

Better Care Fund Template Q4 2019/20

9. Year End Feedback

Selected Health and Wellbeing Board:

Peterborough

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	The establishment of pooled budgets and aligned BCF and STP governance has supported the ongoing development of jointly agreed priorities and strong system wide leadership and commitment to joint delivery.
2. Our BCF schemes were implemented as planned in 2019/20	Agree	BCF schemes were implemented as planned. There has been a continued focus on managing DTOCs during the last financial year and IBCF funded initiatives progressed well. In addition winter pressures funding was delivered in line with plans.
3. The delivery of our BCF plan in 2019/20 had a positive impact on the integration of health and social care in our locality	Agree	Integration has continued to develop through integrated neighbourhood and PCN development, exploring opportunities for developing greater integration on a place based level. There has also been a strong focus on developing integrated working to support hospital discharge pathways and ensure appropriate MDT discharge processes developed.
4. The delivery of our BCF plan in 2019/20 has contributed positively to managing the levels of Non-Elective Admissions	Agree	We delivered in line with NEL targets for 2019/20, though this was partly impacted by a drop in NEL activity due to COVID at the latter part of Q4.
5. The delivery of our BCF plan in 2019/20 has contributed positively to managing the levels of Delayed Transfers of Care	Agree	We were on track to meet DTOC targets by the end of Feb 2020 (at which point national reporting was suspended), DTOCs were 41% below the same period in 2018/19, so we have seen a reduction.
6. The delivery of our BCF plan in 2019/20 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Agree	Performance was 80.24% against a target of 82%. However, referrals to the service were impacted in the latter part of Q4 due to COVID and the implementation of new D2A pathways.
7. The delivery of our BCF plan in 2019/20 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)	Agree	Performance against admissions to residential care for over 65's remains positive and we delivered over and above the target for 2019/20.

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.

Please provide a brief description alongside.

8. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2019/20	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
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Success 1	4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production	250 Mandatory DFGs (Disabled Facilities Grants) were completed in 2019/2020. In addition 10 Discretionary Top Up Grants were completed to allow complex ground floor extension cases to complete, the costs of which were exceeding the £30,000 mandatory grant limit. These discretionary grants were paid from the Council's Capital Programme and under the Council's published Renewals Policy, which has enabled a more flexible approach to the use of the DFG locally.
Success 2	Other	Whilst delayed transfers of care (DTOCs) have continued to present a challenge to the system, we have seen a 41% reduction year to date (YTD) at the end of Feb 2020 when compared to the same period in 2018/19 and were on track to deliver our 2019/20 DTOC target at this point. The strong joint focus on managing DTOCs and the Improved Better Care Fund (IBCF) investment in the DTOC plan has been a real positive for the system. This has helped support a coordinated response to evaluating and agreeing areas of key IBCF investment to support this area. There has also been significant improvements in the implementation of more robust Multi-Disciplinary Teams (MDT) discharge processes and High Impact Change Management (HICM) conditions. Particular examples of this include the LINCA trusted assessor model which has been implemented with IBCF funding and support for the refinement and embedding of the Continuing Health Care (CHC) care needs test to reduce the number of CHC assessments being undertaken in hospital settings. In the latter part of Q4 significant changes were made to the discharge to assess (d2a) model in line with national COVID guidance. Our strong system approach to managing DTOCs enabled us to respond to this challenge quickly, adapting and aligning resources and commissioned capacity implement the new model rapidly.

9. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2019/20	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	<p>Cambridgeshire and Peterborough continues to be one of the most financially challenged health economies nationally with significant financial challenges for both the CCG and local authority. Both the local authority and the CCG are receive comparatively less funding than our neighbouring counterparts.</p> <p>The local population is growing significantly, with an increasing older population. Cambridgeshire and Peterborough's population of people aged 18+ is estimated at 690,000. Local forecasts suggest this will increase to approximately 827,000 by 2036, equating to a 20% increase. Forecasts suggest significant and disproportionate growth is expected, with those aged 65-84 expected to increase by around 44% and those aged 85+ expected to grow by nearly 130% by 2036. The majority of adult social care and NHS service users within older people's services are aged 85+, so the expected population growth is likely to lead to a significant increase in demand. And by 2025, it is forecast that there will be a significant increase in falls (37%), dementia (29%) and long term limiting illness (26%).</p> <p>We are seeing financial additional financial pressures, as a result of population growth and increasing costs of care, meaning we have to address increased demand with decreasing budgets. Financial challenges have been further exacerbated by the impacts of COVID and despite additional government funding for both the NHS and the local authority which is welcome, it is still insufficient to address the system financial challenges we are experiencing.</p>

<p>Challenge 2</p>	<p>9. Joint commissioning of health and social care</p>	<p>Integrated commissioning approaches support us to increase consistency in service provision and enable better engagement and market management. We already have a number of jointly commissioned services already in place, e.g.; falls prevention, mental health, community occupational therapy, community equipment and technology enabled care and child health. However, to ensure we have financial sustainability for the future, maximise the best use of community and voluntary sector services and effectively manage the provider market, we need to work jointly across health and social care to commission community capacity and capability to meet the needs of local communities in the most cost effective way, supporting people to maintain their independence and wellbeing. In turn, preventing the unnecessary escalation of needs and the provision of more expensive services.</p> <p>Whilst work has developed to progress local place based delivery and commissioning approaches, there is a need to develop these approaches more rapidly and ensure that we can more effectively understand the collective pound and ensure we get best value for money, as well as support more innovative ways of shifting investment to community provision. This is a key supporting enabler for developing our local place based models of delivery, ensuring that we are commissioning the right services as a system based on local demand needs.</p>
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Footnotes:

Question 8 and 9 are should be assigned to one of the following categories:

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

Other