Cabinet

Date of Meeting: 10 July 2018

Report Title: Better Care Fund Year-end Report 2017/18

Portfolio Holder: Cllr. Janet Clowes (Adults Social Care and Integration)

Senior Officer: Linda Couchman, Interim Director of Adult Social Care and Health

1. Report Summary

1.1. The following is the year-end report for the Better Care Fund. The Better Care Fund provides a mechanism for joint health and social care planning and commissioning, bringing together ring-fenced budgets from Clinical Commissioning Group allocations, the Disabled Facilities Grant and funding paid directly to local government for adult social care services – the Improved Better Care Fund.

1.2. The year-end report covers the performance of the BCF in Cheshire East over 2017/18. In appraising the performance of the BCF in 2017/18 there are a number of considerations which are detailed below.

2. Recommendations

2. Cabinet note that:

2.1. The Better Care Fund in Cheshire East is making a significant difference to people's lives as evidenced by the highlights of scheme performance in section 5.9.

2.2. Notable improvements to Delayed Transfers of Care have taken place during the course of 2017/18.

2.3. At the same time the Better Care Fund plan covers a two year period 2017/19 and in 2018/19 there remains much to do as noted in next steps 5.23. The next steps include concluding the evaluation process, confirming schemes for 2018/19, the completion of number of self-assessments to better understand progress against 7 day working, integration and High Impact Care.

3. Reasons for Recommendations

3.1. In appraising the performance of BCF in 2017/18 Cabinet should note the following information:

- Vision, aims and objectives of BCF in Cheshire East (Appendix one)

- The aims of individual schemes (Appendix two)
- What will be different as a result of the 2017/18 BCF plan? As noted in 'Delivering the Better Care Fund in Cheshire East 2017-19'
- How individual schemes performed and what they achieved (Appendix three)
- How the plan performed against national metrics and Q4 performance (Appendix four)
- The evaluation process that has taken place to date and the results of that evaluation (Appendix five and six)
- The financial income and expenditure of the plan
- The next steps for the BCF in 2018-19

3.2. The governance of the BCF through S75 agreements states that the progress against the delivery of plans will be shared and monitored by the Better Care Fund Governance Board and will also be provided to the Cheshire East Health and Wellbeing Board as required. This end of year report forms part of the monitoring arrangements for the Better Care Fund.

4. Other Options Considered

4.1. N/A

5. Background

5.1. The Better Care Fund provides a mechanism for joint health and social care planning and commissioning, bringing together ring-fenced budgets from Clinical Commissioning Group allocations, the Disabled Facilities Grant and funding paid directly to local government for adult social care services – the Improved Better Care Fund. The Spring Budget 2017 announced an additional £2 billion to support adult social care in England. This money is included in the Improved Better Care Fund grant to local authorities and will be included in local Better Care Fund pooled funding and plans.

5.2. Local Better Care Fund plans are subject to national conditions and guidance. Local plans are monitored through NHS England and there are strict timelines regarding submission of plans for both regional and national assurance of plans to take place.

5.3. National Conditions for 2017-19:

5.4. In 2017-19, NHS England required that Better Care Fund plans demonstrated how the area will meet the following national conditions:

- Plans to be jointly agreed
- NHS contribution to adult social care is maintained in line with inflation
- Agreement to invest in NHS commissioned out-of-hospital services, which may include 7 day services and adult social care

- Managing Transfers of Care *(Delayed Transfers of Care)*

5.5. Detailed Implementation Plans were developed as part of the '*Delivering the Better Care Fund in Cheshire East 2017-19,*' which was fully assured by NHS England on 21st December 2017. The progress against the delivery of these plans will be shared and monitored by the Better Care Fund Governance Board and will also be presented to the Cheshire East Health and Wellbeing Board on a quarterly basis.

5.6. In appraising the performance of BCF in 2017/18 the following information:

- Vision, aims and objectives of BCF in Cheshire East (Appendix one)
- The aims of individual schemes (Appendix two)
- What will be different as a result of the 2017/18 BCF plan? As noted in 'Delivering the Better Care Fund in Cheshire East 2017-19'
- How individual schemes performed and what they achieved (Appendix three)
- How the plan performed against national metrics and Q4 performance (Appendix four)
- The evaluation process that has taken place to date and the results of that evaluation (Appendix five and six)
- The financial income and expenditure of the plan
- The next steps for the BCF in 2018-19

5.7. **What will be different as a result of the 2017/18 BCF plan?**

5.8. As part of 'Delivering the Better Care Fund in Cheshire East 2017-19' an articulation of what should be expected by the end of 2017/18 was produced, this along with a statement of progress is described in the table below:

By the end of 2017/18	Progress in 2017/18
Reablement services in Cheshire East will have become fully integrated to address both physical and emotional needs; the aim will be to provide more balanced provision including both proactive and responsive services for people with physical and/or mental health needs and thus an improved outcome for those in Cheshire East. This will be evidenced by an improved reablement score under National Metric 3.	There are currently different commissioning expectations and specifications (including some that are out of date) for each element of the Reablement service. Significant service changes have also been made in-year, which has diverted existing capacity from Community Support Reablement. Across Reablement, there is a single provider, one management structure, a shared electronic rostering system (Staffplan), a shared recording system (Liquid Logic), one centralised referral hub, one assessment system and a

	single recruitment and training programme. There are examples of joint case working and a flexible staffing system, where staff members move between teams to offer cover, to jointly manage complex cases and to respond to, and manage, increased demand. Service users with dual, or multiple, needs have a single care plan and a primary worker who co-works, or links, with staff from across the other elements of the reablement service to deliver a single holistic package of care. There is one manager for Mental Health and Dementia Reablement in each of the two teams, which ensures the services are operationally integrated where appropriate.
Carers' services will be integrated, providing a single solution for support, which supports wellbeing, de-escalates crisis and maintains quality of life for both the person caring and the person being cared for. This will be evidenced under an improved score under National Metric 3.	Carers services have been integrated through the introduction of the integrated carers hub which is due to go live in April 2018. This service replaces the current carers breaks provision with the Carers Living Well Fund.
Falls services will become streamlined across health and social care with a move towards joint commissioning arrangements and utilise assistive technology, in addition a Cheshire-wide project to widen use of assistive technology to support people in their own homes will be in progress. This will be evidenced by an improvement in National Metric 2.	Work is still underway to ensure falls services are streamlined across health and social care moving towards joint commissioning arrangements. In addition to this consideration will be given to the joint commissioning of assistive technology with CCG partners.
iBCF schemes provide increased capacity and capability in the community; this is evidenced by meeting the DTOC trajectory in a sustained way in addition to a reduction in those requiring residential and nursing home care	All but one of the iBCF schemes were implemented, the schemes have contributed to increased capacity and capability in the community and have contributed to improved performance in Q3 meeting the trajectory for DTOC

particularly directly from acute care.	performance. In the plans for January 2018 the total delayed days was projected as being 1,057, the actual was 897 so we are 160 days better than the target, equating to about 5.2 beds per day above target. Compared to projected target, the total for January was 34.1 beds per day, the actual was 28.9. Compared to the previous month the figure of 897 total days represents an increase of 81 days (9.9%). Since April 2017 the total number of delayed days is 12,393 (monthly average 1,239), days attributable to health 8,205 (monthly average 821) and days attributable to social care 4,156 (monthly average 416).
Improved use of data and evaluation locally will mean that the Better Care Fund planning will respond to trends much faster than previous, providing a much faster and evidence-based planning process.	The national metrics are reported on a monthly basis through the BCF Governance group. Work is underway to share partners KPI's as identified through the national CQC visits carried out as part of the local systems reviews. A programme enabler action will be to establish a position statement for information governance and to progress this where possible.

5.9. **How individual schemes performed and what they achieved**

A breakdown of scheme progress is shown in Appendix three, highlights from 2017/18 include:

- The pilot of a care sourcing team, sourcing 995 packages of care.
- Implementation of Care Package retention of 7 days scheme, utilising this on 413 occasions.
- Rapid return home scheme went operational
- Care Home Support fully went operational
- Funding in place to support discharge models which included having a locality manager and practice manager in post as well as having social workers available on weekends covering both Leighton and Macclesfield hospitals.
- A pilot scheme to test referrals to reablement from the acute setting over weekends was established.
- The establishment of a Rapid Return Home (Overnight) Service

- Clinical support to care Care Home Support
- Flexible non-acute bed capacity/Discharge to Assess Beds commissioned
- Increased support for community Matrons case-managing High Risk patients.
- Commenced Fair cost of care pricing review and consultation for Accommodation with Care.
- Completed market engagement on carers services and people with complex needs
- Specification for Care at Home and Accommodation with care completed.
- Live Well CE established, the site generated 16,000 page views per week and 5,700 individual user sessions.
- Management of steady increase to telecare usage from 1,926 monthly users in January 2016 to 2,531 monthly users in December 2017.
- Confirmed Carers wellbeing budgets for 872 people.
- 318 disabled people enabled to live independently through Disabled Facilities Grants.
- Service specifications in place for Support at Home Service – (British Red Cross to provide practical and emotional support at home over 7 days). Following this services were established.
- Community Support Reablement - the total number of hours provided is 2,140 hours per week across the North and South Teams
- 3175 safeguarding concerns were raised.

5.10. **How the plan performed against national metrics**

5.11. The BCF policy framework establishes the national metrics for measuring progress of integration through the BCF. Information on all four metrics is collected nationally. In summary these are:

a. Non-elective admissions (General and Acute);
b. Admissions to residential and care homes
c. Effectiveness of reablement; and
d. Delayed transfers of care;

5.12. **Non-elective admissions (General and Acute)**

The plan for 2017/18 was 39,768; whilst Q4 data is not yet available the forecast outturn is 41,775 which is 2,007 above the forecast

5.13. **Admissions to residential and care homes**

The plan for 2017/18 was 717 admissions to residential and nursing homes 65+ per 100,000 populations, the cumulative rate position in Q3 was 557; data for the Q4 position is not yet available.

5.14. **Effectiveness of reablement**

The plan for 2017/18 was 88.4% in respect of the service user being at home 91 days after discharge to reablement/rehabilitation. The Q3 position

states that 72.3% of service users were at home 91 days after discharge to reablement/rehabilitation. The data for Q4 is not yet available.

5.15. **Delayed transfers of care**

The plan for 2017/18 was 43 Delayed transfers of care from hospital per day, the Q3 position is 26 in December 2017. Data for Q4 is not yet available.

Partners worked together to develop schemes which would contribute towards unnecessary admission to hospital and care homes reducing Delayed Transfers of Care to meet national and locally agreed targets. The locally agreed targets were 3.5% by November 2017 for South Cheshire CCG and 5.2% for Eastern Cheshire CCG by March 31 2018. A number of the selected co-produced schemes were aligned to support the achievement of the High Impact Model.

5.16. Targets for reducing 'delayed transfers of care' (DToCs) were introduced this year by the Department of Health and Department for Communities and Local Government to encourage the NHS and local government to work better together to reduce the number of people remaining in hospital because of health-related delays or social-care related delays.

5.17. Each month, local authorities receive their ranking regarding health and social care partner working together to reduce DToCs. Cheshire East hospital patients are among the least likely in to be delayed being allowed home, according to national figures and we remain in the top quartile. This highlights how health staff and our care teams are working effectively together to improve outcomes for in-patients and freeing up vital beds for those awaiting hospital care.

5.18. A fuller overview of performance is show in Appendix four, the data in Appendix four is split by organisation and includes data definitions.

5.19. **The evaluation process that has taken place to date and the results of that evaluation**

5.19.1. The BCF plan includes some 16 schemes; of these 7 are Ibcf schemes. As part of the evaluation process scheme leads were asked to complete an evaluation of their scheme using a scoring sheet which is shown in appendix six. Evaluation commenced in March 2018 and is due to conclude by April 2018. Scheme leads were asked to identify how the scheme had performed against 6 domains: BCF aims, BCF metrics, High Impact Change model, Quality and effectiveness, Risk and Cost effectiveness. Each domain contained a number of lines of further enquiry. The scheme lead for each line of enquiry was asked to score the performance of the scheme between 1-5. Schemes could score up to 125.

5.19.2. Following on from the completion of the evaluation score sheet, scheme leads were asked to complete a presentation to the BCF Governance Group. The presentation included an overview of the score sheet, patient stories around how the scheme had changed the lives of its users, commissioner/operational recommendation, a SWOT analysis, implications of not extending the scheme along with partner views if applicable.

5.19.3. Appendix six gives a breakdown of scheme scores which ranged from 38 up to 110. All evaluation scores are due to be completed by the end of April 2018.

5.20. **The financial income and expenditure of the plan**

5.21. The total BCF budget in 2017/18 was £24.93 million. The total expenditure for the year was £24.82 million resulting in an underspend of £0.11m. This underspend of £110k will be carried forward for reinvestment in 2018/19.

5.22. The table below shows the final outturn for 2017/18. This demonstrates the size of the fund and the fact this has met the conditions with regard to the total funds pooled as required by central government. After accounting for any individual scheme variances (both over and underspends) in line with the agreed Section 75 agreements, the final bottom line position is an underspend of £1104k. Cheshire East Council has carried forward this underspend into 2018/19 and the deployment of these funds will be agreed with all BCF partners following the methodology set out in Schedule 3 of the S75 agreements that govern the operation of the Pooled Fund.

5.23. In broad terms this means bolstering existing provision, funding an additional scheme that will contribute towards the aims of the BCF, funding a planned procurement where this is a commitment in the following year and in the event of all these options having been exhausted, return of funds to the Partner who provided them.

2017/18 Better Care Fund	Total BCF	Total variance
Assistive technology	743,000	138,581
Early Discharge Schemes	243,000	18,079
Combined Re-ablement	4,401,000	(243,832)
Social Care Act	390,000	0
Programme Enablers	226,522	(34,380)
Home First - East	8,378,000	0
Home First - South	7,427,000	0
Carers Assessment and Support	319,000	0
Carers Live Well Fund	376,000	11,050
Discharge to Assess initiatives – East	260,000	0
Discharge to Assess Initiatives - South	240,000	0
Disabled Facilities Grant	1,931,000	0
TOTAL	24,934,522	(110,502)

5.24. **The next steps for the BCF in 2018-19**

- Conclude scheme evaluation process for 2017/18
- Confirm final income and expenditure for the BCF for 2017/18
- Confirm Q4 data against performance measures.
- Confirm the schemes which will be continuing in 2018/19.
- The Improved Better Care Fund plan (IBCF) for 2018/19 will be shared with partners for agreement and approval.
- System leadership event to refine view of integration
- 7 day working self-assessment
- High Impact Care self-assessment
- Developing Cheshire East approach to integration scorecard
- Imbedding learning from the local systems reviews which have been carried out by CQC
- Independent review of schemes conducted for (2018/19)

6. Implications of the Recommendations

6.1. Legal Implications

6.1.1. This is in line with the Care Act 2014, and The Better Care Fund Policy Guidance and the Local Government Act 2003 for adult social care.

6.1.2. The Better Care Fund Governance Group continues to have oversight and responsibility for reviewing the delivery of the agreement. Under Section 75 of the National Health Service Act 2006, NHS bodies may enter into arrangements with local authorities in relation to NHS functions and the health functions of local authorities.

6.1.3. S141 of the Care Act 2014 provides for the Better Care Fund Pooled Funds to be held under and governed by an overarching s75 National Health Service Act 2006 Partnership Agreement.

6.2. Finance Implications

6.2.1. Financial implications stated in the body of the report.

6.3. Policy Implications

6.3.1. The ageing population in Cheshire East and associated pressures on the home care market is central to the planning behind the iBCF schemes and core Better Care Fund schemes which have been developed for Cheshire East Better Care Fund.

6.4. Equality Implications

6.4.1. As the leaders for our local health and social care economy, all BCF partners in Cheshire East are conversant and complaint with the Equality Act 2010.

6.5. Human Resources Implications

6.5.1. Any impact for Cheshire East employees will be as a result of the need for greater integration in care delivery and commissioning in terms of restructures or changes to job roles. These will be dealt in accordance with the Councils policy and procedures. This could be due to a number of factors- seven day working policy, change in terms and conditions, geographical location of staff. Any identified implication will have a full impact assessment completed and assurance that all employment legislation is adhered to.

6.6. Risk Management Implications

6.6.1. Risk of the consequence of failing to achieve proposed changes in activity levels and a plan to mitigate these with respect to the BCF in 2018-19.

6.7. Rural Communities Implications

6.7.1. There are no direct implications for rural communities.

6.8. **Implications for Children & Young People**

6.8.1. Some children and young people are classed as carers, and it is important that these individuals are recognised and supported through the existing better care fund.

6.9. **Public Health Implications**

6.9.1. The Better Care Fund has been created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them integrated health and social care services, resulting in an improved experience and better quality of life.

6.9.2. Reducing the demand for health and care services, by enabling people to enjoy a healthy and active life within their communities, is a key priority for the NHS and social care system

6.9.3. The Better Care Fund has been created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them integrated health and social care services, resulting in an improved experience and better quality of life.

6.9.4. Health and care that supports better health and wellbeing for all, and a closing of health inequalities.

7. Ward Members Affected

7.1. The implications are borough wide.

8. Consultation & Engagement

8.1. Consultation and engagement with CCG partners through the BCF Governance Group has taken place and will continue to take place.

9. Access to Information

9.1. 2017-19 Integration and Better Care Fund Policy Framework (DoH, DCLG 2017)

9.2. Delivering the Better Care Fund in Cheshire East 2017-19

9.3. Integration and Better Care Fund planning requirements for 2017-19

10. Contact Information

10.1. Any questions relating to this report should be directed to the following officer:

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