

# Health and Wellbeing Board Supplementary Information



**6. Better Care Fund and Improved Better Care Fund Plan 2017-19 2.55 pm**

Appendix attached.



## Bristol City Council Improved Better Care Fund Initial Allocation Proposal

The following template outlines the initial indicative proposals for the Improved Better Care Fund for 2017/18. These proposals follow consultation with stakeholders but are still subject to Better Care Commissioning Board approval on Thursday 24<sup>th</sup> August 2017, prior to final sign off by Health and Wellbeing Board Chairs.

The proposals have been produced ensuring they relate to the guidance associated with the fund:

- Stabilising the care market
- Protecting Adult Social Care
- Adult Social Care that supports the NHS deliver
- Avoidance of unnecessary admissions to hospital;
- Improving patient flow after admission;
- Ensuring prompt discharge from hospital either for further social care assessment or into a sustainable on-going care setting (community, residential or nursing) when patients are medically optimised.
- Our Plans are in line with the Adult Social Care Strategic Plan and the 3 tier model

Adult Social Care Strategic Plan 2016 - 2020



Figure 1: Bristol's strategic approach to adult social care

Alongside this the Council has considered the funding in line with the following themes:

### Use of iBCF

<p><b>Homecare/systems flow £2m</b></p> <ul style="list-style-type: none"> <li>• Invest in workforce – skills, pay, Proud to Care</li> <li>• Maximising independence</li> <li>• Reshape use of OTs</li> <li>• DTOCs</li> <li>• Specialisms e.g. dementia</li> <li>• Package reviews</li> </ul>	<p><b>Care homes - £2m</b></p> <ul style="list-style-type: none"> <li>• Investment in quality - Incentivised by price</li> <li>• Out of City placements back to Bristol</li> <li>• Market management</li> <li>• 7 day discharge from hospital to residential</li> <li>• Trusted assessments</li> </ul>
<p><b>Tier 1 prevention/demand management - £2m</b></p> <ul style="list-style-type: none"> <li>• GP clusters</li> <li>• Community navigators</li> <li>• Asset based community infrastructure/ services</li> <li>• IAG</li> <li>• Assistive technology</li> </ul>	<p><b>IT and Collaboration - £1.25M</b></p> <ul style="list-style-type: none"> <li>• Get more engaged in the STP digital workstream</li> <li>• IT – staff having technology to do their roles efficiently</li> <li>• Mobile working social workers, re-ablement staff</li> </ul>
<p><b>Adults of working age -£1M</b></p> <ul style="list-style-type: none"> <li>• Investment in supported living mental health especially (growth area)</li> <li>• Investment in move on accommodation (CSA etc)</li> <li>• Improve flow and discharge from Callington Road</li> <li>• Transitions children to adults (growth area)</li> <li>• Re-commission advocacy service</li> </ul>	<p><b>Reviewing capacity - £650K</b></p> <ul style="list-style-type: none"> <li>• Investment in social work and practitioner resource</li> <li>• Investment in provider reviews</li> </ul> <p><b>Accommodation strategy/ 'programme 100K</b></p> <ul style="list-style-type: none"> <li>• Overview of all accommodation commissioned/ provided by BCC</li> <li>• One programme of change - Housing/Social Care/ Health/ Voluntary sector</li> </ul>

In line with an open and transparent approach as these proposals are firmed up following consultation clear measures will be produced in order to monitor performance and to confirm progress against agreed outcomes.

<b>Scheme</b>	<b>Intervention</b>	<b>Area of need</b>	<b>Data source</b>	<b>Impact</b>	<b>Contribution to metrics Existing /Suggested New Metrics</b>	<b>Financial Summary £'000s</b>
iMPower approach to Demand Management	Bristol has been working on the three tier approach to demand management for a period of time and this approach has already started to yield results. There is a need to broaden the work so it is embedded throughout the care system and beyond to other key stakeholders	Managing demand is important so that resources can be focused on people with complex needs and people stay longer in the community without requiring care input.	Data on referrals and how people are signposted and offered support.	A reduction in overall demand on the system	Expansion of community interventions and a strategic approach to asset based working	£220k
Improved information and guidance	A comprehensive advice and guidance information system encouraging people to self-care and be signposted early to appropriate levels of	It has been demonstrated that early advice and information can help people navigate a complex system of care more easily and	Data on use of the service and how well they are supported after an intervention	A reduction in overall demand on the system	Numbers of people who are provided with more appropriate and timely levels of support	£100k

Appendix to Health and Wellbeing Board Item 6

Scheme	Intervention	Area of need	Data source	Impact	Contribution to metrics Existing /Suggested New Metrics	Financial Summary £'000s
	support	so enjoy appropriate and timely levels of support				
Increasing use of technology	Technology can be a powerful resource for helping people remain in their own homes. We intend to commission a one-off diagnostic which links with the iMPower work and ensures the use of assistive technology and other technology solutions at all stages of a person's involvement with social care	Use of technology can help support people in their own homes for longer and reduce demand on statutory agencies	Data on use of the service and how well people are supported by different technologies	A reduction in overall demand on the system	Numbers of people who are supplied with appropriate technologies	£40k
Improving engagement with GP clusters	Building on the work already under way we would want to increase social care capacity with GP clusters to increase engagement with	Current work is going well but increased capacity will raise the number of MDTs and ensure that more people are supported in a cross-agency	Shared data on numbers of MDTs and improved outcomes for people	Improved and more joined up support for people living at home	Numbers of people supported and appropriate outcomes delivered	£300k

Scheme	Intervention	Area of need	Data source	Impact	Contribution to metrics Existing /Suggested New Metrics	Financial Summary £'000s
	MDTs and build a more comprehensive approach to community support. This will include more social work and community navigator capacity.	approach			A/E attendance Reablement DTC Excess bed days	
Building on an asset based approach	As part of our Tier 1 work there is a need to further consolidate our approach to asset based working. This includes engagement with the third sector to increase their offer to local people and work in key areas such as those leaving hospital and living in social isolation	Need to build community strength to offer a supportive living community approach especially those who are very vulnerable i.e. people with dementia	More people living at home for longer	An asset based approach across Bristol	Numbers of people supported and appropriate outcomes delivered  A/E attendance Reablement DTC Excess bed days	£500k
BNSSG Common Process	The three local authorities recently commissioned a	Recognition of closer alignment across BNSSG	2016/17 data for DTC shows a	Design a single and consistent 7	DTC Excess bed days	£250k

Appendix to Health and Wellbeing Board Item 6

Scheme	Intervention	Area of need	Data source	Impact	Contribution to metrics Existing /Suggested New Metrics	Financial Summary £'000s
Work	<p>review of the opportunities for increased collaboration and common processes relating to adult social care discharge arrangements.</p> <p>There is also a need to discuss price and market engagement with a view to greater consistency across the three authorities</p>		number of patients awaiting a social care assessment	<p>days a week Hospital Discharge process to operate in each of the three main acute hospitals in the BNSSG STP area</p> <p>Consider options for, develop and pilot "Trusted Assessor" arrangements with a sample of large residential/nursing care homes. Agree a more common approach to</p>	A/E attendance Reablement	

Scheme	Intervention	Area of need	Data source	Impact	Contribution to metrics Existing /Suggested New Metrics	Financial Summary £'000s
				the market and pricing		
Investment in home care capacity/ system flow	Engagement with the local sector to increase capacity, quality and ensure a different approach to workforce to encourage a more appropriate way of working with all people in receipt of homecare, including those with dementia, to take a reablement and maximising independence approach and move away from time and task. This will link to outcome based commissioning.	The market locally needs a different approach to commissioning. There is a strain on providers and a challenge in terms of recruitment and retention. Moreover some providers are challenged in dealing with very vulnerable older people especially dementia and cases of mental ill health and challenging behaviours. We need a new conversation to encourage different ways of working and building capacity in the sector through investment.in change.	Need for an improved offer for vulnerable people living at home	An improved care provider market in Bristol with a wider range of skills and less vulnerable to market failure	A/E attendance Reablement DTC Excess bed days	£2.5m

Appendix to Health and Wellbeing Board Item 6

Scheme	Intervention	Area of need	Data source	Impact	Contribution to metrics Existing /Suggested New Metrics	Financial Summary £'000s
Assistive Technology	Increase take up of assistive technology	Following our diagnostic it is understood that there should be more investment in assistive technology from low level equipment to that which supports people with complex needs. There is tremendous innovation in the market now and we need to learn from the diagnostic and invest in this area	BCF local performance indicator shows an increase in the number of service users who are using assistive technology.	Enabler to support patients to stay at home	A/E attendance Re ablement DTC Excess bed days Number of Residential beds .... Telecare/Telehealth numbers AT (new definition)	£400k
Extra investment adults of working age	There is an equal need to invest further in support for adults of working age. There are many people with mental health problems for example in acute beds awaiting discharge	Develop market capacity to support adults of working age in need of tier 3 services to live as independently as possible. Reduce DTCs at Callington Road Hospital	Need for an improved offer for vulnerable people living at home	An improved care provider market in Bristol with a wider range of skills and less vulnerable to market failure	A/E attendance Reablement DTC Excess bed days	£500k

Appendix to Health and Wellbeing Board Item 6

Scheme	Intervention	Area of need	Data source	Impact	Contribution to metrics Existing /Suggested New Metrics	Financial Summary £'000s
	<p>into supported living and further work needs to be done to increase supported living in this area. This will also include additional Social Work resource to support discharges from Callington Road Hospital</p>	<p>ensuring right care and recovery focused support is in place on discharge.</p>				
<p>Increasing independence for vulnerable adults 18-25 by individual assessment and improved market management</p>	<p>There are a number of younger people coming through the system who are ill-served by the current market and put pressure on all services. There is a need for some specific work in this area</p>	<p>Addresses problems in one key area of concern</p>		<p>Enabler of capacity to support discharges and avoid delay.</p>	<p>DTOC Excess bed days Connecting Care usage (new) Number of Adult self assessments on NSOD (new) Number of Volunteers identified on NSOD (new)</p>	<p>£500k</p>

Appendix to Health and Wellbeing Board Item 6

Scheme	Intervention	Area of need	Data source	Impact	Contribution to metrics Existing /Suggested New Metrics	Financial Summary £'000s
Increased investment in mobile working and related approaches to improving productivity in the workforce	Given demand pressures there is a need to invest in new technology for social workers, reablement staff and to work on the STP digital workstream. This would improve productivity and improve flexibility in the workforce	This would involve the provision of mobile technology to key staff and the appointment of a social care lead in the corporate IT team to prioritise the work in this area	Improved productivity in social workers and reablement staff	Improved job satisfaction	DTC Excess bed days Connecting Care usage (new) Number of Adult self assessments on NSOD (new) Number of Volunteers identified on NSOD (new)	£750k
Improving capacity in care homes	Need to invest in improving quality incentivising providers to work collaboratively on raising quality standards. Develop a predictive indicator tool as early warning of quality and safety issues to prevent bed closures	Addresses problems in one key area of concern alongside work on the home support services Supporting providers to avoid cessation of admissions due to Organisational safeguarding concerns	Number of indicators around admissions and DTC	Enabler of capacity to support discharges and avoid delay.	DTC Excess bed days Avoidance of Hospital Admissions Connecting Care usage (new) Number of Adult self assessments on	£2m

Scheme	Intervention	Area of need	Data source	Impact	Contribution to metrics Existing /Suggested New Metrics	Financial Summary £'000s
	Also a need to address out of city placements with a view to returning people closer to Bristol. Introduce 7 day working and a Trusted Assessor approach. Appoint more OTs to assist with reviews and work closely with care providers				NSOD (new) Number of Volunteers identified on NSOD (new)	
Joint working on the accommodation strategy	Bristol is currently undertaking a strategic review of its housing stock . it would be advantageous to appoint dedicated social care staff to support this work and produce a strategy that helps meet the needs of vulnerable adults.	Ensures housing locally includes vulnerable people in its provision and strategy	People are more settled when in appropriate accommodation		DTCO Excess bed days Helps manage Tier 1 demand	£100k

Appendix to Health and Wellbeing Board Item 6

Scheme	Intervention	Area of need	Data source	Impact	Contribution to metrics Existing /Suggested New Metrics	Financial Summary £'000s
Increase Reviewing capacity	Increased investment in social work and practitioner resource and develop provider reviewing	Ensuring that service users continue to receive the right level of support to meet their outcomes and maximise their independence using the 3 tier model. Free up care capacity to ensure that it is available for people who need it.	No of reviews completed at and reviews set at appropriate times	Reviews completed when due. Service users receive the level of support they need. Free up care capacity for others.	Reviewing performance. Reduce DTOCs from Hospital for people waiting for Packages of Care	