

Title	Transformative Funding - Developing the Triple Aim 2019_20 Update and Next Steps		
Prepared for	Health and Wellbeing Board	Date of Meeting	March 2019
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Date	04 March 2019	Version	1.0

BACKGROUND

The Board's consideration and support of the recommendations in the March 2018 paper Transformative Funding – Developing the Triple Aim has enabled significant developments in the care market. Of particular note is the development and self-reported collaboration both between the care homes, and in the domiciliary care sector. One notable measure of the success is that all care requirements for domiciliary care are being met bar six where packages of care are presently being sought. This is the lowest in memory and testimony to integrated working across the system. This has been despite a particularly challenging period for some providers. The close working of the providers and shared effort of colleagues in the ICO being supported by council officers has produced good outcomes.

During the period of the Integrated & Better Care Fund (iBCF) delivery boards have been created with primary care, care providers, executives of Torbay and South Devon NHS Foundation Trust (ICO), Torbay & Southern Devon Clinical Commissioning Group (CCG) and the Local Authority all working and developing joint solutions.

The work that has been undertaken has also supported successful applications for additional funding which has been obtained from Health Education England (in respect of workforce and system mapping) and NHS England (to look at how successful learning from the national programme for Enhanced Care in Care Homes can be transferred to domiciliary care in Torbay).

The Integrated and Better Care Fund (iBCF) has three conditions attached to it:

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

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

There has been and continues to be success against these criteria.

Additionally the Better Care Fund (BCF) encouraged consideration of investment and development of the NHS High Impact Changes. The ICO's self-assessment of these appears as Annexe 1 and attests to the good work being done and the difference the funds are making.

Primary care and the independent sector providers we recognised as being key contributors in the transformation of care, and that they have much to offer. This report is able to confirm the significant input that has come from both of these sectors of our system over the last 18 months and their contribution continues to develop.

The Care Collaboration Meetings with providers have proved hugely successful and generative in terms of relationships and engagement is solution production and delivery; similarly primary care have brought

additional energy and perspective resulting in leveraging the good work such as standardising training for quality and capacity across the system.

Innovative approaches were trialled and there were great results such as the use of activity camps in the summer. These supported care workers with childcare, enabling the system to maintain care worker capacity (avoiding the necessity for care workers to be absent as more economic to stay home than afford childcare) as well as offering young people interesting and health beneficial activity. Almost 600 places were used during the few weeks of the summer holidays with encouraging feedback from both the care homes and nine domiciliary care organisations along with that from the care-working parents and the children.

ALLOCATIONS AND SPEND

The projects to which funds were allocated in 2017/18 have now been completed. These were clearly designed to improve care and to support the grant conditions.

Whilst a number of these items were laying foundations for further work and decision making as to the direction of resources and other funding where possible, clear measures were sought. As an example, most recently in the January report to Ministry of Housing, Community and Local Government in respect of the winter pressures an additional 5,232 hours of domiciliary care capacity (Oct 18 – Jan 19) were recorded as having been obtained through the innovative approach of using live-in care and flexible working.

SUMMARY OF IBCF PROJECTS 2017/18

iBCF Projects 2017/18	HIC (NHS High Impact Change)	Torbay System Impact	Complete In-progress Withdrawn	Summary
Extension of TSDFT Care Home Education and Support Team (CHEST)	8	B	Complete	Older People Mental Health Team. Service provides education and support to service providers who support and manage people with complex needs and behaviours. Work is progressing and demonstrating success.
Mental Health and DPT	7	D	Complete	Resource to support improved assessment and access to mental health services
Proud to Care South West	5	A	In-progress	Social marketing campaign Sept-Nov 2018 Care Ambassadors launch March 2019
Leadership development in care homes	8	B	Complete	Really positive engagement from providers with feedback being 'it has brought the care back into care'
Development of the out of hospital care system	4	C	Complete	Successful resourcing bringing in 400hr per week of extra capacity from outside of Torbay
Market Development Analysis – Institute of Public Care	7	C	Complete	Consultants recruited to support the development of the care home market. This work has proven successful and is now near completion.
Transition Worker	2	E	Complete	Social work post that is working to support the transition of young people from Children's Services to Adult Social Care.

Health Care Videos	5	F	Complete	Suite of videos filmed and published Widely welcomed and appreciated by the voluntary organisations, Health watch and family carers
Market Analysis for Care Homes (see also Transformation Funding)	8	B	Complete	Review of older people's care homes in Torbay. The focus of the review centred on an analysis of the current market, its sustainability and ability to meet the changing and complex needs of older people. Identifying and prioritising where interventions and support would improve capacity, delivery and improve market stability.
LD Peer Review	7	E	Complete	Review undertaken by the Local Government Association (LGA). A plan of action was set out with a number of theme areas. These have now been successfully completed within the required time scale, with the exception of LD partnership board. However, this has been prioritised and is being progressed with the expectation that recruitment will be completed by May 2019.
Non-injured fallers	3	B	Complete	Lifting and support equipment made available across the bay
City & Guilds Accreditation	4	A	Complete	Standardised training and transferable qualifications now being used by providers
Low Cost Packages / Eligibility Criteria - Age UK	7	B	Complete	Reviewing domiciliary packages of care. Reviewing tasks aimed at increasing capacity within the market.

These projects were spent across a range of areas to ensure spread of funding across the system

IBCF PROJECTS 2018/19

Building on the success of 2017/18 the iBCF board made commitment to initiatives that were both

- Short term and long term
- Stabilising and transformational
- Building on success and experimental
- Awards to public and independent / voluntary sectors
- Amounts that were small through to million pound allocations

A list of the schemes is included in Annexe 2 and continues the approach to ensure funds are distributed across both market sectors and providers

Amount £	Allocation to	
£7.749m	<p>iBCF total 2019/20</p> <p>There will be a continued focus on Demand (through prevention and early intervention), Capacity (workforce and care-force) and Cost.</p> <p>In line with the existing principles and approach this will be distributed by the Better Care Fund board across the market and system both through direct applications and 'development' funds e.g. Residential and Nursing Homes Market Shaping Fund, as well as through allocation to Torbay and South Devon NHS Foundation Trust in pursuance of the High Impact Changes underpinning the iBCF criteria</p>	

It is considered that it will be of great benefit to have increased focus on the prevention and early intervention agenda, including the development of assistive technologies and the associated response and support mechanisms from organisation and the communities.

Additionally, opportunities are actively being sought with neighbouring authorities to leverage activities, share learning and work collaboratively. This will be particularly beneficial in regard to prevention and early intervention proposals as well as infrastructure developments to support the market such as the e-platform which is a workstream within the Living Well@Home programme allocation.

Whilst many of these initiatives will deliver impacts in the short term, it is recognised that for some of these investments the impact may not be seen for some time. However, the ability to have a sound approach to the management of the programme/projects/investment will provide assurance and review points as to the application of the funds, and the anticipated work being delivered.

GOVERNANCE

The robust governance that was put in place, which includes multiple system partners such as the Torbay and South Devon CCG, Torbay and Southern Devon NHS Foundation Trust, Devon Partnership Trust, Public Health, has proved effective.

The mandatory returns to NHS England and the Ministry of Housing, Communities and Local Government have all been accepted on first submission.

With the commitment to longer term and transformational working the board recognises the need to continue to develop the oversight and support processes to optimise the opportunity afforded by the iBCF funding. To this end the Development and Improvement Unit has been created which will bring further skills, expertise, oversight and support to the development, administration and delivery of the funded initiatives.

This is considered to be particularly supportive of the voluntary, community and independent sector providers and organisations in assisting them to bid for funds and deliver their projects. This is seen as part of the duty within the Care Act 2014 to support and facilitate the local market as well as the criteria for the fund.

This supports extends to identifying the learning from all the investments that the board makes; this includes those that delivered on their anticipated outcomes and also those where the outcomes were either exceeded or unachieved. The reflective practice and development of the understanding of the success factors and barriers across the system as it evolves is considered to be an additional value added element to the iBCF work, which will create knowledge and improved delivery of projects / changes into the future.

METRICS AND MEASURES

For a number of the community based schemes and experimental work the development of metrics and measures will be a challenge. There will be support available to assist applicants with this and to explore what

can be put in place that will not only provide assurance but enables an evidence base for business cases which achieve revenue funding, embedding and scaling these initiatives within the system as well as meeting the principles previously established.

PRINCIPLES

The principles set out in the March 2018 paper have with the support of the Health and Wellbeing Board, been demonstrated as being sound and it is proposed that these continue to be used for the ongoing administration of the Better Care Fund

The necessity to move at pace and extract optimum value from this opportunity will be supported by the following principles:

- Fast (auditable) decision making delegated to lowest level
- Acceptance of calculated risk taking
- Proportionate business cases (note point 2)
- Resource planning and commitment
- Sound project management and governance – pace maintained, scope or timing drift avoided or reported early
- Reflective practice – deriving learning and advantage from all schemes +/- direct success/outcomes
- Full term funding commitment with milestones – Stage payments to manage spend over the course of the project.
- Co-design and co-production whilst ensuring effective decision making and project pace
- Adopt, adapt, accelerate learning from elsewhere (inter)nationally – examples:
 - Housing First – Finland
 - Buurtzorg – Nederland
 - Enhanced Care in Care Homes – Leeds
 - Dementia Villages – Nederland
 - Flexible reablement facilities - look up GP practice
 - Primary Care data sharing agreement – look up – London
- Do nothing ourselves that someone else can do better or more efficiently

PARTNERSHIP WORKING

This was described in the paper of March 2018 and it is pleasing to report to the Health and Wellbeing Board the ongoing development of Torbay's partnership approach. The Leadership in Care Homes work goes much beyond the title producing highly supportive interactions and peer to peer networks, whilst the Care Collaboration Meetings and representation of providers on system boards including those of the STP (Sustainability and Transformation Partnership) have produced meaningful engagement, solution finding and commitment to joint quality and capacity endeavours. The use of the iBCF to support and foster this work has been hugely valuable.

RECOMMENDATION

The Health and Wellbeing Board are asked to:

1. Support the ongoing direction of travel for the Integrated and Better Care Fund (iBCF) for 2019/20 being aligned with the existing principles as administered by the Better Care Fund (BCF) board.
2. To support the ongoing development, engagement and funding of solutions produced by the wider system, independent, community and voluntary partners.

Annexe 1 – Extract from Quarter 3 return to NHS England: High Impact Changes

**Better Care Fund
Template Q3 2018/19**

4. High Impact Change Model

Selected Health and Wellbeing Board:

Torbay

Challenges

Please describe the key challenges faced by your system in the implementation of this change

Milestones met during the quarter / Observed Impact

Please describe the milestones met in the implementation of the change or describe any observed impact of the implemented change

Support Needs

Please indicate any support that may better facilitate or accelerate the implementation of this change

						Narrative			
		Q1 18/19	Q2 18/19	Q3 18/19 (Current)	Q4 18/19 (Planned)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg 1	Early discharge planning	Exemplary	Exemplary	Exemplary	Exemplary	Robust pre assessment in place for elective care with a link to community services and night sitting. New discharge hub implemented.	There are general challenges around the implementation of this, staff support and training to fully embed a change in culture.	discharge hub implemented and continuing to embed	None at this time

Chg 2	Systems to monitor patient flow	Mature	Mature	Mature	Mature	<p>We have a good process and information for acute services, community services dom. care and Rapid response/reablement services. Being an integrated care system, for social and health care means has allowed joined up systems of patient flow to develop.</p>	<p>Torbay performs well on DToC but there is still room for improvement and additional capacity in domiciliary care will support this. Challenges in the markets regarding recruitment and retention means that whilst we have systems in place to closely monitor patient flow we are challenged to meet the demand that flow presents. Also, care home sufficiency with regard to quality and complex needs</p>	<p>Dom care provider event held. Governance structure for dom care transformation in place.</p>	None at this time
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Chg 3	Multi-disciplinary/ multi-agency discharge teams	Mature	Mature	Mature	Mature	We have joint teams and discharge to assess processes in place alongside MDTs. We want to ensure complex assessments and CHC assessments are done outside hospital and link to our short term offer. We aspire to be exemplary as part of the delivery of our care model	We want to ensure complex assessments and CHC assessments are done outside hospital and that all clients are offered a short term offer in the first instance. We want to expand the make up of the multi-agency teams to include voluntary sector organisations	This is on course for continued delivery and is ongoing. Success will be measured via the Care model dashboard reporting. As such, we feel we are moving to a mature model given the length of time we have been integrated and working across both departmental and organisational boundaries.	None at this time
Chg 4	Home first/discharge to assess	Established	Established	Established	Established		None	Trusted Assessor Model is now in place across Torbay and South Devon	None at this time

Chg 5	Seven-day service	Established	Established	Established	Established		Finances to change the way services are delivered across 7 days.	Our measures for success will be Short term offer in place which matches demand and sufficient domiciliary care and care home capacity to pick up all packages when requested and ability to undertake assessment in a timely manner.	None at this time
Chg 6	Trusted assessors	Exemplary	Exemplary	Exemplary	Exemplary	As an integrated health and social care organisations, there are already robust places in place with different areas which have enabled the Trusted Assessor model to become the standard.	Whilst this is in place across health and social care there is work to do in relation to embedding Trusted Assessor throughout the community care market. This	Trusted Assessor Model is now in place across Torbay and South Devon	None at this time

							work is allied to Making Every Contact Count and Strengths Based Working. Such cultural change work always requires time and persistence. This commitment is clear.		
Chg 7	Focus on choice	Mature	Mature	Mature	Mature	Discharge planning and involvement of patients and/or carers is paramount Principles of SAFER embedded Early identification of Patients needs using complex icon applied at point of admission to hospital. Triaged by Complex Discharge team and early engagement with patient and family to explore discharge options working within estimated date of discharge. Comprehensive	In periods of challenged capacity in our system, the time taken for patients or their families to choose their preferred placement where appropriate, is creating delays.	We are continuing to increase knowledge of and embed a 'strengths based approach' to care. We have strengthened quick access to Direct Payments, this needs further embedding Additionally we have completed Standard Operating procedure	None at this time

						Discharge policy including choice letters to improve family engagement. Discharge Coordinator based on a ward who is able to discuss signpost to services available within the community		(SOP) for Complex icon as well as imbedding the early use of the complexity icon with Discharge Coordinators and ward Staff.	
Chg 8	Enhancing health in care homes	Established	Established	Established	Established		Bringing together the many different facets of this frameowrk requires time.	We have increased our clinical capacity within our QAITT team to improve support to care homes; further funded education for care homes through our mental health team, supported our care homes with pharmacy support.	None at this time

Hospital Transfer Protocol (or the Red Bag scheme)

Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.

		Q1 18/19	Q2 18/19	Q3 18/19 (Current)	Q4 18/19 (Planned)	If there are no plans to implement such a scheme, please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.	Challenges	Achievements / Impact	Support needs
UEC	Red Bag scheme	Plans in place	Plans in place	Plans in place	Plans in place		To understand the scale of the need and to ensure that any implementation is communicated effectively to staff.	N/A	none at this time

Annexe 2 – Investment Tracker 2018/19

No	Project Name	Lead	Approval Status	Funds Through (Organisation)	Total Project Cost - As taken from Application Forms	PURCHASE ORDER RAISED	ORDER VALUES	Update as at February 2019
1	Kinetics Sport Group (Child Holiday Placements)	John Bryant	Approved	Council	£ 35,000	276963	£ 26,400	Complete
2	Supporting effective reablement and admission avoidance through TEC	Sarah Jones	Approved - With conditions		£ 300,000	280607	£ 300,000	Small spend in this financial year due to late start with Posts. We anticipate we will spend the full £150k in 19/20 as follows: 1 OT assessment worker, 1 HSCC admin and referral support and the balance of funds spent on promotion and TECS kit to facilitate innovation. The low spend in 18/19 is mainly due to the two posts being delayed through the NHS bureaucracy leading to late advertising and recruitment.
3	Mental Health Prevention CVS Resilience through social work (Social Work Team Manager -DPT)	Jo Turl/Simon Porter/Jo Williams	Approved - With conditions		£ 150,000	281032	£ 150,000	Recruitment underway for Band 7 and Band 6 posts. However, only one post will start in 18/19. We anticipate we will have all three posts in place in 19/20 and will use the whole budget of £150k. In the interim, we will be using some sessional workers to fulfill this function until recruitment is completed.

3A	Redirection of MSB Monies	Simon Porter	Approved		£ 70,000	See 17/18 Tracker		Band 7 lead mental health social worker, internal candidate recruited. Recently recruited to the role and will have several areas of focus, redesign of mental health social work, potentially following the Devon Council design, social workers are no longer generic care managers, but will be primarily focussed on assessments and the 2014 Care Act.
4	Leadership in Care Homes	Judy Grant	In Principle allocation		£ 80,000	Awaiting confirmation of supplier	£ -	Application to be received next meeting
5	Replacement Care	Judy Grant	In Principle allocation		£ 200,000	Awaiting confirmation of supplier		
6	Development Unit	John Bryant	Approved		£ 250,000	Multiple	£ 13,334	
7	LW@H	John Bryant	Approved - With conditions		£ 750,000	Multiple	£ 32,886	<p>outputs of the Care Collaboration work showing dividends</p> <p>Lowest packages of care figures seen</p> <p>Market has determined three workstreams - self organising teams, retention and recruitment, e-platform</p> <p>each workstream has a working group made up of providers and system partners</p> <p>£400k allocated to the workstreams</p> <p>Response to providers request - programme resource secured to support them in the development and delivery of innovation and solutions</p> <p>Further application for funds to follow</p>

8	Residential and Nursing Care Homes Market Shaping	Fran Mason/Chris Lethbridge	Approved		£ 1,200,000	Multiple	£ 20,150	care home mkt engagement sessions 14 Nov 2018 and 16 Jan care home market investment opportunity out to tender closes 1 march 2019 market strategy engagement plan drafted requires capacity to implement care home partnership bopard first mtg 15 march 2019 benchmarking under 65s and proposal for fee setting review and resettlement teams for MH and LD in progress
10	Young People 16-24 Enhanced Outreach Service	Shirley Beauchamp	Approved		£ 50,000	279940	£ 50,000	Service specification and SLA developed, KPI development almost finalised . Service commenced delivery early December.
11	Extra Care Housing and Capital Investment	Bryony Stevens	Approved - With conditions		£ 1,423,940	Multiple	£ 5,000	

12	Crisis Café	Karl Vile (DPT)	Approved		£ 225,000	DPT	£ 225,000	<p>Devon Partnership NHS Trust has led a procurement process in conjunction with key partners in Torbay Council, Devon County Council, CCG's and the Police to procure three crisis cafes across Devon. This will increase the choice of services available to people who need support with their mental health. Nationally the introduction of crisis cafes, which are usually run by charitable or third sector organisations, have supported people and reduced the need for people to attend emergency departments, places of safety or inpatient services. Crisis Cafes will not be the name of the service and a suitable name will be announced as part of the implementation. A competitive tender process was run and 7 organisations submitted a bid. There was strong competition from a combination of national and local organisations and Mental Health Matters was the successful provider who bid to run all three crisis cafes in Exeter, Torquay and Barnstaple. The crisis cafes will be open from 6pm until midnight and will also be supported by a 24/7 support line and web chat service. Further details will be announced when the services become operational over the next few months.</p>
13	Recovery College Plus Torbay	Rachel Danemann	Approved		£ 260,000	Awaiting confirmation of supplier	£ 10,000	<p>£10k agreed for feasibility study- location and assurance does not duplicate but co-ordinates partnership working in this area</p>

14	Learning Disability and Independent Living	Jo Williams/Steve Honeywell/Fran Mason	Approved		£ 175,000	Awaiting confirmation of supplier		Report presented to January Adult Social Care Programme Board, staff in place and starting to work with Providers and identifying service users as potential people who might be able to be more independent under the remit of the project.
15	Wellbeing Co-ordinators	Fran Mason	Approved		£ 60,000	280871	£ 60,000	These posts will not be operational until March 2019 due to delays with approval and recruitment, it is envisaged we will use the full sum for 19/20.
16	Procurement Support	Tracey Field	In Principle allocation		£ 77,000	Internal Journal	£ 77,000	Recruitment has taken place and the Officer has been in place since the beginning of January. Chloe is already providing procurement support to 2 projects Fran is leading on and will be working with John/Peter on reviewing all funding awarded to ensure appropriate agreements are in place.
18	Karing Community Transport	Steve Honeywill	Approved		£ 15,000	279977	£ 15,000	Supplier paid by Trust, Trust to reinvoice Council
19	Strengthening Transition to Adulthood	Joanna Williams	Approved		£ 98,000	280848	£ 98,000	

20	Community Led Support Programme - NDTi	Joanna Williams	Approved - With conditions		£ 98,500	279161	£ 98,500	NDTi programme now operational, training sessions have started with voluntary sector and statutory staff. Programme led with NDTi and Becky Morgan at the Trust
20A	Renrows Content		Approved		£ 1,920	Internal Journal Done	£ 1,920	Complete. 25/1/19 - Content uploaded to website, links provided by webteam . Monies transferred from iBCF to webteam budget by Finance.
21	Social Care Enhancing Quality in Dom Care	Cathy Williams	Approved		£ 70,000	280846	£ 70,000	Interviews for employee in February 2019. It is envisaged we will use the full sum in 19/20
22	Wellbeing Co-ordinator IT Hardware	Cathy Williams	Approved		£ 12,000	Raise order for the Trust		Equipment being ordered from Trust IT, will be delivered and used by the end of the Financial Year
24	Dementia EOL Wellbeing Co-ordinators (WAITING AMENDED FORM)	Fran Mason	Approved		£ 146,000	280867	£ 146,000	Due to delays in approvals and recruitment, this post willnow be in place March 2019, The budget fully utilised for 19/20 with the worker will be in post.
25	Focusing on Plus Size Patients	Joanna Williams	Approved		£ 60,000	280850	£ 60,000	Plus Size Worker being recruited, envisaged start date of March or April.
26	Voluntary Sector Strategy	Joanna Williams	Approved		£ 74,000	280852	£ 74,000	The Trust have appointed an Officer two days per week to lead the work. Steve Honeywill and Jo Williams have started initial meetings with Voluntary Sector Leaders, DCC and Trust Officers

								to agree the approach. Details to follow in due course.
27	Community Catalysts	Joanna Williams	Approved		£ 137,000	Awaiting confirmation of supplier		Conference call with somerset before christmas. Shared procurement docs and first Torbay draft from procurement w/c 4 Feb 19 to be reviewed/finalised with colleagues. Meeting to agree links with IPC programme on 19 Feb 19
28	Postural Stability Strength and Balance	Andy Simpson	Approved		£ 168,000	280863	£ 168,000	Scheme only recently approved
29	Brixham Does Care	Steve Honeywill	Approved		£ 9,000	279344	£ 9,000	Work completed Development of Day Centre and final operational implementation
30	Healthwatch Torbay (Quality Checkers)	Caroline Taylor	Approved		£ 20,000	281047	£ 20,000	SLA completed and recruitment of volunteers has commenced.
32	IAG (Information Advice and Guidance Strategy for Torbay)	John Bryant	Approved - With conditions		£ 80,000	281139	£ 5,000	
34	ASC and Housing Media Com Post	Caroline Taylor	Approved		£ 43,600	Internal Journal	£ 43,600	Recruitment started via comms team
				Total	£ 6,338,960	£ 4,485,207	£ 1,778,789	
			2018/19 described in HWB March 2018 paper		£ 4,559,940			
			Rolling Programme into 2019/20		-£ 1,779,020			

