Division(s): N/A

HEALTH & WELLBEING BOARD – 13 July 2017

Improved Better Care Fund & the pooled budgets

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

Summary

1. The Better Care Fund (BCF) 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. The Oxfordshire Health and Wellbeing Board has responsibility for agreeing and overseeing local BCF funding, and reports on the Oxfordshire BCF will be brought to this Board.

2. 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 is seeking approval for governance of the new Improved Better Care Fund spend to be delegated to the proposed Better Care Fund Joint Management Group.

3. The Better Care Fund will invest £40.9m in the Oxfordshire system in 2017/18 to improve health and social care outcomes for local people. A total of £21.5m is available to support adult social care and £5.0m goes to the District Councils for Disabled Facilities Grants.

4. As part of the Better Care Fund, an additional £2bn funding for adult social care from 2017-2020 was announced in the Spring Budget in recognition of the pressures facing local government nationally. In 2017/2018, Oxfordshire County Council has been allocated £6.3m in this new Improved Better Care Fund (iBCF). This additional funding is to be spent on adult social care and used for the purposes of meeting adult social care needs, reducing pressures on the NHS - including supporting more people to be discharged from hospital when they are ready - and stabilising the social care provider market.

5. The Council and Oxfordshire Clinical Commissioning Group commissioners are proposing to change the pooled budget structure for 2017 to 2019 to have two pools, one for Adults with Care and Support Needs and one for the Better Care Fund incorporating services for older people and for adults with physical disabilities. The BCF pool will include elements covering:
    - Care homes
    - Prevention
    - Hospital discharge and admission avoidance

6. The iBCF funding will sit within this Better Care Fund pooled budget and be subject to the same governance, including performance and financial management, under the

BCF Joint Management Group, as laid out in the Section 75 Agreement between Oxfordshire County Council and Oxfordshire Clinical Commissioning Clinical Group.

7. The pooled budgets aim to deliver the outcomes under Priorities 5 to 7 of the Health and Wellbeing Strategy as included elsewhere on the agenda, and plans for the iBCF align to these desired outcomes.

8. This paper sets out the investments from the iBCF to deliver this ambition, and asks Health & Wellbeing Board to approve these proposals.

9. In developing these plans, Oxfordshire County Council and Oxfordshire Clinical Commissioning Group commissioners have had discussions with Oxford University Hospitals NHS Foundation Trust, Oxford Health NHS Foundation Trust, and with Oxfordshire County Council operational teams. The proposals have so far been agreed at A & E Delivery Board, and Oxfordshire County Council Cabinet; and will be taken to the Joint Management Group on 20 July, and to Oxfordshire Clinical Commissioning Group Finance and Investment Committee on 25 July.

10. Current proposals are divided into four main areas – flow, market resilience, market capacity, and additional provision. Due to the urgent need to maintain the flow through the system, work has already started on some areas. On others when investment is broadly agreed, Project Initiation Documents, finalised costs and baseline figures need to be developed, alongside impact measures

11. The work in these four areas is intended to support the Delayed Transfers of Care Eight High Impact Changes, and the workforce development programme, on which the Council is investing £1m over 2 years from part of additional 1% precept funding.

Background

Delayed Transfers of Care

12. Oxfordshire has had a long term problem with delayed transfers of care (DTOC). In 2016/17 over 51,000 beds days were lost to delays, which while a slight improvement on the previous year (59,000 bed days lost) however it still was the 4th highest rate in the country and nearly 3 times the national average.

13. NHS England and the Local Government Association are supporting the use of 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

14. 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. This system wide agreed assessment is included as Appendix 1 and a revised implementation plan will be presented to the A&E Delivery Board for approval on 20 July.

15. The Department of Health has yet to publish its template for collecting metrics around the DTOC improvement plans and have asked areas to collect their own choice of metrics until the guidance is released.

16. Ongoing pathway modelling (due to be completed end July 2017), and the demand and capacity analysis work which follows it, will enable us to determine how the different areas of work (including the iBCF plans and the improvements stemming from the Eight High Impact Change Model assessment), will impact on DTOC.

Home Assessment & Reablement Team (HART)

17. Prior to October 2016, when the Council recommissioned its hospital discharge and reablement service, there were a multitude of services supporting people to leave hospital. This often resulted in fractured pathways, people being passed between services and people being sent home with whichever service had capacity. Early in 2016, the Council, Oxfordshire Clinical Commissioning Group, Oxford University Hospitals NHS Foundation Trust and Oxford Health NHS Foundation Trust agreed that the pathway should be streamlined, with a single service supporting discharge, and it was decided that this service would deliver to best practice; it would support people with reablement needs as well as discharging people to assess - taking people home who may not overtly have reablement potential, but could benefit from a decision about their long term care needs, being made in their home environment.

18. The new model was agreed and recommissioned and the contract was awarded to Oxford University Hospitals NHS Foundation Trust with the new service called HART. The contract specified levels of care that were recommended by the Department of Health's Care Services Efficiency Delivery unit and were benchmarked against other authorities to deliver top quartile performance.

19. The service is contracted to deliver just under 9000 hours of care per month of which 5750 hours should be of reablement (and the remainder used for assessment, a settling-in service, and contingency home care). However, because of the challenges of recruiting and retaining care workers the service has only delivered 67% of contract levels since October 2016. The Council and Oxford University Hospitals NHS Foundation Trust are working together on an action plan to increase recruitment and improve retention so that the service will be at capacity by the end of September 2017.

Workforce

20. Oxfordshire has a significant workforce issue. This is the most expensive place to live in the county outside of London with house prices at 16 x average annual salaries, and only 0.6%[1] of people claiming Job Seekers Allowance, a figure which has seen a steady decline over the last 3 years. There are few people available for work in Oxfordshire and this, combined with a high local cost of living and housing has given rise to significant challenge in delivering a sustainable direct care workforce.

21. This is particularly acute in the domiciliary care market where, despite Oxfordshire being the highest payer in the UK (£21.50) for care, providers have difficulty meeting the ongoing workforce challenge. The number of hours of council funded home care has risen by 64% in the last five years and by 12.9% in the last year. This ongoing increase in demand in statutory services is matched by an equivalent rise in the private market (more than half of Oxfordshire residents are self-funders) and the total market is around two and a half million hours.
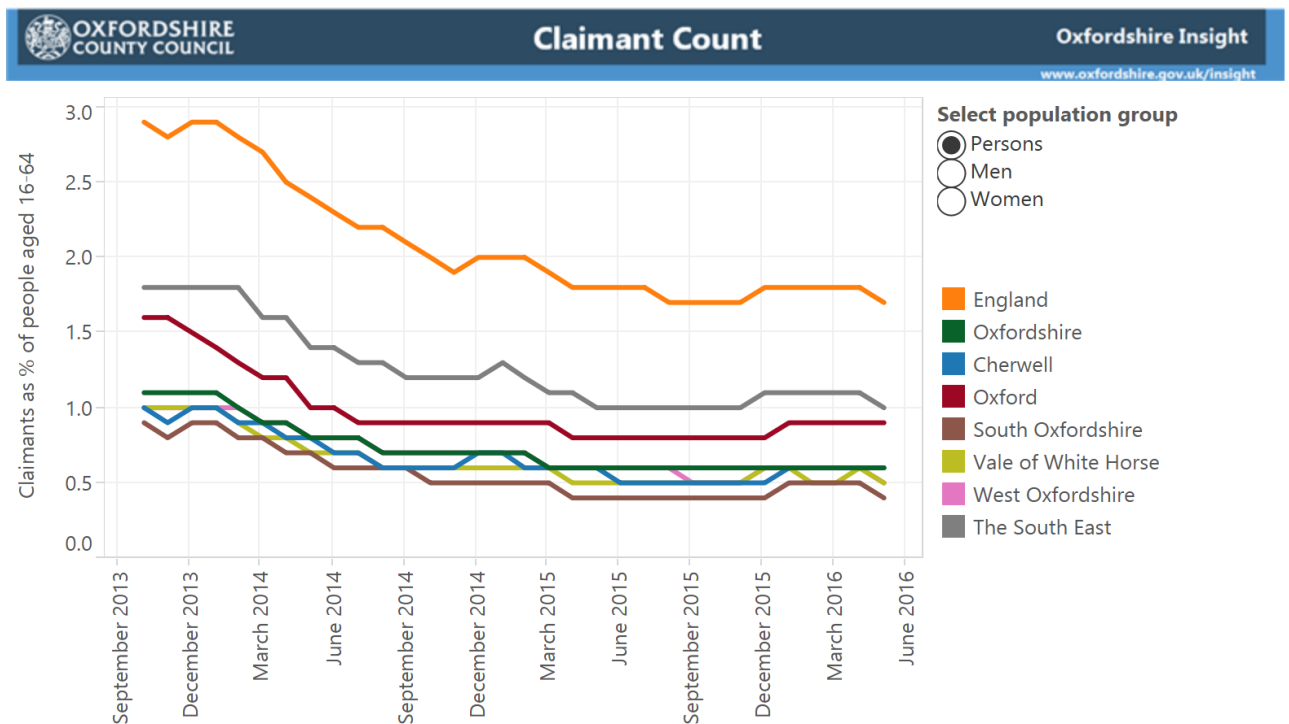
This is part of an experimental statistics series running from November 2013, which includes data on all Jobseeker's Allowance claimants and all out of work Universal Credit claimants. Ideally only those Universal Credit claimants who are out of work and required to seek work should be included in the Claimant Count, but it is not currently possible to produce estimates on this basis. The Claimant Count therefore currently includes some out of work claimants of Universal Credit who are not required to look for work; for example, due to illness or disability.

Data taken from NOMIS

22. As a result of this challenge Oxfordshire County Council has established a two year workforce programme, funded from the adult social care precept. The aim of the Workforce Programme is to increase the number of social care workers in the private,

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[1] public.tableau.com/views/JobSeekersAllowance/JobseekersAllowance?:embed=y&:showVizHome=no

voluntary and independent sector, by increasing recruitment and reducing staff turnover. This programme is attached as Appendix 2.

23. The programme will comprise a number of inter-related projects and work-streams. It will apply the underpinning principles set out in the Oxfordshire Adult Social Care Workforce Strategy and focus on jobs and careers in the home care sector - working mainly with the Council's approved home care providers.

24. The deliverables for the Workforce Programme are described below as a pathway into employment, comprising the following key stages:
    • Attract and engage candidates
    • Screen and filter candidates
    • Recruit and employ
    • Induct
    • Develop and retain

Proposals for iBCF spending

25. The government has committed additional funding to support adult social care. In 2017/2018 Oxfordshire County Council has been allocated around £6.3m. This additional funding is to be spent on adult social care and used for the purposes of meeting adult social care needs, reducing pressures on the NHS - including supporting more people to be discharged from hospital when they are ready - and stabilising the social care provider market.

26. This work is divided into four main areas – flow, market resilience, market capacity, and additional provision. Overall these workstreams focus on delivering a sustainable interface between health and social care, whilst delivering improvement in discharges. However, a simple focus on the backdoor of the acute system is not sufficient in a challenged system like Oxfordshire.

27. We are investing in additional long term staffing to manage and support the intermediate care system, and to provide seven day prevention work at the front door of Emergency Departments. This **improving flow** work can only be successful if the other elements are in place to sustain the work. Oxfordshire has seen a significant volume of market withdrawals from key social care providers, as well as other signs of a financially strained provider market. In order to sustain this key sector, we are investing in **market resilience** by increasing payments, particularly to the lowest funded providers and this is part of ensuring a stable market. Alongside this we will carry out a review of fee levels, particularly in home care, and look at options for long term sustainability in the home care market.

28. We are also purchasing **additional provision** to mitigate current performance issues with the HART service until September, which will provide additional capacity to ensure effective and speedy hospital discharge. This capacity will be allocated by the Hub, a successful multi-disciplinary team managed by Oxford University Hospitals NHS Foundation Trust, maximising flow out of hospital and through intermediate care arrangements, in response to whole system priorities. Alongside this strategy of buying more we also need to look at creating alternative models to increase the capacity of the

market to absorb and manage increasing demand and this **market capacity** development work forms a crucial element in sustaining the whole system.

29. The project plan showing how the tasks within these workstreams, and the timescales associated with delivering them, is attached in Appendix 3.

Improving Flow:

30. We will invest £1.2m in social work capacity to support flow in the hospital system. This includes front door prevention work and support to move through intermediate care and on to independence. This funding is committed for three years to enable the recruitment of permanent staff and effective use of resources.

31. This will create additional capacity to support intermediate care. It will incorporate £340k from Oxford University Hospitals NHS Foundation Trust for additional Hub capacity and £300k from Oxfordshire County Council funding for the Rapid Response (HART) team. This is a total team costing £1.8m (approx. 30 staff) focusing on hospital flow and intermediate care and providing all support to people in a range of short stay and intermediate beds (including hub beds, Oxfordshire County Council interim beds and intermediate care beds, Continuing Health Care interim beds).

32. The creation of a coordinated focused team will increase hospital and intermediate flow and ensure packages are the right size. The team will work in conjunction with the Hub and will support patients from their hospital bed through to their final destination in longer term care or independence.

33. Oxfordshire Clinical Commissioning Group has raised the issue of how staffing capacity across the system can be used to maximise the support to reduce choice delays and issues in relation to family support. This proposal will be reviewed by the Delayed Transfers of Care Control group.

34. Additionally, we will create a focussed group of staff within the intermediate care team, supporting the front door of hospital care to move people swiftly and effectively back home. This team will support Emergency Department/Adult Assessment Unit/Emergency Assessment Unit/Surgical Assessment Unit and provide 7 day a week cover (10am-6pm).

Market Resilience

35. We will invest £1.7m in increased funding for home care and care homes. This will increase fee payments, particularly to the lowest funded providers and support a more stable market. The levels of increase will be based on provider consultations. This funding is committed for three years, as fee increases have long term effects. Alongside this we will carry out a review of fee levels, particularly in home care, and look at options for long term sustainability in the home care market. The £1.7m allocation will be broken down as follows:

36. £1m additional spend on home care – increasing funding for providers as per the recent consultation. This ensures market stability and provider resilience.

37. £0.7m additional spend on care homes – increasing funding for providers as per the recent consultation. This ensures market stability and provider resilience.

Market Capacity

38. We will invest £0.5m in support work to increase market capacity. This will form part of an overall strategic review of home care and look to increasing capacity in the system through alternative models of provision.

39. This work will be supported and informed by an Oxfordshire Clinical Commissioning Group review of the capacity of homecare providers to deliver delegated health tasks; a longstanding successful arrangement in Oxfordshire where health professionals can train care workers to deliver low level health tasks such as putting on TED stockings. Alongside this a review of the training requirements to deliver effective passport training - the ability for a care worker, once trained in a delegated health task to apply this consistently to different service users. This review may result in recommendations for investment in training and support for providers.

40. We will invest £0.12m in improving the capacity of care homes to support people with dementia via additional dementia specialist nurses in the Care Homes Support Service.

41. There are also a range of pilot projects to increase community capacity. These include different models to deliver community based support and support for people leaving hospital, including the creation of micro-enterprises or community companies to support individuals.

42. We will create 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

43. We will invest £2.1m in additional capacity at the back door of acute hospitals. This capacity mitigates current performance issues with an existing service (HART) until September, and then provides additional capacity to ensure effective and speedy hospital discharge. This capacity will be allocated by the Hub in response to whole system priorities.

44. Alongside investment from this additional iBCF funding Oxfordshire County Council is committed, as part of the BCF to an increase in home care hours. Last year we had a target of 10% and achieved 12.9% increase. The target for 2017/2018 is subject to negotiation between Oxfordshire County Council and Oxfordshire Clinical Commissioning Group but Oxfordshire County Council is committed to buying additional home care hours as needed. The final target will be agreed in the BCF Joint Management Group.

45. We will invest £0.2m care planning support and contingency funding to manage any ongoing issues in HART.

46. We will invest £0.9m for additional care home placements - 40 beds to provide additional post hospital capacity to improve hospital flow. 30 beds will be targeted at short-term capacity gaps in the system (HART), and 10 beds will be available for people waiting for a care home placement as interim placements.

47. In addition to the HART service, the Council have historically commissioned home care 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 contract ends in November 2017, and work has begun to develop a tender for a new short-term home care to provide contingency care.

Proposals in relation to the Eight Impact Change model

48. The plans can be mapped against the Eight Impact Change model to see how the additional funding supports efforts to reduce delayed transfers:

Change	iBCF proposals	Funding
Early discharge planning	Intermediate Care Team includes social work support for people being discharged and in Emergency Departments	£1.2m
Systems to monitor patient flow	Covered elsewhere	n/a
Multi-disciplinary/multi-agency discharge teams, including the voluntary and community sector	Intermediate Care Team includes social work support for people being discharged and in Emergency Departments	£1.2m
Home first/discharge to assess	Additional reablement capacity and short term discharge-to-assess beds	£2.1m
Seven-day services	Supported by extended intermediate care team	£1.2m
Trusted assessors	Delegated Health Care task passport project contributes to this work	£0.1m
Focus on choice	Alternative to home care pilots and direct payments support	£0.28m
Enhancing health in care homes	Dementia specialist nurses in care homes	£0.12m

Performance measures

49. The changes to the pooled budget structure provide an opportunity to rethink the role and purpose of the pooled budgets in managing flow through the whole health and social care system. Delayed discharges from hospital remain high, and there are significant challenges in the capacity and capability of our home care and residential/nursing home market to meet the needs of our population. We need to make the pooled budget arrangements work to deliver our key strategic priorities.

50. A breakdown of the pooled budget contributions is given in Appendix 4.

51. On the NHS Social Care Interface Dashboard, published on 3 July, Oxfordshire rates 135/150. The full dashboard is given in Appendix 5, and shows that:

   a. We have relatively few emergency admissions of older people, in the lowest quartile of admissions and overall people stay for a shorter time (90% admission in Oxfordshire is 18 days, compared to a national figure of 21 days).

   b. 2.5% of people aged 65+ are discharged with reablement, compared to a national average of 2.9% and the effectiveness of the service (based on the 90 day measure is less good than elsewhere) - 81.2% compared with 82.7%.

   c. We have the 4th highest rate of delayed transfers in the country (over the period Feb to Apr 2017). Social care delays are average, but NHS delays and 'both' Social care and HNS delays are high (reablement delays are recorded as 'both').

52. The proposed measures which the pooled budgets aim to deliver are included in the Revised Health & Wellbeing Strategy 2017/18 elsewhere on the agenda. The Better Care Fund planning requirements (see Appendix 6) were published on 4 July 2017 and our Oxfordshire Health & Wellbeing measures incorporate these requirements (as well as removing older measures which neither the local system nor the iBCF requirements now see as useful).

53. The performance indicators are given below, including targets and baseline measures where they have been agreed. Outstanding measures will be agreed in the Joint Management Groups and we may agree additional indicators where they evidence the impact of joint commissioning.

   a. **Priority 5:** Working together to improve quality and value for money in the Health and Social Care System

Ref	Measure	Target	Baseline
5.1	Reduce the number of avoidable emergency admissions for acute conditions that should not usually require hospital admission for people of all ages from care homes		
5.2	Increase the percentage of people waiting a total time of less than 4 hours in A&E	95%	86%
5.3	Reduce the average length of "days delay" for people discharged from hospital to care homes	tbc	762
5.4	Reduce the number of people placed out of county into care homes by social care		306
5.5	Reduce the number of incidents relating to medication errors, falls and pressure ulcers		
5.6	Ensure the proportion of providers described as outstanding or good by CQC remains above the national average	> 81%	84%
5.7	Ensure the proportion of people who use services who feel safe remains above the national average	> 69%	73.3

b. **Priority 6:** Living and working well: Adults with long-term conditions, physical disabilities, learning disabilities or mental health problems living independently and achieving their full potential

Ref	Measure	Target	Baseline
6.1	Increase the number of people with mild to moderate mental illness accessing psychological therapies, with a focus on people with long-term physical health conditions		
6.2	Reduce the number of people with severe mental illness accessing Emergency Departments in acute hospital for treatment for their mental illness		
6.3	Reduce the use of s136 Mental Health Act 1983 so that fewer people are detained in police cells when they are unwell		
6.4	Reduce the number of suicides		
6.5	Increase the number of people with severe mental illness in employment		
6.6	Increase the number of people with severe mental illness in settled accommodation		
6.7	Increase the number of people with learning disability having annual health checks in primary care to 75% of all registered patients by 2019	75%	
6.8	Reduce the number of admissions to specialist learning disability in-patient beds		
6.9	Reduce the number of people with learning disability and/or autism placed/living out of county		182
6.10	The proportion of people who use services who feel safe	> 69%	73.3

c. **Priority 7:** Support older people to live independently with dignity whilst reducing the need for care and support

Ref	Measure	Target	Baseline
7.1	Increase the number of hours of home care purchased		
7.2	Reduce the number of older people placed in a care home from 11.25 per week in 2016/17 to 11 per week for 2017/18	11	11.25
7.3	Reduce the number of permanent admissions to care homes per 100k of population	469	480
7.4	Increase the percentage of people who receive reablement need no ongoing support (defined as no Council-funded long term service excluding low level preventative service).	75%	68%
7.5	Increase the number of people still at home 90 days post reablement	83%	80%

Ref	Measure	Target	Baseline
7.6	Reduce the beds days lost to delays in Oxfordshire		5615*
7.7	Reduce the average length of days' delay for people discharged from hospital to HART		
7.8	Reduce the average overall length of stay in stepdown pathways		
7.9	Increase the number of carers receiving a social care assessment	6000	5609
7.10	100% of patients with dementia who live are known to the Dementia Support Service		

based on the number of days lost in March 2017

Governance

54. The Oxfordshire Health and Wellbeing Board has responsibility for agreeing and overseeing local BCF funding. This paper is seeking approval for governance of the day-to-day spending of the iBCF funding to be delegated to the Better Care Fund Joint Management Group.
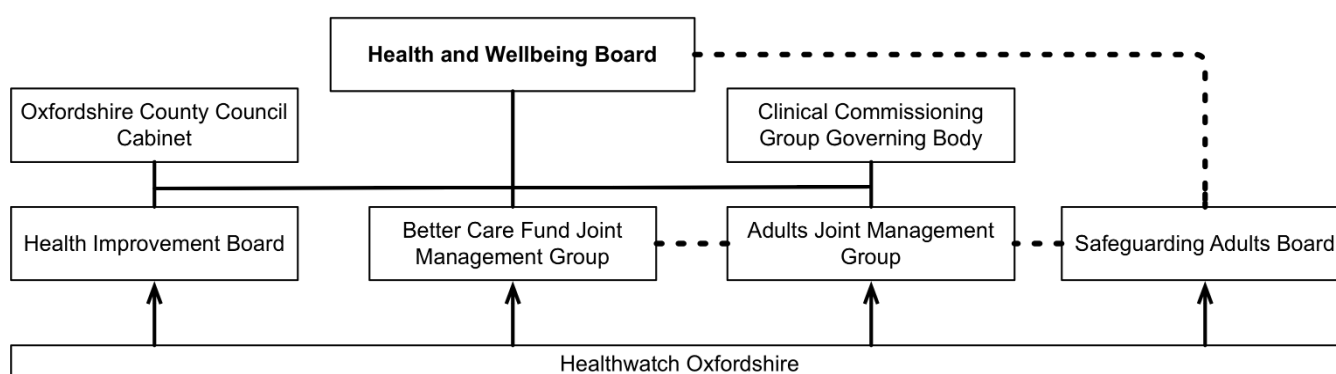
55. The Better Care Fund Joint Management Group (BCF JMG) will be chaired by the Council Cabinet Member for Adult Social Care. The Adults Joint Management Group will be chaired by the Oxfordshire Clinical Commissioning Group Clinical Lead for Mental Health and Learning Disability. Both Joint Management Groups will include voting members from the Council and Oxfordshire Clinical Commissioning Group.

56. As the Health & Wellbeing Board will retain responsibility for overseeing and steering this work, the BCF JMG will:

    a. send performance reports covering the measures listed above and progress against the iBCF project plan to each Health and Wellbeing Board meeting in October, March and July
    b. provide a review of the iBCF performance every second meeting, starting in March 2018.

57. It is also proposed that the iBCF is fully scrutinised by the Joint Health Overview Scrutiny and Committee and the Chair has agreed that this will be scheduled.

58. In developing these plans, Oxfordshire County Council and Oxfordshire Clinical Commissioning Group commissioners have had discussions with Oxford University Hospitals NHS Foundation Trust, Oxford Health NHS Foundation Trust, and with Oxfordshire County Council operational teams.

59. The proposals have been agreed at A & E Delivery Board; and will be taken to and Oxfordshire County Council Cabinet on 18th July, the Joint Management Group on 20th July, and to Oxfordshire Clinical Commissioning Group Finance and Investment Committee on 25 July.

60. It is expected that the plans will be taken to Oxfordshire Clinical Commissioning Group Board, and to the Boards of the NHS Foundation Trusts for information.

Recommendations

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61. **Health and Wellbeing Board is asked to:**

   a. **Consider and approve the plans for spending the iBCF funding as described above.**

   b. **Consider and approve the governance arrangements described above, including delegating responsibility for implementing these plans to the Better Care Fund Joint Management Group.**

   c. **Bring together a sub-group of the Health & Wellbeing Board looking at speedy and appropriate discharge from hospital**

Report by Eleanor Crichton, Strategic Commissioner (Older People), Oxfordshire County Council and Ian Bottomley, Head of Mental Health & Joint Commissioning, Oxfordshire Clinical Commissioning Group
July 2017

Appendices

Appendix 1: Eight High Impact Change self-assessment

PDF

2017 05 11 Eight
High Impact Self Ass

Appendix 2: Workforce plan

Workforce delivery
plan Apr-17.docx

Appendix 3: iBCF project plan

iBCF Project Plan						2017						
Last Updated: 10th July 2017						Apr				May		
Workstream/Activity	Owner	Start Date	Expected Delivery	Status		*3*	*10*	*17*	*24*	*1*	*8*	*15*
Improving Flow												
Intermediate Care Team Additional Staffing	**Joan Norris**			**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	On track								
Appoint successful applicants		31.07.2017	31.07.2017	On track								
New starters in post		01.10.2017	31.10.2017	On track								
Emergency Department Additional Staffing	**Joan Norris**			**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	On track								
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	**Shaun Bennett**			**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	On track								
Contract Management of Reablement Service (HART)	**Andrew Colling**			**On track**								

Implementation of HART improvement plan		03.07.2017	30.09.2017	On track										
Market Resilience														
Home Care Market	**Andrew Colling**			**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	On track										
Confirm LD prices with providers		01.09.2017	01.09.2017	On track										
Care Home Market	**Andrew Colling**			**On track**										
Care home review consultation		15.02.2017	31.03.2017	Completed										
Financial Modelling - agree price changes		01.04.2017	31.08.2017	On track										
Confirm prices with providers		01.09.2017	01.09.2017	On track										
Market Capacity														
Delegated Health Care Tasks	**Ele Crichton**			**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	On track										
Wording for variations of contract agreed		01.07.2017	28.07.2017	On track										
Phased implementation		01.08.2017		On track										
Dementia Specialist Nurses in Care Homes	**Ele Crichton**			**On track**										
Agreement in principle to proposals		01.05.2017	26.05.2017	Completed										
Agree process		03.07.2017	01.09.2017	On track										
Recruit staff		03.07.2017	01.09.2017	On track										
Go-live		04.09.2017	04.09.2017	On track										
Alternative Models to Home Care	**Ele Crichton**			**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	**Andrew Colling**			**Not started**											
co-design of new function		02.10.2017	26.01.2018	Not started											
new model agreed january		26.01.2018	26.01.2018	Not started											
implementation of new function		29.01.2018	30.03.2018	Not started											
go live of new function		02.04.2018	02.04.2018	Not started											
Additional Capacity															
Reablement	**Ele Crichton**			**On track**											
Purchase additional reablement capacity within existing contract		01.04.2017	28.04.2017	Completed											
Develop outcomes based approach		05.06.2017	28.07.2017	On track											
Write revised specification		31.07.2017	29.09.2017	On track											
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	**Andrew Colling**			**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	On track											

Full plan attached:

iBCF Project Plan
10Jul17.xlsx

Appendix 4: Pooled budget contributions and breakdown of BCF spend

1. Oxfordshire County Council's budget for 2017/18 and Medium Term Financial Plan was agreed on 14 February 2017. This included the County Council's contributions to the Pooled Budgets based on the service area based pool structure in place for 2016/17. In addition, through the 2.0% precept for adult social care, £3.3m is available to address pressures in adult social care in 2017/18. £1.0m of the 2016/17 precept is also available to allocate on a permanent basis.   Requests to utilise £2.7m of this funding to increase the council contributions to each pool to reflect on-going forecast pressures relating to expenditure on service users with Physical and Learning Disabilities are included in the Financial Monitoring Report to Cabinet on 18 July 2017. The contributions set out below assume these amounts have been added to the pools. Oxfordshire Clinical Commissioning Group contributions are indicative and remain subject to approval by their Finance and Investment Committee.

2017/18 Proposed Indicative Contributions

Pool 1: Adults with Care & Support Needs	Oxfordshire County Council	Oxfordshire Clinical Commissioning Group
	£'000	£'000
Contributions to Pool:		
Learning Disabilities	74,883	13,477
Mental Health	9,734	46,067
Acquired Brain Injury	621	1,672
Gross Contribution	**85,238**	**61,216**
Less service user income	-5,502	0
Net Contribution	**79,736**	**61,216**

Pool 2: Better Care Fund (BCF) Pool	Oxfordshire County Council	Oxfordshire Clinical Commissioning Group
	£'000	£'000
Contributions to Pool		
Older People	84,167	54,583
Physical Disabilities	15,078	7,085
BCF expenditure	21,531	14,423
iBCF grant funded expenditure	6,276	0
Gross Contribution	**127,052**	**76,091**
iBCF Grant Funding	-6,276	0
Less service user income	-26,653	0
Net Contribution	**94,292**	**76,091**

2. The table on the next page sets out the proposed utilisation of the £6.276m 'improved Better Care Fund' (iBCF) grant funding available in 2017/18. This is also subject to agreement by Cabinet on 18 July 2017.

Use of the improved Better Care Fund	2017/18 £m
Improving Flow £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. The team structure has already been agreed and recruitment will begin in July 2017.	1.2
Market Resilience As a result of the home care and care homes fee consultation, a £1.7m increase in fee levels is proposed to ensure market stability. Some home care increases have been agreed and will be backdated to 1 April 2017. The rest of this funding is subject to agreement but will also be backdated once agreed.	1.7
Strategic Review of Home Support An investment of £0.6m will support an overall strategic review of home care which seeks to increase capacity in the system through innovative and alternative delivery models. Research into potential models has begun and a delivery plan will be in place by August 2017.	0.6
Additional Capacity An allocation of £2.1m in additional provision is providing capacity at the back door of acute hospitals, including thirty short-stay care home beds and an extra thirty people in the Discharge to Assess service. This is mitigating current performance issues with existing Home Assessment and Re-ablement Team (HART) service until September, and then will provide additional capacity to ensure effective and timely hospital discharge.	2.1
Balance	0.7
Total iBCF Grant Funding in 2017/18	**6.3**

3. The Better Care Fund element of Pool 2 is currently expected to be utilised as follows. This remains indicative as the guidance on the use of the Better Care Fund was released on 4 July 2017.

	Oxfordshire County Council (*)
	£'000
Care Homes	8,725
Home Support	6,338
Prevention and Early Support	3,500
Equipment	1,650
Carers	1,318
Total Better Care Fund (Oxfordshire County Council)	**21,531**

(*) based on the use of the funding in 2016/17 with funding for care homes updated to reflect the increase to the total funding available in 2017/18.

	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 assumed funding from other Clinical Commissioning Groups.

Appendix 5: NHS Social Care Interface Dashboard

The six measures or metrics used are summarised in the table below and each can give an indication about how aspects of the health and social care system are performing.

- Emergency admissions (1) can indicate how good collaboration is in the system in supporting good management of conditions
- The 90th percentile length of stay of emergency admissions (2) can indicate poor patient flow out of hospital and hence highlight downstream blockages.
- Total delayed days (3) and proportion of weekend discharges (6) are indicators of how effective the interface is between health and social care and joint working of local partners, including at weekends.
- The proportion of older people still at home 91 days after discharge (4) and proportion of older people receiving reablement services (5) captures the joint working of social services, health staff and commissioned services to keep people at home.

ID	Indicators	What this indicates about the system	Full definition
1	Emergency Admissions (65+) per 100,000 65+ population	Can indicate how good collaboration across the health and care system is to support good management of long term conditions	(Emergency admissions for those with identified age (65+) resident in a local authority) divided by; (Local authority population 65+/100,000)
2	90th percentile of length of stay for emergency admissions (65+)	Longer lengths of stay can indicate poor patient flow out of hospital and hence downstream blockages	The 90th percentile length of stay following emergency admission. e.g. 10% of patients within a local area have a length of stay longer than X days.
3	TOTAL Delayed Days per day per 100,000 18+ population	This indicates how effective the interface is between health and social care and joint working of local partners	Average number of monthly delayed days (ALL) per day Divided by; (Local authority population 18+/100,000)
4	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	This captures the joint work of social services, health staff and services commissioned by joint teams, as well as adult social care reablement. Reablement services lead to improved outcomes and value for money across the health and social care sectors.	The proportion of older people aged 65 and over discharged from hospital to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting), who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital.
5	Proportion of older people (65 and over) who are discharged from hospital who receive reablement/rehabilitation services		The proportion of older people aged 65 and over offered reablement services following discharge from hospital.
6	Proportion of discharges (following emergency admissions) which occur at the weekend	This can indicate successful, joint 24/7 working leading to good flow of people through the system and across the interface between health and social care	Percentage of discharges (following emergency admission) at the weekend

The figures for Oxfordshire compared with our neighbours and nationally are given below:

Oxfordshire	Current	Rank of 15 neighbours	Rank of 150 authorities
Emergency Admissions (65+) per 100,000 65+ population	22,112	9	32
90th percentile of length of stay for emergency admissions (65+)	18	1	13
Total Delayed Days per day per 100,000 18+ population (NB includes, NHS, social care and jointly attributable)	33.3	16	147
Proportion of older people who were still at home 91 days after discharge from hospital into reablement/ rehabilitation	81.2	9	97
Proportion of older people (65 and over) who are discharged from hospital who receive reablement/ rehabilitation services	2.5	8	91
Proportion of discharges (following emergency admissions) which occur at the weekend	20.30%	4	36

Appendix 6: BCF planning requirements

See
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/625229/Integration_BCF_planning_requirements.pdf