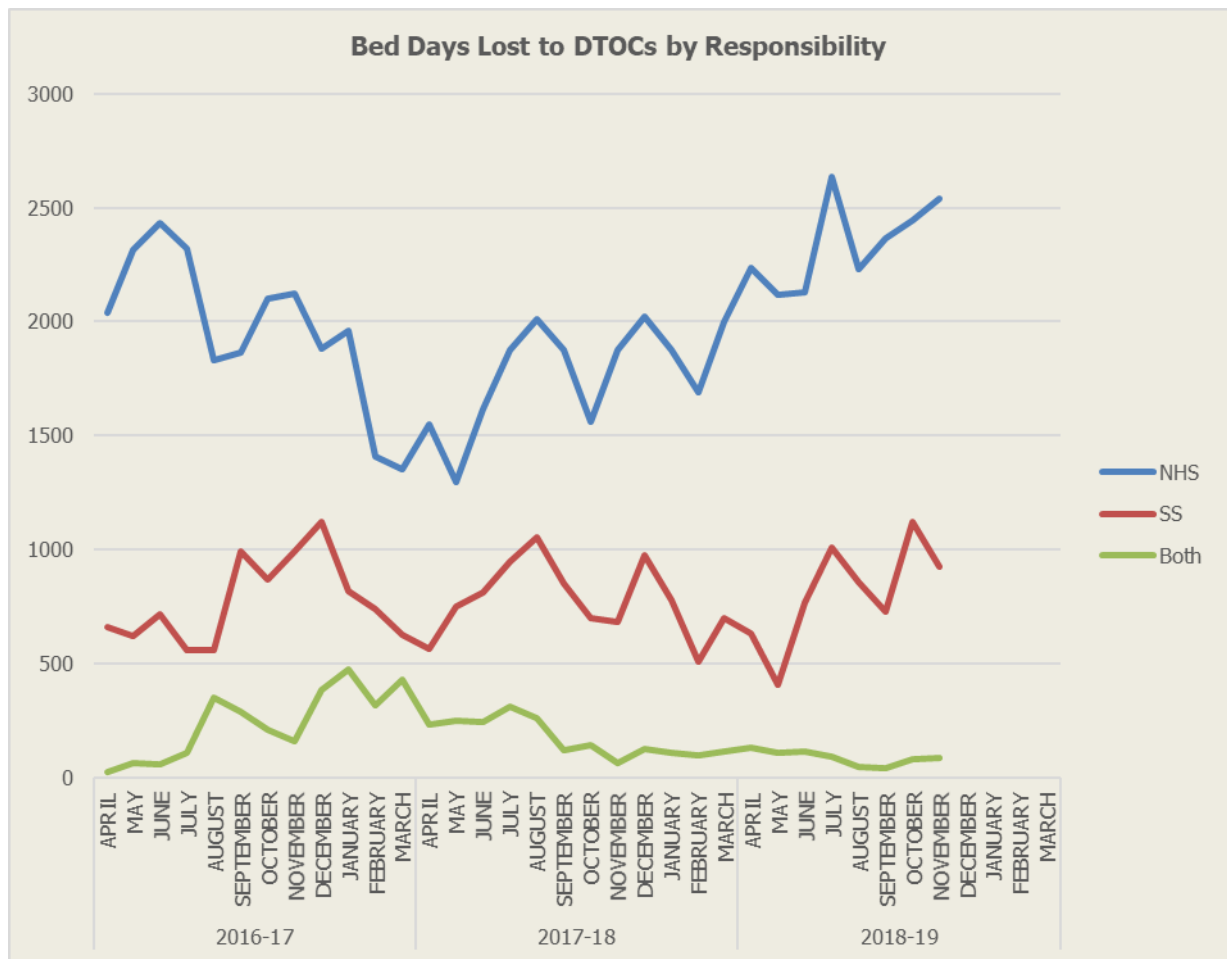
Based on the latest NHS England published DTOC statistics, the below graph shows month on month DTOC performance across Cambridgeshire against the 3.5% target, highlighting that performance is significantly underperforming against target.

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



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). 71.7% of all delayed days were attributable to the NHS, 26.0% were attributable to Social Care and the remaining 2.4% were attributable to both NHS and Social Care.

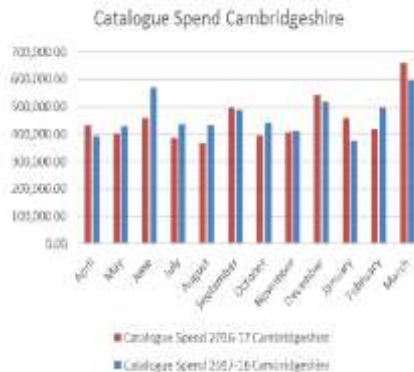
The below graph shows the trend of DTOCs across Cambridgeshire per attributable organisation.



### 2.2.2 IBCF Investment Areas - Impact

In 2017/18 a total of £2,281k was invested to support delivery of the DTOC target and the below table provides an evaluation of the funded initiatives.

Area of Investment	Planned Investment 2017/18	Actual Spend 2017/18	Impact	2018/19 Recommendation
Reablement capacity – general	£1,000,000	£314,602	<p>Recruitment to expand the service has progressed well and capacity has increased by an additional c.2000 hours per week.</p> <p>The number of packages supported in 2018/19 in Q1 YTD has increased by 15% on the same period in 2017/18 and the system is operating with no waiting list for access to reablement.</p> <p>The service is currently utilising c. 26% of its capacity providing mainstream bridging packages as the provider of last resort, meaning that additional capacity is available where domiciliary care packages are being sourced.</p>	Continue IBCF investment to maintain increased level of provision within the service
Reablement capacity – Flats Ditchburn and Eden Place	£140,000	£86,039	<b>Eden Place:</b> 5 flats were commissioned between January 2018 and June 2018, during which time 6 patients were discharged from the service. The utilisation was lower than anticipated at 50% and the average length of stay was reported as high as 44 days in March 2018. Following a review of the outcomes of the service, the service was decommissioned in June 2018.	No further IBCF investment required
			<b>Ditchburn:</b> 2 flats are available and 5 patients have been discharged between February 2018 and April 2018. The flats are operating at nearly 100% utilisation and are highly cost effective (spot purchase). The service has been delivering good outcomes for patients.	IBCF investment to continue at existing level
Reablement capacity – Doddington Court	£80,000	£127,800	<p>14 patients have been discharged into Doddington Court between November 2017 and the end of April 2018.</p> <p>Whilst utilisation of these flats was lower than anticipated 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, with 79% discharged to their own homes.</p>	IBCF investment to continue at existing level
CHC 4Q Pathway – additional Discharge Planning Nurses resource	£120,000	NIL	<p>The 4Q pilot went live in November 2017 and has resulted in a new hospital discharge pathway for CHC patients, preventing unnecessary health assessment delays. Although there were some capacity issues at the outset which impacted on the service fully embedding, there have been a large number of patients supported through the pathway and a reduction in associated delays has been evidenced.</p> <p>Number of patients having a 4Q (at end of March 2018): 204</p>	IBCF investment to continue at existing level

			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)	
Equipment budget pressures	£140,000	£168,000	<p>The graphs below shows an overall monthly increase in demand for stock catalogue equipment when compared to last year.</p>  <p>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. This is a valued service, which supports people to remain as independent as possible in the community for as long as possible.</p>	<p>Equipment budget pressures are continuing in 18/19 based on previous year trends.</p> <p>IBCF investment to continue</p>
Discharge Cars Pressure	£140,000	NIL	IBCF investment was not needed in this area, as the pressure was mitigated via the new home care contract and better utilisation of capacity. Although additional investment would have been of benefit, there was no additional capacity in the market to purchase.	No further IBCF investment required
Dedicated social worker capacity to support self-funders (CUH)	£41,000	£16,176	In April 2018 a significant reduction on September 2017 is evidenced. In September 2017 there were 65 self funder delays in total in Addenbrookes, equating to a total of 421 bed days. This reduced to 19 self-funder delays accounting for 173 bed days in April 2018.	IBCF investment to continue at existing level
Social care lead in each acute	£100,000	£39,347	<p>This has enabled greater oversight of the system, including working with partner organisations to ensure the correct agencies are involved in discharge planning.</p> <p>It has enabled close management of DTOCs over the winter period to ensure social care DTOCs remained low, including operational implementation of the CHC 4Q hospital discharge pathway and the Discharge to Assess pathway implementation.</p> <p>Supported an ongoing reduction in social care related DTOCs – a 44% decrease since August 2017 and May 2018.</p>	IBCF investment to continue at existing level

CHC Nurse resource to address CHC backlog	£250,000	£NIL	This investment was not required in 2017/18.	Level of IBCF investment to continue in 2018/19 as there is an identified ongoing need to support the management of the backlog
Social worker capacity to address CHC backlog	£125,000	£NIL	This investment was not required in 2017/18.	No further IBCF investment required
Trusted Assessor	CCG to review investment contribution if required	£NIL	This scheme went live in May 2018, the initial two months of data is showing a positive impact: <ul style="list-style-type: none"> <li>- 45 trusted assessor assessments have been completed.</li> <li>- 27 discharges have been accepted (60%) and 100 bed days have been saved.</li> </ul>	IBCF investment to continue for the CUH post and to extend an additional post to cover Hinchingsbrooke
Public Health Initiatives: Stay Well in Winter, Keep Your Head Website	£54,000	£NIL	This investment was not required in 2017/18 due to the late start of projects.	No further IBCF investment required
Adult Early Help	£30,000	£NIL	This investment was not required in 2017/18.	No further IBCF investment required
Admissions Avoidance (Locality Teams)	£80,000	£80,000	In August 2017, the Older People's Locality Team had 1112 overdue reviews. 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.  729 overdue reviews were completed between August 2017 and March 2018, resulting in a significant reduction in the backlog.	IBCF investment to continue at the same level
<b>Planned Investment Sub-Total</b>	<b>£2,300,000</b>	<b>£831,984</b>		
<b>Unplanned Investment</b>				
Enhanced Response Service		£348,665	Supported the implementation of the ERS. This service provides wrap around short term care in the community to prevent unnecessary hospital admissions. Supported the national condition of Meeting ASC Needs generally. The service has now been established and the ongoing investment in provision is being funded by the Local Authority on an ongoing basis.	IBCF investment not required in 2018/19



Extension of dedicated reassessment and brokerage capacity for learning disability		£100,000	Additional investment to support the expansion of the LD team to support out of county reviews. This supported the national condition of Meeting ASC Needs generally.	IBCF investment to continue
Implementation of contracting and brokerage system		£26,360	Supported the implementation of ADAM Direct Purchasing system, in conjunction with the newly commissioned home care framework and supports the national condition of stabilising the market.	IBCF investment not required in 2018/19
Disability Access Projects		£68,726	Supported the national condition of Meeting Adult Social Care Needs generally.	IBCF investment not required in 2018/19
Abetion Care Home Capacity		£40,182	Specialist support from Cardiff Council to advise on building care homes on Council land and inform approach to care homes project. This supported the national condition of Stabilising the Care Market.	IBCF investment not required in 2018/19
Head of DTOC Performance		£66,038	Investment in Local Authority Strategic Discharge Lead. This supported oversight of the approach to manage DTOCs and an ongoing reduction in social care related DTOCs – a 44% decrease since August 2017 and May 2018. This supported the national condition of Reducing Pressures on the NHS.	IBCF investment not required in 2018/19
Dedicated commissioner working to improve performance of large domiciliary care provider		£53,765	Provided support to a potential provider failure and prevented the suspension of the Council's largest domiciliary care provider and supported stabilisation of the market in line with the national condition.	IBCF investment not required in 2018/19
Additional DTOC team agreed by executive (4 social workers part year)		£38,918	Additional investment part year to increase capacity to manage hospital discharge demand into the discharge planning teams. This supported an ongoing reduction in social care related DTOCs – a 44% decrease since August 2017 and May 2018. This supported the national condition of reducing pressures on the NHS.	IBCF investment to continue
Nursing Dementia Placements Pressure		£706,000	Mitigation of budget pressures, supporting the national condition of Meeting ASC needs generally and reducing Pressures on the NHS.	IBCF investment not required in 2018/19
<b>Unplanned Investment in DTOCs Sub-Total</b>		<b>£1,448,654</b>		
<b>TOTAL</b>	<b>£2,300,000</b>	<b>£2,280,638</b>		

## 2.3 Future Approach

2.3.1 Based on the outcomes of the impact evaluation, the review of the High Impact Change Self Assessments and the system wide workshop, the following provides an overview of the future approach.

Key principles were:

- Due to national delays from NHS England, iBCF approvals and monies were not in place until December 2017, this resulted in many initiatives not be implemented until the final quarter of 2017/18, with some coming online in early 2018/19, which has impacted on the timelines for delivery of outcomes.
- There are a number of existing financial commitments for 2018/19 from existing projects
- We should continue to deliver the things that are delivering well
- Where no impact is proven we should stop these initiatives
- Where pilot initiatives were working well, we should look to expand these wider
- We need to recognise where there are capacity issues and address these in the right way
- Some larger scale initiatives, it wouldn't be feasible to implement in the final two quarters of 2018/19 and these should be explored further to consider for future year funding where an identified need and benefit has been established

Cambridgeshire		
Continue	Start 2018-19	Stop
Reablement investment - General	Admissions Avoidance Social Worker - Hinchingsbrooke and Addenbrookes	Adult Early Help
Reablement Flats - Doddington	Moving & Handling Coordinator - Hinchingsbrooke	Reablement Flats - Eden Place
Reablement Flats - Ditchburn	Trusted Assessor - Hinchingsbrooke & CUH (CUH started April 2018)	Public Health Initiatives - will continue to be funded by the Council
Equipment Pressures	Occupational Therapy Investment	
Social care discharge lead to support D2A 4Q Pathway - CUH & Hinchingsbrooke		
Self-funder social worker - Addenbrookes		
	Start 2019-20	
Prevention/Early Intervention Enabling People in Own Homes - Locality Teams	Pilot with South Cambridgeshire District to increase reablement flat provision via use of vacant sheltered accommodation	
CHC 4Q Investment - Discharge Planning Nurses		
Discharge Planning Investment		
Out of County LD Review Team		
CHC Backlog - Nurse and Social Work Investment		

The iBCF DTOC investment agreed in the local Better Care Fund Plans for Cambridgeshire for 2018/19 was £1.9m. The £517k allocated to delivering housing to vulnerable people is to be re-purposed to support delivery of the DTOC plan as outlined in the financial table above. This has increased the DTOC plan investment to £2.417m for 2018/19. The Council is committed to utilising corporate funding to support delivery of the project objectives, which enable the housing project to continue in line with the original intention.

The following outlines the agreed approach to iBCF investment areas for 2018/19.

<b>DTOC Plan - 2018/19</b>		
<b>Detail of funding required</b>	<b>Original 18/19 Plan</b>	<b>18/19 Approved Changes</b>
Reablement Capacity - general	1,000,000	1,000,000
Reablement Capacity - Flats	220,000	286,000
Admission Avoidance SW in ED	-	37,500
Equipment Budget Pressures (plus the continued requirement of NHS contribution)	140,000	70,000
Moving and Handling Coordinator	-	21,000
4Q DSPN capacity	120,000	120,000
Additional Discharge Team Social Worker Capacity (4Q)	-	138,000
Dedicated social work capacity to support self-funders (CUH)	41,000	45,000
Social Care Lead to support D2A pathway	100,000	100,000
Trusted Assessor	-	75,000
CHC Nurses - Community Backlog	-	250,000
Occupational Therapy	-	80,500
Out of of County LD Review Team	-	114,000
Pilot with South Cambs District to increase reablement flat provision though use of vacant sheletered accomodation	-	-
Discharge Cars	140,000	-
Adult Early Help	30,000	-
Stay Well in Winter	50,000	0
Keep Your Head Website	4,000	0
Dementia Alliance Coordinator	15,000	0
Admissions Avoidance (Locality Teams)	80,000	80,000
<b>Actual DTOC reduction planned</b>		
<b>Target reduction of DTOCs to hit 3.5% national target</b>		
<b>iBCF Total</b>	<b>1,940,000</b>	<b>2,417,000</b>

In addition, a programme board has been established, accountable to the Integrated Commissioning Board to oversee the iBCF DTOC programme of work, to ensure:

- Oversight of the programme plan to enable effective implementation and delivery of initiatives.
- Maintain robust monitoring and evaluation of initiatives to ensure delivery of outcomes and inform future recommendations for continued investment.

## **2.4 Governance**

- 2.4.1 A joint two year (2017-19) Cambridgeshire BCF and iBCF plan was submitted following Cambridgeshire Health and Wellbeing approval on 9<sup>th</sup> 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. 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 has cross system representation from senior management. 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.

Two system wide workshops were held on 7<sup>th</sup> September 2018 and 4<sup>th</sup> October 2018 to review the iBCF interventions and informed the basis of the evaluation and final recommendations for 2018/19. The iBCF evaluation report and findings were discussed at the Integrated Commissioning Board on 17<sup>th</sup> September 2018 and 15<sup>th</sup> October 2018 and received formal approval from the ICB on the 11<sup>th</sup> February. The evaluation outcomes were also discussed at the Cambridgeshire Health and Wellbeing Board on the 22<sup>nd</sup> November.

## **3. ALIGNMENT WITH CORPORATE PRIORITIES**

### **3.1 A good quality of life for everyone**

Increasing the provision of joined up health and social care provision, including 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 places for people to live**

Increasing the provision of joined up health and social care provision, including hospital discharge support for people who need it, ensuring people have access to the most appropriate services in their communities.

### **3.3 The best start for Cambridgeshire's Children**

There are no significant implications.

#### **4. SIGNIFICANT IMPLICATIONS**

##### **4.1 Resource Implications**

There are no significant implications.

##### **4.2 Procurement/Contractual/Council Contract Procedure Rules Implications**

There are no significant implications.

##### **4.3 Statutory, Legal and Risk Implications**

Complies with national NHS England and Ministry of Housing, Communities and Local Government conditions for the Better Care Fund and Improved Better Care Fund.

##### **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.

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

<b>Source Documents</b>	<b>Location</b>
<b>National UNIFY DTOC data</b>	<a href="https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/">https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/</a>
<b>Cambridgeshire Better Care Fund Plan 2017-19</b>	<a href="https://www.cambridgeshire.gov.uk/residents/working-together-children-families-and-adults/working-with-partners/cambridgeshire-better-care-fund-bcf/">https://www.cambridgeshire.gov.uk/residents/working-together-children-families-and-adults/working-with-partners/cambridgeshire-better-care-fund-bcf/</a>