

## Improved Better Care Fund – Summary March 2018

Appendix 3

Planning priority	Grant Condition	Description	2017/18 £m	2018/19 £m	2019/20 £m	Impact	Activity and progress
Protect	Meeting Social Care Needs	<b>IBCF1</b> Funding required to manage shortfall in recurrent pressures and protect social care services	1.9	11.9	22.2	Over the three-year period this funding will ensure that vital service provision such as homecare is maintained and people are supported to maintain their independence and stay out of hospital	Funding is part of budget planning for adult social care as a whole - over 80% of spend is with the market
Sustain	Reduce pressure on the NHS and stabilise Social Care provider market	<b>IBCF2</b> Support the care market and develop resilience against the impact of specific recurrent market pressures	9.1	10.8	10.8	Recent legislation on NMW and the cost of care presents additional pressures to the care sector that require supporting if provision is to remain sustainable. Market failure presents a risk to individuals but also the system overall funding here will support integrity of the care market	This is about sustaining the Market. In line with cost of care, legislation and market pressures – the aim is to develop a sustainable approach. Funding is targeted on specific needs such as legislative change, but some funding will be carried forward to 2018-19 where this enables funding to be targeted in a more sustainable way.
Sustain	Meeting Social Care Needs	<b>IBCF3</b> Managing recurrent capacity with DOLs when alternative funding finishes	0	0.2	0.2		To support delivery of this service from 2018-19 when current funding will no longer be available
Sustain	Reduce pressure on the NHS and meet social care need	<b>IBCF4</b> Managing capacity – strengthen social work to assist people at discharge and to prevent admissions	2.6	2.5	0.0	Social work is core to ensuring people's needs are met quickly and effectively. Supporting capacity of social work will strengthen the prevention offer, ensure people receive support that meets their needs and is fundamental to ensuring that people are able to leave formal care settings as soon as they are medically fit. Resources here will enable services to	As part of enhancing our capacity a recruitment campaign for 50 practitioners and 15 team managers is fully underway.  By mid-February 40.25 fte appointments had been made to new roles in the service*:

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						<p>be flexed according to pressure within the system.</p> <p>Investing in social work will reduce pressures on the NHS and supports the Promoting Independence agenda. The invest to save element will be realised through better management of needs and management of flow through the system.</p> <p><b>Note:</b> of the £2.6m in 2017/18, £1m will need to be carried forward into 2018/19 to reflect recruitment timescales, therefore £3.5m will be spent in 2018/19. For 2019/20 it is the intention for the investment to remain at 2018/19 levels (£3.5m) but the additional capacity should be self-financing through savings delivered in the Purchase of Care budget.</p>	<p>There are currently 12.75 new capacity Social Worker vacancies to fill. Interviews took place early Feb, with 3 appointable candidates to allocate to a locality.</p> <p>The West is particularly difficult to recruit and a campaign is running specifically for this locality with 3 interviews for Social Workers and 1 for a Team Manager taking place at the end of February</p>
Invest and Improve	Reduce pressure on the NHS	<p><b>iBCF5</b></p> <p>Expansion of prevention schemes – social prescribing and community/care navigation schemes – Invest to save</p>	0.7	0.7	0.0	<p>Social prescribing has been evidenced to divert demand from formal care services, especially hospitals. Combined with an offer that builds on community resilience and capacity this initiative is designed to support demand management initiatives and enhance community ability to respond to need</p>	<p>Supporting the development of existing initiatives working with CCGs, Public Health and District Councils. This will be taken forward on CCG boundaries. Working with Districts, CCGs &amp; voluntary sector. Locality plans have been developed services will commence between January and June 2018, when a formal launch of the whole service will take place.</p>

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Invest and Improve	Reduce pressure on the NHS	<b>iBCF6</b> Respond to care pressures – micro commissioning invest to save pilot	0.1	0.1	0.0	Homecare is a key service in ensuring people can stay out of hospital and be discharged quickly when they are medically fit. Micro commissioning initiatives have been shown to have a positive impact on homecare capacity in similar rural areas. Increased capacity in the system is designed to be sustainable without additional funding after the first two years	Investment in support to micro enterprises to deliver Home Support. Community Catalyst have been engaged to support this work and initial scoping discussions undertaken to identify our approach to localised development.
Invest and Improve	Reduce pressure on the NHS	<b>iBCF7</b> Managing transfers of care – Trusted assessor	0.2	0.2	0.2	Managing transfers of care and implementing the HICM requires a number of joint initiatives between social care and health partners. Key elements of the pathway are trusted assessor and discharge to assess. The implementation of these will be supported by an enhanced, wrap around, home care offer and additional capacity in reablement beds – these initiatives will support the reduction of delayed transfers of care and provide a better quality of care for people in this pathway	The Trusted Assessment Facilitator role has been developed in tandem with providers who were involved in the recruitment into the new posts. Funding from the project has also supported the development of a bed capacity tracking system. There are 5 Trusted Assessment Facilitators across the 3 acutes, the service commenced on 22 January in NNUH. The full team will be in place by 28 February 2018. 1 Facilitator in QEH 2 Facilitators in NNUH 2 Facilitators in JPUH (1 funded by Suffolk CC)
Invest and Improve	Reduce pressure on the NHS	<b>iBCF8</b> Managing transfers of care – through invest to save programme for example discharge to assess; home	5.1	0.5	0.2	Many of these initiatives are to be run as pilots to evaluate outcomes and put in place sustainable funding based on the part of the system where benefits accrue. There will be a requirement to carry forward an element of the 2017/18	Recruitment for six discharge to assess social workers, was completed in December 2017. The service is now in place. Accommodation based reablement is implemented within the county,

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		support wrap around service; accommodation based reablement and active assessment beds				funding depending on the progress and timing of implementing each pilot.	with 14 units currently operational. The enhanced home support service is operational providing unplanned, short term same day home support for up to 72 hours across all five CCG areas in Norfolk.
Invest and Improve	Reduce pressure on the NHS	<b>iBCF9</b> Enhanced community offer for carers - 3 year invest to save pilot	0.1	0.1	0.1	Carers are key to supporting people to stay safe and independent. Additional funding here will work alongside newly commissioned carers service to ensure that carers are fully supported to have a good quality of life	Using the Home First model this is being linked with iBCF 8 and 9 to provide crisis management services
Invest and Improve	Reduce pressure on the NHS	<b>iBCF10</b> Enhanced flexible dementia offer - 3 year invest to save pilot	0.2	0.2	0.2	Providing support that enables people with dementia to stay in their own homes is a priority for both health and social care. This funding will enhance the existing offer and allow innovations in service to be implemented and tested for success. This service will support people with dementia to be discharged safely from formal care settings.	Using the Home First model this is being linked with iBCF 8 and 10 to provide crisis management services

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Invest and Improve	Reduce pressure on the NHS	<b>iBCF11</b> Reduce DTOC mental health services	0.4	0.4	0.4	Providing sufficient support when people with mental health problems leave formal care services is crucial in ensuring people can settle and establish their independence. We are working with mental health colleagues to formulate the most effective mechanisms that will support discharge from hospitals and formal care settings.	There are an additional six beds/flats commissioned as “step down” and admission avoidance from mental health hospitals jointly funded with NSFT with social care support to provide suitable discharge destinations. All units are fully occupied.  Increased staff capacity, 4 additional staff includes; 1fte SW for OPMH 1fte Assistant practitioner for OPMH 1fte Assistant practitioner for Hosp SW Team 1fte AMHP for Duty Team
			<b>20.4</b>	<b>27.7</b>	<b>34.3</b>		
Funded by:	iBCF as per 2017 Spring Budget		-18.6	-11.9	-5.9	Non -recurrent funding	
	iBCF as per 2015 Spending Review		-1.9	-15.8	-28.4		
	<b>Total</b>		<b>-20.4</b>	<b>-27.7</b>	<b>-34.3</b>		