Division(s): N/A

HEALTH & WELLBEING BOARD – 9 November 2017

Delivering against the challenge: Better Care Fund, Improved Better Care Fund, and Delayed Transfers of Care Plans

Report by the Director for Adult Services and the Chief Executive of Oxfordshire Clinical Commissioning Group

Summary

1. The Better Care Fund is a programme spanning the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible. This includes the Improved Better Care Fund which is paid to local government for funding of local care services and reducing pressures on the NHS.

2. The Better Care Fund is investing £40.9m in the Oxfordshire system in 2017/18 to improve health and social care outcomes for local people. In 2017/28 Oxfordshire County Council was allocated £6.3m from the Improved Better Care Fund.

3. Currently under the Section 75 NHS Act, the Joint Management Group between the Council and Oxfordshire Clinical Commissioning Group manages the Better Care Fund and reports to the Health and Wellbeing Board. This paper brings an update regarding Better Care Fund spend and progress.

4. The new pooled budget section 75 structure agreed for 2017/18 demonstrates positive intent for health and social care partners to work together locally and provides an opportunity to improve flow through the whole health and social care system. The Section 75 Report (Item 59/17) to Cabinet on 18 July 2017 set out the Council's outline agreement with Oxfordshire Clinical Commissioning Group for the pooled budget arrangements for 2017/18 to 2018/19. Agreement has now been reached between the County Council and the Clinical Commissioning Group on the contributions and risk shares. Appendix 1 sets out the contributions and summarises the planned use of the Better Care Fund and improved Better Care Fund grant funding in 2017/18.

5. The Joint Management Group's aim has been to deliver the outcomes under Priorities 5 to 7 of the Health and Wellbeing Strategy, and plans for the Improved Better Care Fund align to these desired outcomes. This paper provides an update on the outcomes and priorities agreed.

Background

Delayed Transfers of Care (DTOC)

6. Oxfordshire has had a long term problem with delayed transfers of care. In 2016/17 over 51,000 beds days were lost to delays, which, while a 13.55% improvement on the previous year (59,000 bed days lost), was still the 4th highest rate in the country and remains approximately twice the national average (August 2017 figures).

7. Government scrutiny on DTOC remains high with authorities in the bottom quartile nationwide (which includes Oxfordshire) asked to account for underperformance and informed that they will be subject to greater scrutiny regarding DTOC performance against targets.

8. Local health and social care systems have been asked to agree local targets for DTOC reduction as one of the BCF requirements for 2017-18. As part of a conversation with NHS England regarding local targets, in September it was agreed that the Oxfordshire system would reduce the average weekly overall headcount delays to 99 by November and 83 by March 2018. Figures for July indicate that progress has been made towards this target and figures for August and September suggest that progress remains ahead of the required trajectory. The early figures for October suggest that there is a risk in respect of the November milestone.

9. NHS England and the Local Government Association are requiring local systems to use the Eight High Impact Change Model to support local health and care systems to manage patient flow and discharge. The model identifies eight system changes which will have the greatest impact on reducing delayed discharges:
   - early discharge planning
   - systems to monitor patient flow
   - multi-disciplinary/multi-agency discharge teams, including the voluntary and community sector
   - home first/discharge to assess
   - seven-day services
   - trusted assessors
   - focus on choice
   - enhancing health in care homes

10. The DTOC Control Group (made up of officers from across the Oxfordshire health and social care system) has used the model to self-assess how the local care systems are working now, and to reflect on, and plan for actions to reduce delays throughout the year. The updated self-assessment is attached at appendix 2.

Home Assessment & Reablement Team (HART)

11. The report to Health & Wellbeing Board in July 2017 explained that the HART service began in October 2016 to deliver a single service supporting discharges from hospital through a reablement and discharge to assess model. HART is

delivered by Oxford University Hospitals NHS trust. At this time performance of the HART service was at 67% of contracted levels and an action plan was in place to address this.

12. Whilst the HART service has seen a marginal improvement to 71% of contracted levels, this remains short of contracted expectations. To assist with performance, a temporary adjustment to the delivery of this service has been agreed. With effect from October 2nd 2017, Oxford Health NHS Foundation Trust is delivering reablement episodes to people referred to the service from community (to avoid hospital admission). This will enable Oxford University Hospitals NHS Trust to focus on the delivery of reablement episodes to people to facilitate their discharge. This is one of a number of mitigation measures agreed by the Accident & Emergency Delivery Board to support delivery of reablement and discharge home to assess. Some of these are funded from the iBCF (see below).

iBCF spending

13. In 2017/2018 Oxfordshire County Council was allocated £6.3m to support adult social care. This additional funding is being spent on adult social care and used for the purposes of meeting adult social care needs in order to reduce pressures on the NHS. A detailed plan with outline costings is shown as appendix 3. This funding is designed to run through to September 2019. The Secretaries of State for the Department of Communities and Local Government and the Department of Health have written to the Council on October 10th setting out the national expectation for the impact of this funding in supporting system flow and highlighting the potential risk to the funding in 2018-19 if the delayed discharge trajectory is not achieved.

14. The planned iBCF investment is divided into four main areas – improving flow, market resilience, market capacity, and additional provision. Overall these work streams focus on delivering a sustainable interface between health and social care, stabilising the social care provider market and mitigating discharge pathway blockages to support delivery of the DTOC trajectory. As successive national visits to the Oxfordshire system have emphasised, "DTOC" is not simply a number that needs to be reduced to ensure system flow, but is also primarily about how we look after people under our care, and managing risks to their health and wellbeing. We are undertaking a range of system wide activities described below that are designed to improve the care that we offer by easing pressure throughout the system.

Improving Flow

15. We are investing £1.2m in social work capacity to support flow in the hospital system. This includes 7 day front door prevention work in emergency departments. This aims to avoid unnecessary admissions to hospital wards and support step down from acute and community hospital wards back to people's own homes or to appropriate alternative long-term settings. This funding is committed for all three years of the iBCF to enable the recruitment of permanent staff and ensure effective use of resources.

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16. Additional staff have now been recruited and are based in the Rapid Response Reablement Outreach Team and the Hub team. These staff will support the intermediate care system by improving flow and managing demand for long term care for people discharged from intermediate care (including HART) services. The impact of these staff will be measured by improved flow through the system, including reduced length of stay in intermediate care pathways and reduced demand for long term services. Data available so far shows that the Rapid Response Reablement Outreach team has successfully saved 312 hours per week (April – September 2017) by reducing the size of packages referred out of the HART service.

17. In total an additional 14 social work and occupational therapy staff now in post, with an extra 5 social work & therapy staff joining the team throughout October & November. Recruitment is still underway for a further 5 social work & therapy staff.

18. By improving flow and reducing the length of stay in these services, capacity for additional referrals will be generated. Performance measures regarding the flow and length of stay will be reported to and monitored by the Joint Management Group.

Market Resilience

19. We are investing in increased funding (£2.171m) for home care and care homes. We have committed the funding from the iBCF grant for the three years that we expect to receive this, and this will then be managed through the Council's medium term financial plan.

20. This funding has been spent on increasing the lowest level fees paid to home care agencies and care homes and is intended to contribute to market stability and provider resilience. Decisions regarding the amount paid through this process were taken following consultation with providers who were invited to submit their views on the Council's proposals; cost breakdowns showing the actual cost of service delivery; and the opportunity to meet with the Council to discuss any relevant financial matters. 21 out of 34 home care providers received an increased rate, which amounts to 27% of purchased hours. 22% of Council funded care home placements received an increased amount.

21. The market has not experienced the same level of provider failure as was experienced during the latter part of 2016-17. Through the spending on market resilience we aim to consolidate the market by working with providers to prevent provider failure and reports on this will be taken to the Joint Management Group.

Market Capacity

22. We are investing £0.5m in support work to increase market capacity. This includes work jointly undertaken by Oxfordshire Clinical Commissioning Group and the County Council to review the capacity of home care providers to deliver delegated health tasks. This is a longstanding arrangement in Oxfordshire to allow staff to deliver lower level health tasks. We are reconsidering the tasks that staff can undertake and the way they are trained to do this which may include recommendations to invest in provider training and support.

23. We are investing £0.2m in improving the capacity of care homes to support people with dementia via additional dementia specialist nurses in the Care Homes Support Service. £0.08m of this will be spent in 2017-18 with the remainder in 2018-19. The Care Home Support Service is provided by Oxford Health NHS Foundation Trust and their staffing complement will be supplemented by 4 full time posts specifically to support people with dementia returning to / being admitted to care homes. The staff will come into post in November. This is planned as a pilot project, the success will be measured by reduced length of hospital stay for people on this pathway. Reports on this will be provided for review by the Joint Management Group.

24. There are also a range of pilot projects currently being scoped to increase community capacity. These include different models to deliver community based support and support for people leaving hospital and are intended to supplement the traditional home care model and access different areas of the population to provide a workforce.

25. We have created a dedicated direct payments support function, enabling people to use direct payments effectively to purchase their own care. This includes support to employ staff and set up payment models.

Additional capacity to mitigate lack of HART performance
26. We are investing £0.9m for additional care home placements - 40 beds to provide additional post hospital capacity to improve hospital flow. 30 of these are beds are designed to provide capacity where people need larger packages of support on leaving hospital which HART presently lacks capacity to deliver in the short-term and 10 of these beds are available for people waiting for a care home placement who do not need to wait in an acute or community hospital whilst this being sourced.

27. In addition to the HART service, the Council has historically commissioned home care specifically to support hospital discharge. This service supports people home with high level needs (up to 24hr live-in care) for a maximum of six weeks. We are spending £1m for additional units of this support increasing from the current provision of supporting 50 people rising to 80 people over the summer (a time when home care is more difficult to source). Annual cost £2m, with £1m committed for 17/18 and £2m for 18/19. This capacity is fully in place.

Performance measures

28. Local systems are asked to submit up to ten local indicators which will be used to assure the delivery of the agreed reduction in delayed discharges and measure the success of the Improved Better Care Fund. Oxfordshire has chosen our nine indicators on the basis of those which represent a true picture of the challenges and successes in our system; and where information is available.

29. Seven of these measures are reported to Health & Wellbeing Board under priorities 5 to 4 of the Health & Wellbeing Strategy; the 2 additional measures are reported to the A&E Delivery Board. A summary of the measures and progress against these is shown below.

Measure	Trajectory	Comments
Hours of reablement delivered by the Home Assessment & Reablement Team (HART)	Improving	The hours delivered in quarter 2 (12,594) saw a marginal improvement from quarter 1 (12,609). Whilst we recognise that the performance of the HART service is moving in the correct direction; overall service performance remains short of contracted expectations. The measures outlined in paragraph 12 above regarding the temporary reconfiguration of the HART service are intended to result in an increased number of hours of reablement delivered.
Reduce the average length of days' delay for people discharged from hospital to HART	Improving	This figure is not available for quarter 1 but the baseline figure is 65. Quarter 2 figure is 41 showing that people are waiting less time in hospital to receive HART services. Whilst the quarter 2 figure is an improvement, the DTOC reduction measures discussed in this paper are expected to result in improved timeliness in this pathway.
Increase the number of people who need no ongoing care following a reablement episode	Deteriorating	The expectation is that 70% of people will not require support following an episode of reablement. In quarter 1 the figure was 56%, in quarter 2 the figure is 51%. Further work is underway to understand the reasons for the performance of this indicator.
Number of hours homecare purchased.	Deteriorating	This is measured by a snapshot taken in the final week of each quarter. Quarter 1 snapshot showed 22,368 hours purchased, quarter 2 shapshot showed 22,163 hours purchased. This shows that the Council's ability to purchase care is restricted by the supply of hours available; whilst market stability has improved this has not translated into market growth.
Reduce the average	Improving	The baseline figure is 762, in quarter 1 this figure

days' delay for people discharged from hospital to care homes.		was 632 and in quarter 2 this figure was 529. This measure remains on target with the DTOC trajectory in our Better Care Fund plan.
Proportion of providers measured by CQC as 'outstanding' or 'good' remains above the national average.	Improving	Increase from 87.5% in Q1 to 89.3% in Q2. We are pleased to note that quality of care in Oxfordshire remains good.
Reduction in the number of avoidable emergency admissions for acute conditions that should not usually require hospital admission for people of all ages.	Improving	The baseline figure is 524, in quarter 1 this figure was 511. Quarter 2 figures are not yet available.
Reduction in the number of people funded by Oxfordshire County Council and placed into a care home.	Improving	The baseline for this measure is 11.25. In quarter 1 the figure was 13, in quarter 2 this figure was 12.8. Whilst this indicator shows a marginal improvement, the Council's ability to source alternative home care for people to avoid care home admissions is limited by capacity in the home care market.
Discharges from hospital on Saturdays and Sundays are at least 60% of the Monday - Friday average.		

Local System Review

30. The Care Quality Commission (CQC) are carrying out a local system review in Oxfordshire. This is currently underway and involves a site visit to Oxfordshire week commencing 27th November. This review forms part of a targeted programme of 20

local authority areas being undertaken by CQC to understand how people move through the health & social care system with a focus on the interfaces between services. This will be followed by a national report by CQC for government that will bring together key findings from the 20 system reviews.

31. Partners in the Oxfordshire system are currently preparing for this review, which we expect will explore the key areas of partnership between us including (but not limited to) management of the iBCF and actions undertaken to address delayed transfers of care. This is an opportunity for the system to benefit from external review and the outcome of this will be reported to the Health & Wellbeing Board once the review is completed.

Recommendations

32. The Board is RECOMMENDED to review and endorse the iBCF plan.

33. The Board is RECOMMENDED to note and confirm the planned DTOC trajectory set out at paragraph 8 endorsed on behalf of the Board by the Leader of the Council with the agreement of OCCG and system partners on 26th September 2017.

34. The Board is RECOMMENDED to endorse the planned investment of the iBCF and to note the risk to the future funding from the Government if the schemes that have been identified do not deliver a reduction in delayed discharges in line with the agreed trajectory

35. The Board is RECOMMENDED to critically appraise and endorse the performance measures that are proposed to be used to assure the delivery of the agreed trajectory

36. The Board is RECOMMENDED to agree a reporting regime to ensure effective delivery.

Appendix 1 – Pooled Budge Contributions and breakdown of Better Care Fund Spend

1. The Section 75 Report (Item 59/17) to Cabinet on 18 July 2017 set out the council's outline agreement with Oxfordshire Clinical Commissioning Group for the pooled budget arrangements for 2017/18 to 2018/19. Cabinet agreed to delegate responsibility for approving the detail of the schedules to the Section 75 agreement for 2017/18, including the final contributions and risk share arrangements, to the Director for Adult Services in consultation with the Cabinet Member for Adult Social Care. These also needed to be formally agreed by Oxfordshire Clinical Commissioning Group.

2. Agreement has now been reached between the County Council and the Clinical Commissioning Group on the contributions and risk shares. For 2017/18, the risk share for each of the pools has been calculated based on gross expenditure weighted to take account of the relative risk of the budgets within the pool. The level of risk varies substantially as some budgets fund block contracts, which are effectively set at a fixed agreed level, while other budgets are demand driven and expenditure can vary significantly as a result. An variations of spend or income compared to the budget within the Better Care Fund Pool will be risk shared between OCC and OCCG on a 70%:30% basis.

3. The contributions for 2017/18 for the Better Care Fund Pool reflected in the formal S75 agreement are as follows:

4.

Pool 2: Better Care Fund Pool	Oxfordshire County Council	OCCG
	£'000	£'000
Contributions to Pool		
Care Homes	84,167	27,413
Prevention	15,078	14,487
Hospital Avoidance	21,531	34,293
iBCF grant funded expenditure	6,276	0
Gross Contribution	127,052	76,193
iBCF Grant Funding	-6,276	0
Less service user income	-26,653	0
Net Contribution	94,123	76,193

5. The table on the next page sets out the current expected utilisation of the £6.276m 'improved Better Care Fund' (iBCF) ring-fenced grant funding available in 2017/18.

Use of the improved Better Care Fund	
	2017/18

	£m
<u>Improving Flow</u> £1.2m investment in social work team capacity which will support flow in the hospital system, including front door prevention work and support to move through intermediate care and on to independence. Recruitment began in July 2017 and the majority of the new staff are expected to be in post in by the end of October 2017. Any balance will be used to fund temporary social care staff in these teams in 2017/18. In addition to this there is also additional capacity in the Health Funded Hub Team (£0.340m cost of 7.00FTES funded by OCCG)	1.2
<u>Market Resilience</u> As a result of home care and care homes fee consultations early in 2017 and reflecting the increase in the National Living Wage from 1 April 2017, an increase in home support (£0.5m), care home (0.5m) and extra care housing (£0.1m) fee levels paid to providers has been agreed and backdated to 1 April 2017 to aid market stability. A further £1.1m is funding to support increased payments to Learning Disability providers and reflects the cost of implementing a £68 per night payment for sleep – in care. £0.045m will be used to fund influenza immunisations for care staff to help maintain capacity over the winter.	2.2
<u>Market Capacity</u> An investment of £0.150m is supporting a strategic review of home care. The intention is to seek to increase capacity in the system through innovative and alternative delivery models. In 2017/18 £0.080m will be used to fund dementia specialist nurses in care homes (with a full year cost of £0.2m in 2018/19). A further £0.2m is being used to support changes to the delivery of delegated health tasks.	0.5
<u>Additional Capacity</u> An allocation of £2.4m in additional provision is providing capacity at the back door of acute hospitals, including forty short-stay care home beds (£0.9m) and additional capacity in the Discharge to Assess service (£1.5m). This additional capacity mitigated performance issues with existing Home Assessment and Re-ablement Team (HART) service until September, and is continuing to provide additional capacity to ensure effective and timely hospital discharge.	2.4
Total iBCF Grant Funding in 2017/18	**6.3**

6. As set out in the Better Care Fund plan, the Better Care Fund element of the pool will be utilised as follows:

Oxfordshire County Council (*)	
	£'000
Care Homes	8,704
Home Support	6,327
Prevention and Early Support	3,500
Equipment	1,650
Carers	1,350
Total Better Care Fund (Oxfordshire County Council)	**21,531**

Oxfordshire Clinical Commissioning Group (#)	
	£'000
Ambulatory Emergency Care Pathways	3,064
Delayed Transfers of Care	2,500
Emergency Medical Units	2,282
Rapid Assessment Care Unit	1,751
Home Assessment & Re-ablement Service	1,364
Proactive Support to Care Homes	1,000
Long Term Conditions	900
Oxfordshire Care Summary	537
Falls Pathway	389
Carer's Support (Social Care)	1,300
Other	103
Total Better Care Fund (Oxfordshire Clinical Commissioning Group)	**15,190**

(#) includes £0.767m funding from other Clinical Commissioning Groups.

Appendix 2 – Eight high impact changes self assessment

	What do you need to do	When will it be done by	How will you know it is successful
early discharge planning	1) Discharge planning is being reviewed for all patients as part of the DTOC pathway exercise. This will identify the inputs and capacity to support discharge planning (planned and emergency admissions)	13/10/2017	Evidence that x% of patients go home on initial planned date of discharge.
	2) Develop supported out of hospital capacity/extend from current speciality specific approaches (e.g. respiratory)	31/3/2018	
systems to monitor patient flow	1) Agreed demand and capacity plan for discharge pathways	29/09/2017	Capacity will meet demand with built in contingency for predictable variation. Effective processes and procedures to increase capacity to manage surges in demand across individual organisations in the system.

System wide operational leadership to identify and avoid potential bottlenecks with clear criteria for escalation within a business continuity framework. |
	2) New pathway model agreed	13/10/2017	
	3) Capacity requirements mapped onto new pathway model	27/10/2017	
	4) Real time remote identification of bottlenecks and pressures which can be managed by deployment of appropriate capacity	31/3/2018	
multi-disciplinary/multi-agency discharge teams, including the voluntary and community sector	1) Develop single assessment and discharge plan protocols as part of the revised pathway model	13/10/2017	Reduction in A code assessment delays and elimination of coding disputes
	2) Integrate Northants teams into	31/10/2017	

	HGH Board rounds and discharge planning		
	3) Design pilot initiative to identify role for 3rd sector in the acute and community hospital setting	29/9/2017	
	4) in new pathway model make recommendation re single integrated bed management and discharge function across MDT	13/10/2017	
	5) Create joint assessment protocol for CHC and complex patients in non-hospital bed settings	29/9/2017	
home first/discharge to assess	1) Deliver HART mitigation and increase capacity and capabiltity of the service to support more people home via D2A	31/10/2017	Reduction in E code delays
	2) Develop a response to self-funders through the complex patient pathway in the revised pathway model	13/10/2017	Reduction in G code delays
	3) Improve D2A responsiveness via: development of Trusted assessor 7 day model that eliminates hand off delays; and develop role of 3rd sector to help people manage the transition home	13/10/2017	
seven-day services	1) Develop 7 day discharge framework with contracted social care providers for access to new and restarted packages at weekends as "the norm"	43039	Increased discharge at the weekend in to care providers and community hospitals
	2) System trigger adopted: all parts of the system to be operating at 60% of capacity at weekends		Increased flow out of community hospitals at the weekend

trusted assessors	1) Agree one assessment format between professions as part of new care pathway	13/10/2017	Delivery of 7 day services and D2A KPI
	2) Set up trusted assessor pilot with Help to Live at Home provider	1/9/2017	
	3) Set up trusted assessor pilot with Nursing Home provider	1/9/2017	
	4) Build Trusted assessment protocol into new care pathways	13/10/2017	
focus on choice	1) Review implementation of choice protocol in the light of complex patient workstream	13/10/2017	Fewer DToC numbers attributed to G code delays
	2) make recommendations on managing choice/G codes in the revised care pathway work	13/10/2017	Fewer disputes with patients and their families
	3) Explore 3rd sector role within MDT initiative	29/9/2017	
enhancing health in care homes	1) Develop a model of 24/7 urgent healthcare support to care homes with comprehensive geographical cover to reduce A&E and NEL pressures	8/9/2017	Fewer emergency admissions from care homes; rapid return to care homes in case of admission; reduced length of stay for people newly entering NH post admission
	2) Develop a care planning approach to increase capability and capacity in care homes through medical/clincial support	8/9/2017	
	3) Trusted assessor pilot as above	1/9/2017	
	4) 7 day working protocol implemented as above	31/10/2017	

Appendix 3 – iBCF project plan

Workstream/Activity	Allocation £'000	Start Date	Expected Delivery	Status
Improving Flow				
Intermediate Care Team Additional Staffing	**1,200**			**On track**
Extend locums and employ short term staff		01.05.2017	18.05.2017	Completed
Agree required new posts		01.05.2017	23.05.2017	Completed
Advertise new posts		14.06.2017	02.07.2017	Completed
Shortlist and interview applicants		03.07.2017	28.07.2017	Completed
Appoint successful applicants		31.07.2017	31.07.2017	Completed
New starters in post		01.10.2017	31.10.2017	On track
Emergency Department Additional Staffing				**On track**
Extend locums and employ short term staff		01.05.2017	18.05.2017	Completed
Agree required new posts		01.05.2017	23.05.2017	Completed
Advertise new posts		14.06.2017	02.07.2017	Completed
Shortlist and interview applicants		03.07.2017	28.07.2017	Completed
Appoint successful applicants		31.07.2017	31.07.2017	On track
New starters in post		01.10.2017	31.10.2017	On track
Increased Block Purchasing				**Completed**
Demand modelling and write specification		03.04.2017	14.05.2017	Completed
Tender process		15.05.2017	01.06.2017	Completed
New block beds become available		01.06.2017	28.07.2017	Completed
Contract Management of Reablement Service (HART)				**On track**
Implementation of HART improvement plan		03.07.2017	30.09.2017	Delayed
Market Resilience				
Home Care Market	**2,171**			**On track**
Home care review consultation		15.02.2017	31.03.2017	Completed

Financial Modelling - Agree price changes (back dated to 01.04.2017)		01.04.2017	30.06.2017	Completed
Confirm prices with providers		03.07.2017	07.07.2017	Completed
Financial Modelling (LD) - Agree price changes (back dated to 01.04.2017)		08.07.2017	01.09.2017	Completed
Confirm LD prices with providers		01.09.2017	01.09.2017	Completed
Care Home Market				**On track**
Care home review consultation		15.02.2017	31.03.2017	Completed
Financial Modelling - agree price changes		01.04.2017	31.08.2017	Completed
Confirm prices with providers		01.09.2017	01.09.2017	Completed
Flu vaccinations	45	tbc	tbc	Not started
Market Capacity				
Delegated Health Care Tasks	200			**On track**
Review of delivery of delegated heath care tasks		01.03.2017	31.03.2017	Completed
Agreement on revisions to delivery of tasks		01.03.2017	31.03.2017	Completed
Pilot in north of County		03.04.2017	23.06.2017	Completed
Review results of pilot		26.06.2017	30.06.2017	Completed
Decision on implementation countywide		17.07.2017	17.07.2017	Delayed
Wording for variations of contract agreed		01.07.2017	28.07.2017	Delayed
Phased implementation		01.01.2018		On track
Dementia Specialist Nurses in Care Homes	80			**On track**
Agreement in principle to proposals		01.05.2017	26.05.2017	Completed
Agree process		03.07.2017	22.09.2017	Completed
Recruit staff		22.09.2017	31.10.2017	On track
Go-live		01.11.2017	01.11.2017	On track
Alternative Models to Home Care	150			**On track**
Scope potential models for pilot		03.07.2017	01.12.2017	On track
Implement pilots		01.01.2018	31.03.2018	On track
Review results of pilots		05.04.2018	30.04.2018	On track

Decision on future implementation of models		30.04.2018	30.04.2018	On track
Direct Payment Support Function	**Funded from existing budgets**			**Not started**
co-design of new function		02.10.2017	26.01.2018	
new model agreed january		26.01.2018	26.01.2018	
implementation of new function		29.01.2018	30.03.2018	
go live of new function		02.04.2018	02.04.2018	
Additional Capacity				
Reablement	**1,500**			**On track**
Purchase additional reablement capacity within existing contract		01.04.2017	28.04.2017	Completed
Tender process for additional short term home care capacity		02.10.2017	01.12.2017	On track
New service go-live		04.12.2017	04.12.2017	On track
Care Home	**900**			**On track**
Tender process for interim beds (Phase 1)		10.02.2017	10.03.2017	Completed
Tender process for interim beds (Phase 2)		15.05.2017	01.06.2017	Completed
New interim beds available		01.04.2017	28.07.2017	Completed