

Appendix E1 – Improved Better Care

The Chancellor's Spring Budget in March 2017 announced supplementary funding to the Improvement Better Care Fund (iBCF), where the iBCF had been previously announced in the spending review in 2015. Nationally the funding for the iBCF was spread over the years 2017/18 to 2019/20 with allocation to Bristol for both components of the iBCF as follows:

	Supplementary iBCF		Original iBCF	Total iBCF
	National Funding £bn	BCC Share £m	BCC Share £m	BCC Share £m
2017/18	1.010	8.712	0.344	9.056
2018/19	0.674	5.761	6.248	12.009
2019/20	0.337	2.863	11.625	14.487
Total	2.021	17.336	18.217	35.552

The funding for the original iBCF and supplementary iBCF follows two different routes. The funding for the original iBCF is distributed as part of the grant associated with the funding settlement for the whole council and included in the base budget for Adult Social Care whilst the supplementary funding is distributed by means of a separate grant and not included in the base budget for Adult Social Care.

According to the grant determination the funding can be spent on the following purposes:

- Meeting adult social care needs
- Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready
- Ensuring that the local social care provider market is supported

Based on these purposes and to support the transformation as contained in the Better Lives programme, spending plans have been developed and agreed as follows:

Scheme	Intervention	Area of need	Contribution to metrics Existing /Suggested New Metrics	Financial Summary £'000s		
				2017/18	2018/19	2019/20
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.	Expansion of community interventions and a strategic approach to asset based working	220	1,000	-
Improved information and guidance	A comprehensive advice and guidance information system encouraging people to self-care and be signposted early to appropriate levels of support	It has been demonstrated that early advice and information can help people navigate a complex system of care more easily and so enjoy appropriate and timely levels of support	Numbers of people who are provided with more appropriate and timely levels of support	100	200	350
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	Numbers of people who are supplied with appropriate technologies	40	120	-

Scheme	Intervention	Area of need	Contribution to metrics Existing /Suggested New Metrics	Financial Summary £'000s		
				2017/18	2018/19	2019/20
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 MDTs and build a more comprehensive approach to community support. This will include more social work and community navigator capacity.	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 approach	Numbers of people supported and appropriate outcomes delivered: A&E attendance Reablement DTC Excess bed Days	150	150	150
iBCF Infrastructure	Team dedicated to iBCF and implementing the schemes	To deliver and monitor the iBCF schemes additional capacity is required		246	314	737
BNSSG Common Process Work	The three local authorities recently commissioned a review of the opportunities for increased collaboration and common processes relating to adult social care discharge arrangements. There is also a need to discuss price and market engagement with a view to greater consistency across the three authorities	Recognition of closer alignment across BNSSG	DTC Excess bed days A&E attendance Reablement	125	175	250

Scheme	Intervention	Area of need	Contribution to metrics Existing /Suggested New Metrics	Financial Summary £'000s		
				2017/18	2018/19	2019/20
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.	DTOC Excess bed days A&E attendance Reablement	2,500	3,250	4,500
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	A/E attendance Reablement DTOC Excess bed days Number of Residential Beds Telecare/Telehealth numbers AT (new definition)	400	750	1,500

Scheme	Intervention	Area of need	Contribution to metrics Existing /Suggested New Metrics	Financial Summary £'000s		
				2017/18	2018/19	2019/20
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 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	Develop market capacity to support adults of working age in need of tier 3 services to live as independently as possible. Reduce DTOCs at Callington Road Hospital ensuring right care and recovery focused support is in place on discharge.	DTOC Excess bed days A&E attendance Reablement	500	500	750
Increasing independence for vulnerable adults 18-25 by individual assessment and improved market management	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	Addresses problems in one key area of concern	DTOC Excess bed days Number of Adult self-assessments on NSOD (new) Number of Volunteers identified on NSOD (new)	500	750	1,000

Scheme	Intervention	Area of need	Contribution to metrics Existing /Suggested New Metrics	Financial Summary £'000s		
				2017/18	2018/19	2019/20
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	DTOC Excess bed days Connecting Care usage (new) Number of Adult self-assessments on NSOD (new) Number of Volunteers identified on NSOD (new)	750	750	750
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. 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.	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	DTOC Excess bed days Avoidance of Hospital Admissions Connecting Care usage (new) Number of Ault self-assessments on NSOD (new) Number of Volunteers identified on NSOD (new)	2,000	2,000	2,000

Scheme	Intervention	Area of need	Contribution to metrics Existing /Suggested New Metrics	Financial Summary £'000s		
				2017/18	2018/19	2019/20
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	DTOC Excess Bed Days Helps manage tier 1 demand	50	150	250
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.	Reviewing performance. Reduce DTOCs from Hospital for people waiting for Packages of Care	650	650	650
Intermediate Care / Step Down	Providing additional Step down beds across Bristol	Ensuring sufficient step down beds are available to discharge patients, who are medically fit to leave the acute	DTOC Additional beds available	825	1,250	1,600

Total investment	9,056	12,009	14,487
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