

BETTER CARE FUND UPDATE – IMPROVED BETTER CARE FUND EVALUATION

To: Health and Wellbeing Board

Meeting Date: 22nd November 2018

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

Recommendations: The Health and Wellbeing Board is asked to:

- a) note and comment on the report
- b) approve the report recommendations

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PURPOSE

- 1.1 The purpose of this paper is to summarise the Cambridgeshire Improved Better Care Fund (iBCF) evaluation findings and recommendations for the final two quarters of 2018/19.

2 BACKGROUND

- 2.1 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 DTOC); 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. The Section 75 agreement was established and outlined the breakdown of budgeted financial allocations for the BCF and iBCF in 2017/18 and 2018/19.

- 2.4 Following the recent local health and social care system peer review (24th-27th September), which was supported by the Local Government Association (LGA), initial feedback indicated that we are utilising Better Care Fund and Improved Better Care Fund monies and implementing plans in line with the national conditions.

3. MAIN ISSUES

3.1 Cambridgeshire 2017-19 BCF Plan Agreed Areas of Investment

The investment as agreed within our approved Better Care Fund Plans and associated section 75 pooled budget agreements 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	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 Met the national condition to meet adult social care needs generally and stabilising the care market.
Investment into housing options &	£3,000k	£517k	Description: Provision of suitable long term care and support, including housing, to support individuals to maintain greater independence within

accommodation projects for vulnerable people			<p>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	£8,339k	£6,567k	
Protection of ASC in line with original intentions of the grant	NIL	£4,100k	Investment in core budgets to ensure the protection of ASC. This met the national condition of meeting adult social care needs generally.
Total iBCF allocation	£8,339k	£10,667k	

3.2 Cambridgeshire Delayed Transfers of Care (DTOC) Plan Impact

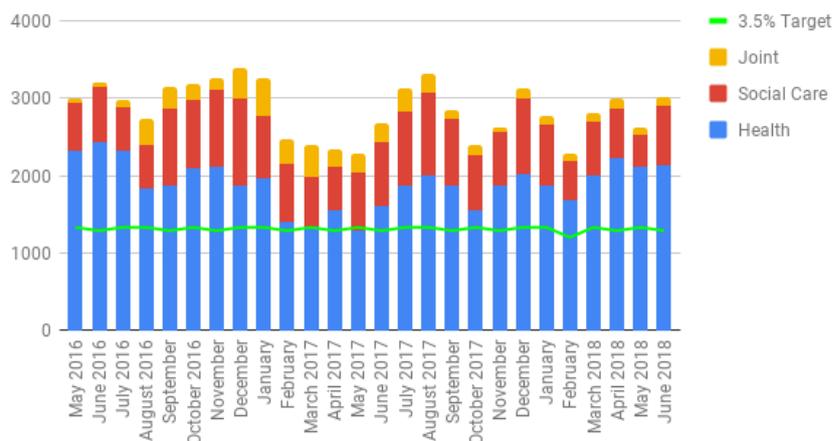
Following a system wide self-assessment of the High Impact Changes for Discharge and associated identified areas of priority, the below diagram provides an overview of 2017/18 initiatives.



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.

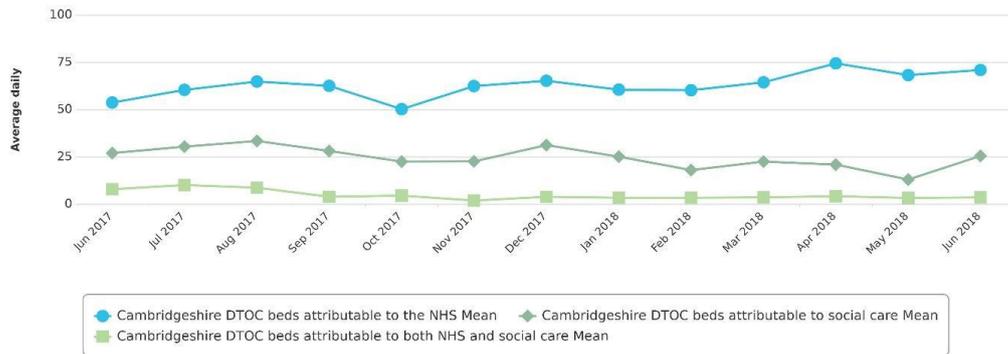
Health, Social Care, Joint DTOCs - Occupied Bed Days



During June 2018, 81% of delayed days were within acute settings. 70.8% of all delayed days were attributable to the NHS, 25.5% were attributable to Social Care and the remaining 3.7% were attributable to both NHS and Social Care.

The graph below shows the DTOC trends by attributable organisation. Between August 2017 and June 2018 we have seen a 5% increase in in NHS attributable delays, a 27% decrease in social care attributable delays and a 57% decrease in joint delays.

Daily DTOC beds, all (breakdown by care organisation) (Mean) (from Jun 2017 to Jun 2018) for Cambridgeshire



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iBCF Investment areas - Impact

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

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 by 20% is progressing well and capacity has increased by an additional 1025 hours per week at June 2018.</p> <p>Packages picked up in 2018/19 in Q1 YTD have increased by 15% on the same period in 2017/18.</p> <p>20,450 hours of bridging packages were delivered in 2017/18 as the provider of last resort. The service is currently utilising c. 26% of its capacity providing mainstream bridging packages.</p>	Investment to continue at existing level
Reablement capacity – Flats Ditchburn and Eden Place	£140,000	£86,039	<p>Eden Place: 5 flats are available and 6 patients have been discharged between January 2018 and April 2018. The utilisation has been poor at 50% and the average length of stay was reported as high as 44 days in March, indicating that these flats are not delivering good outcomes for service users.</p>	Decommission
			<p>Ditchburn: 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</p>	Investment to continue at existing level

			outcomes for patients.	
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 low 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>	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. There have been issues recruiting to the additional posts which has caused some capacity issues in implementing the pilot fully.</p> <p>Number of patients having a 4Q (at end of March 2018): 204</p> <p>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)</p>	Investment to continue
Equipment budget pressures	£140,000	£168,000	The graphs below shows an overall monthly increase in demand for stock catalogue equipment when compared to last year.	<p>Equipment budget pressures are continuing in 18/19 based on previous year trends.</p> <p>Investment to increase</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.</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.	Discontinue investment
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 delays in total, equating to a total of 421 bed days. This reduced to 19 self-funder delays accounting for 173 bed days in April 2018.	Investment to continue
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>Enabled close management of DTOCs over winter period to ensure social care DTOCs remained low, including operational implementation of 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>	Investment to continue

CHC Nurse resource to address CHC backlog	£250,000	£NIL	This investment was not required in 2017/18.	Investment to Stop
Social worker capacity to address CHC backlog	£125,000	£NIL	This investment was not required in 2017/18.	Investment to Stop
Trusted Assessor	CCG to review investment contribution if required	£NIL	This scheme went live in May 2018, so to date there is limited data available to show a trend. However, the initial two months of data is showing a positive impact: <ul style="list-style-type: none"> - 45 trusted assessor assessments have been completed. - 27 discharges have been accepted (60%) and 100 bed days have been saved. 	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.	Investment to continue
Adult Early Help	£30,000	£NIL	This investment was not required in 2017/18.	Discontinue investment
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.	Investment to continue
Planned Investment Sub-Total	£2,300,000	£831,984		
Unplanned Investment				
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	Discontinue investment

			now been established and the ongoing investment in provision is being funded by the Local Authority.	
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.	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.	Discontinue investment
Disability Access Projects		£68,726	Supported the national condition of Meeting Adult Social Care Needs generally.	Discontinue investment
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.	Discontinue investment
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.	Discontinue investment
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.	Discontinue investment
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	Investment to continue

			the NHS.	
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.	Discontinue investment
Unplanned Investment in DTOCs Sub-Total		£1,448,654		
TOTAL	£2,300,000	£2,280,638		

3.3 Recommendations for Quarter 3 and Quarter 4 of 2018/19

Based on the outcomes of the impact evaluation, the review of the High Impact Change Self Assessments and the system wide workshops, the following recommendations are proposed for consideration.

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	£1,000,000	Admissions Avoidance Social Worker - Hinchingsbrooke and Addenbrookes	£37,500	Adult Early Help
Reablement Flats - Doddington	£286,000	Moving & Handling Coordinator - Hinchingsbrooke	£21,000	CHC Backlog - Nurse and Social Work Investment
Reablement Flats - Ditchburn		Trusted Assessor - Hinchingsbrooke & CUH (CUH started April 2018)	£75,000	Reablement Flats - Eden Place
Equipment Pressures	£140,000	Occupational Therapy Investment	£180,000	
Social care discharge lead to support D2A 4Q Pathway - CUH & Hinchingsbrooke	£100,000	Pilot with South Cambridgeshire District to increase reablement flat provision via use of vacant sheltered accommodation	£11,500	
Self-funder social worker - Addenbrookes	£45,000	Areas for consideration for 2019-20		
Prevention/Early Intervention Enabling People in Own Homes - Locality Teams	£80,000	VCS Commissioning of Discharge Support		
CHC 4Q Investment - Discharge Planning Nurses	£120,000	Discharge model for care home patients		
Discharge Planning Investment	£138,000			
Out of County LD Review Team	£114,000			
Public Health Initiatives	£69,000			
TOTALS	£2,092,000		£325,000	

Total Investment Required for 2018/19 would be £2,417,000

*There was an agreed level of investment in the agreed 2017-19 plans for 2018/19 iBCF DTOC investment of £1,900,000. This is a reduction in investment from £2,300,000 in 2017/18

- The iBCF DTOC investment agreed in the local Better Care Fund Plans for Cambridgeshire for 2018/19 was £1.9m. It is proposed that the £517k allocated to delivering housing to vulnerable people be re-purposed to support delivery of the DTOC plan as outlined in the financial table above. This will increase 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.
- Based on the above recommendations, the following is proposed as the iBCF investment areas for 2018/19. A copy of the 2017/18 agreed Costed DTOC Plan can be found at Appendix 1.

2018/19 Proposal	Cambridgeshire	
Detail of funding required	Cost	Notes
Reablement Capacity - general	1,000,000	Continue delivery of expanded reablement capacity
Reablement Capacity - Flats	286,000	Doddington, Ditchburn and Lapwings to continue. Clayburn Court and Eden Place decommissioned.
Admission Avoidance SW in ED	45,000	Continue PCH post and introduce new post for CUH and Hinch.
Equipment Budget Pressures (plus the continued requirement of N	140,000	ICES pressure
Moving and Handling Coordinator	25,000	Continue PCH post. New post in Hinch. CUH - pilot already being established by TEC team. Future model for CUH to be reviewed following pilot.
Increased low level reablement support (VCS provision)	-	Cambridgeshire - recommendation to look at sustainable commissioned VCS provision in 2019/20 to support discharge.
4Q DSPN capacity	120,000	
Housing Case Worker in PCH	-	Pilot model at PCH for 2018/19
Dedicated social work capacity to support self-funders (CUH)	45,000	
Social Care Lead to support D2A pathway	100,000	Social worker in each acute to support 4Q pathway
Technology Enabled Care	-	Additional capacity in Peterborough to support TEC joint team.
Falls Lifting Response Service	-	Continue commissioning of Cross Key Home Service
Additional Interim Care Home Beds	-	Spot Purchase capacity to address peaks in demand
Trusted Assessor	75,000	Continue PCH. CUH post established in April. New post in Hinch.
Occupational Therapy	180,000	
Additional Discharge Team Social Worker Capacity	138,000	
Out of of County LD Review Team	114,000	
Stay Well in Winter	50,000	
Keep Your Head Website	4,000	
Dementia Alliance Coordinator	15,000	
Prevention / Early Intervention - Enabling People in own Homes (Locality Teams)	80,000	
Actual DTOC reduction planned		
Target reduction of DTOCs to hit 3.5% national target		
iBCF Total	2,417,000	
lbcf 18/19 DTOC allocation in 2017-19 Plans	1,900,000	

In addition, it is also recommended that a programme board be 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.

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.

Two system wide workshops were held on 7th September 2018 and 4th 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 17th September 2018 and were then re-presented for formal approval on the 15th October 2018. All members of the board approved the recommendations, bar the CCG representative who requested more time to consider the proposals. Virtual approval from the CCG is currently being sought.

4 ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

4.1 The iBCF 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.

5 SOURCES

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 – 2017/18 iBCF Costed DTOC Plan

Detail of funding required	Peterborough			Cambridgeshire			Notes
	Cost	Funding stream	Impact on DTOCs per month	Cost	Funding stream	Impact on DTOCs	
Integrated Discharge Pathway and ICWs		STP	105.78		STP	878.015	Expand Reablement by 20% x 1 CPFT DPN and 1 x SW to be redeployed ICES pressure x 2 DPN (x1 CUH x1CPFT) to be redeployed
Reablement capacity - general	191,000	iBCF		1,000,000	iBCF		
Reablement Capacity - Flats Ditchbum				140,000	iBCF		
Reablement capacity - Doddington CT (plus required continuation of NHS contribution)				80,000	iBCF		
Admission Avoidance SW in ED x 1	40,000						
CHC 4Q x 1 DPN x 1SW and utilise existing resource	80,000	iBCF					
Equipment Budget Pressures (Cams: plus the continued requiremen	80,000	iBCF		140,000	iBCF		
Moving and Handling Coordinator	50,000	iBCF					
Increased low level reablement support (VCS provision)	100,000	iBCF					
CHC 4Q x 3 DPN and utilise existing resource				120,000	iBCF		
Discharge Cars Pressure			140,000	iBCF			
Dedicated social work capacity to support self-funders (CUH)			41,000	iBCF	878.015		
Social Care Lead (1 per acute) to support D2A 4Q Pathway	50,000	iBCF	100,000	iBCF	156.165	4Q D2A resource	
Brokerage Capacity	40,000	iBCF				Reliant on CCG paying L.A. aged debt.	
CHC Nurse resource to address CHC backlog	150,000	iBCF	250,000	iBCF			
Social Worker Capacity to address CHC backlog	50,000	iBCF	125,000	iBCF			
Trusted Assessor	50,000	iBCF		iBCF	89.61	PCC - funded pilot 50/50 with South Lincs	
Market Management Review	50,000	iBCF	8.56				
Stay Well in Winter	50,000	iBCF	10	50,000	iBCF	36.54	
Keep Your Head Website	4,000	iBCF		4,000	iBCF		
Dementia Alliance Coordinator	15,000	iBCF		15,000	CCC		
Adult Early Help				30,000	iBCF		
Admissions Avoidance (Locality Teams)				80,000	iBCF		
Actual DTOC reduction planned			220.37			1160.33	
Target reduction of DTOCs to hit 3.5% national target			214			1160	
iBCF Total	1,000,000			2,300,000			