

CHESHIRE EAST COUNCIL

REPORT TO: Health and Wellbeing Board

Date of Meeting: 24th March 2015
Report of: Lorraine Butcher – Executive Director of Strategic Commissioning
Title: Better Care Fund – Section 75 Partnership Agreements
Portfolio Holder: Councillor Janet Clowes – Health and Social Care

1.0 Purpose of Report

- 1.1 Cheshire East Health and Wellbeing Board (HwB) is responsible for the ongoing oversight of the delivery of the Better Care Fund (BCF) plan during 2015/16 and whilst not a signatory of the s75 partnership agreement it will have a role in gaining assurance that partners are collectively working together to deliver the plan.
- 1.2 Improving the health and wellbeing of the residents of Cheshire East is a priority for the HwB. To achieve this, improvements in the way health and care services are delivered and managed are essential, with integration being the focus of attention across all organisations.
- 1.3 Cheshire East Council is, together with Cheshire West and Chester Council and the four Clinical Commissioning Groups within Cheshire, part of an 'Integration of Health and Care Pioneer', the Department of Health having recognised the scale of ambition and pace of change being progressed across Cheshire. Through the Eastern Cheshire CCG's 'Caring Together' and South Cheshire CCG's 'Connecting Care' programme, the Council is fully committed to developing new 'person centred' models of care.
- 1.4 The Better Care Fund (BCF) is a nationally driven initiative being overseen by the Department of Health and is a key part of Public Sector Reform supporting the integration of Health and Social Care. The Better Care Fund is a national pooling of £3.8billion from a variety of existing funding sources within the health and social care system and will be utilised to deliver closer integration across health and social care. The BCF is a pooled budget held between Local Authorities and Clinical Commissioning Groups (CCG's) via a legal section 75 (s75) partnership agreement. The Fund provides a tool to enable our local integration programmes. It will be spent on schemes that are integral to improving outcomes for local people.
- 1.5 The BCF plans and allocations have been developed on the Cheshire East Health and Wellbeing Board basis and the pooled budget for Cheshire East will be £23.9m and consists of Local Authority Capital funding of £1.8m, South Cheshire CCG funding of £10.5m and Eastern Cheshire CCG Funding of £11.6m.

- 1.6 The Cheshire East BCF plan was submitted to NHS England in September 2014 and has been fully approved by NHS England on the condition that a s75 pooled budget agreement is used as the mechanism to deliver the approved BCF plan.
- 1.7 It is a statutory requirement for a s75 pooled budget, partnership agreement to be in place to support the delivery of the BCF from 1st April 2015. The pooled budget arrangement is fundamental to the smooth delivery and implementation of the BCF plan, in particular ensuring that the level of both financial and non financial risk that partners could be exposed to is managed appropriately.
- 1.8 In order to provide a governance framework for the commissioning and delivery of the Better Care Fund and the management of the budget and expenditure, an agreement made under section 75 of the National Health Services Act 2006 is required. This agreement includes the following core components:
- Commissioning arrangements, including confirmation of which agency will act as Lead Commissioner for each element of the fund;
 - Governance arrangements, including arrangements for reporting progress in delivering the plan to the Health and Wellbeing Board;
 - Arrangements for management of the pooled funds;
 - Arrangements for managing risk across the partners to the agreement;
 - Information about each of the individual schemes which together make up the Better Care programme; and standard range of terms and conditions covering issues such as dispute resolution and information sharing.
- 1.9 On 27th January 2015, the Cheshire East Health and Wellbeing Board endorsed progressing with two separate s75 pooled budget agreements locally, to support the delivery of the Better Care Fund plan and to be aligned with the respective health integration programmes – namely Caring Together (Eastern Cheshire Clinical Commissioning Group, plus Council and partners) and Connecting Care (South Cheshire Clinical Commissioning Group, plus Council and partners). Cheshire East Council would enter into a pooled budget arrangement with Eastern Cheshire Clinical Commissioning Group (CCG) and a separate s75 arrangement with South Cheshire Clinical Commissioning Group.
- 1.10 The report provides Health and Wellbeing Board with an update on the implementation and delivery of the Cheshire East Better Care Fund, as approved by NHS England.
- 1.11 It requests HwB support and endorsement of the scheme specifications included within the s75 partnership agreement and the partnering of the Council and CCGs through two s75 Partnership Agreements from 1st April 2015 until 31st March 2016 (and to continue post April 2016 so long as there is a national requirement to operate the Better Care Fund as a s75 pooled budget agreement).

2.0 Recommendation

2.1 Members of the Health and Wellbeing Board are asked to:

- i) Support and endorse that the s75 agreement is consistent with the Better Care Fund plan approved by HwB on 25th March 2014 and recommend the Council and CCGs enter into two s75 partnership agreements, with Eastern Cheshire Clinical Commissioning Group (for Caring Together Programme) and South Cheshire Clinical Commissioning Group (for Connecting Care Programme) to deliver the Better Care Fund Plan;
- ii) Note the lead commissioning arrangements for delivery of the Cheshire East Better Care Fund;
- iii) Agree that the Cheshire East Joint Commissioning Leadership Team is responsible for reviewing the delivery of the s75 agreement and the Better Care Fund plan (covering commissioning working arrangements and the monitoring arrangements for contract, performance, risk and finance) pending a review of existing governance arrangements and to note the arrangements for reporting progress back to the Health and Wellbeing Board;
- iv) Agree the indicative timeframe for reporting BCF plan updates to HwB as detailed in section 8.6;
- v) Accept that the Joint Commissioning Leadership Team are responsible for reviewing and maintaining the BCF risk register and to provide regular updates to the HwB so that they can gain assurance that risks and issues are being managed appropriately;
- vi) Acknowledge the impacts of the non delivery of the pay for performance fund;
- vii) Recognise the need to collectively develop data sharing arrangements across organisations which support the delivery of BCF and other wider initiatives;
- viii) Accept that the HwB should be notified of variations to scheme specifications included in the BCF plan, including funding arrangements and fundamental changes to scheme specifications;

3.0 Reasons for Recommendation

3.1 In April 2014, the Cheshire East Better Care Fund plan was submitted to NHS England. The Cheshire East Health and Wellbeing Board have overseen revisions to the original plan following updated guidance and conditions from the Department of Health during the summer of 2014. It was fully approved by NHS England in December 2014.

3.2 The Cheshire East Better Care Fund plan has been developed with health partners and is aligned with local health and social care transformation programmes.

3.3 Cheshire East Health and Wellbeing Board is responsible for the strategic oversight of the Better Care Fund plan and has significant influence in supporting partnership working across health and social care.

3.4 The governance arrangements supporting the s75 Better Care Fund pooled budget arrangement are fundamental to the smooth delivery of the expected changes and ensuring the level of risk both financial and non-financial the council, partner organisations and providers are exposed to is understood and mitigated against.

4.0 Scheme Structures at the Transformation Board Programme Level

4.1 Following the decision to progress with two separate s75 agreements within the Cheshire East Health and Wellbeing Board Boundary to be aligned with the existing transformation health and social care transformation programmes (Caring Together and Connecting Care), there was a need for the local authority to reflect the funding allocation for schemes on this basis. A lead commissioner has been identified for each scheme and the below tables provide a summary of the current schemes; investment levels and the lead commissioner:

4.2 The below table identifies the schemes included in the section 75 between Eastern Cheshire CCG and Cheshire East Council:

	Scheme Title	Original BCF Value (£000's)	Revised Total BCF Value (£000's)	Lead Commissioner:
1	Supporting Empowerment	315	112	CEC
2	Universal access to low level support	288	288	CEC
3	Assistive technology (including LD pilot)	387	387	CEC
4	Schemes for facilitation of early discharge	119	119	CEC
5	Disabled Facilities Grant	517	517	CEC
6	Carer's Assessment and Support	391	391	CEC
7	Dementia Re-ablement	332	332	CEC
8	Community Based co-ordinated care	3,019	3,019	Eastern Cheshire CCG
10	STAIRRS	6,632	6,632	Eastern Cheshire CCG/CEC
11	Social Care Capital and Programme Enablers	549	549	CEC
12	Social Care Act	0	203	CEC
	Total	12,549		

4.3 The below table identifies the schemes included in the section 75 between South Cheshire CCG and Cheshire East Council.

	Scheme Title	Original BCF Value (£000's)	Revised Total BCF Value (£000's)	Lead Commissioner:
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	Scheme Title	Original BCF Value (£000's)	Revised Total BCF Value (£000's)	Lead Commissioner:
1	Supporting Empowerment*	289	103	CEC
2	Universal access to low level support	264	264	CEC
3	Assistive technology (including LD pilot)	356	356	CEC
4	Schemes for facilitation of early discharge	109	109	CEC
5	Disabled Facilities Grant	473	473	CEC
6	Carer's Assessment and Support	352	352	CEC
7	Dementia Re-ablement	305	305	CEC
9	Integrated Community Service Model – Connecting Care	3,029	3,029	South Cheshire CCG
10	Transitional Care	5,661	5,661	South Cheshire CCG/CEC
11	Social Care Capital and Programme Enablers	504	504	CEC
12	Social Care Act*	0	186	CEC
	Total	11,342		

4.4 The funding for scheme BCF 1: Supporting Empowerment has been adjusted, as the original funding included a number of Social Care Act responsibilities that were expected to be funded by the Better Care Fund which are not necessarily aligned with the expected outcomes of this scheme. It is recommended that an additional scheme specification is included for those Social Care Act new burdens that are not accurately reflected within other scheme specifications. This adjustment does not change the overall total BCF funding requirement.

4.5 Whilst a lead commissioner has been identified for each scheme, it will be necessary to put in place management arrangements which ensure that the overall Lead Commissioner has the authority to direct the actions of commissioners from a partner agency in respect of those services which the partner agency is responsible for commissioning. It is recommended that these management arrangements be resolved within the wider work to review governance and decision making arrangements. As an interim measure and until such time as wider arrangements are agreed across partners, it is recommended that the Joint Commissioning Leadership Team determine suitable working arrangements.

4.6 It is proposed that a member of JCLT presents a BCF update on performance and delivery of the BCF schemes on a minimum of a quarterly basis, to allow the board to gain assurance of the progress and development of the schemes. The following are indicative timeframes:

- July 2015
- September 2015
- December 2015
- February 2016
- May 2016 (Annual Report of 2015/16 BCF performance)

5.0 Performance Fund

5.1 The revised guidance in July 2014 introduced a payment for performance element related to the reduction in Non Elective Admissions (these are unplanned, often urgent admissions mainly via Accident & Emergency). The potential performance payment for Cheshire East is £2.11m and this is based on a 3.5% reduction in Non Elective Admissions. The performance fund is only released if there is a reduction in activity, however there is a risk that the Council as a partner to the pooled budget will need to contribute towards some upfront investment towards the services that will act as enablers to delivery of the BCF plan.

	Eastern Cheshire CCG and CEC Pooled Budget £'s	South Cheshire CCG and CEC Pooled Budget £'s	Total £s
Performance Fund linked to 3.5% reduction in Non Electives Admissions to hospital (this is not additional funding)	1,005,000	1,114,000	2,119,000

5.2 The performance fund is **not additional funding** and it is currently paid across to the acute providers (hospitals) as part of their contract with the CCG's.

5.3 The investment released from the performance fund is required **in advance** of the non elective activity reductions being achieved in order to provide some capacity within health and social care economy to provide community based support.

5.4 The risks are slightly different across the geographical boundaries and in particular the financial risks are being treated differently, whereby Eastern Cheshire CCG would absorb the potential risk of double running costs and South Cheshire CCG are in negotiations across providers and the Council to share the risk across organisations.

5.5 The main risks are:

- The ability to stand up new services within a timeframe to deliver an impact on Non Elective Admissions
- That the services do not lead to a reduction in demand for acute services (double running costs of the new service and maintaining payments to the acute trust)

- Potential financial pressures, particularly in South Cheshire CCG if an agreement is not achieved in relation to risk share arrangements

6.0 Financial Implications

6.1 The Better Care Fund is a national pooling of £3.8bn from a variety of existing funding sources within the health and social care system, with £23.9m being pooled locally within the Cheshire East Health and Wellbeing Board area. The local pooling is made up of Local Authority funding from the Disabled Facilities Grant and Capital Allocation for Adult Social Care of £1.8m, South Cheshire CCG funding of £10.5m and Eastern Cheshire CCG of £11.6m. The local health and social care economy will work together to deliver better care arrangements for its population, seeking to keep individuals within the community, avoiding hospital/residential nursing care.

Source of Allocation	Eastern Cheshire CCG and CEC Pooled Budget £'s	South Cheshire CCG and CEC Pooled Budget £'s	Total £'s
Eastern Cheshire CCG (Revenue)	11,612,000		11,612,000
South Cheshire CCG (Revenue)		10,481,000	10,481,000
Social Care Capital Grant (CEC)	421,000	387,000	808,000
Disabled Facilities Grant (CEC)	516,000	474,000	990,000
Total	12,549,000	11,342,000	23,891,000

6.2 The Council's financial contribution into the BCF is the capital funding of £1.8m detailed above, the Council are not making any additional revenue contributions towards the pooled budget arrangement. During 2014/15 the Council received £6.649m of funding from health towards social care service with a health benefit via a s256 agreement and this funding and associated services will transfer into the Better Care Fund.

6.3 Following the agreement to operate two section 75 agreements within the Cheshire East area, the respective Clinical Commissioning Groups and the Council will be responsible for producing the pooled budget's accounts and audit in respect of those elements of the budget which they receive directly from government.

6.4 The CCG's will be the lead accounting organisations for the s75. This arrangement reduces the number of transactions across organisations and provides the opportunity for the pooled budgets to be aligned to the local health and social care transformation programmes. The organisations would

host the budget in line with the agreed plans of all partners and the funding would be used explicitly for the agreed areas of spending identified in the plan. The Council will take responsibility for the collation and consolidation of standardised financial and reporting information for the Cheshire East Health and Wellbeing board.

- 6.5 The risk sharing arrangements for over and underspends is directly linked to each scheme specification and the lead commissioning organisation will be responsible for the budget management of the pooled fund allocated to the each individual scheme. The risks of overspends for the schemes included in the BCF plan are currently limited to the funding contribution. A variation schedule has been included in the partnership agreement to provide the lead commissioner with the escalation process to raise issues and concerns.
- 6.6 The main area of financial risk is linked to the delivery of the performance fund which is directly linked to the reduction in hospital non elective admission activity.

7.0 Legal Implications

- 7.1 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.
- 7.2 Pursuant to Section 75 of the National Health Service Act 2006 and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (the "Regulations"), NHS bodies and local authorities can enter into partnership arrangements for the exercise of specified functions. The regulations define the nature of the partnership arrangements. They provide for the establishment of a fund made up of contributions from the partners out of which payments may be made towards expenditure incurred in the exercise of their functions; for the exercise by NHS bodies of local authority functions and for the exercise by local authorities of NHS functions; and require the partners to set out the terms of the arrangements in writing. The specific objectives for implementing Section 75 Agreements are:
- To facilitate a co-ordinated network of health and social care services, allowing flexibility to fill any gaps in provision;
 - To ensure the best use of resources by reducing duplication (across organisations) and achieving greater economies of scale; and
 - To enable service providers to be more responsive to the needs and views of users, without distortion by separate funding streams for different service inputs.
- 7.3 NHS England has provided a template developed by Bevan Brittan for overarching s75 Agreement which has been used as the main framework for the Cheshire East section 75.

8.0 Risk Assessment

8.1 The Better Care Fund plan includes a risk register and each lead commissioner is responsible for maintaining a risk register. An updated risk register is being prepared and will be monitored by the Joint Commissioning Leadership Team pending discussions about the ongoing Governance arrangements supporting the delivery and monitoring of the Better Care Fund. The corporate risk registers for the respective organisations incorporate the significant risks relating to BCF.

8.2 The most significant risks in the plan are as follows:

- The funding for Social Care Act responsibilities funded from the Better Care Fund, including carer's assessment and support packages; advocacy and information and advice is not sufficient to cope with the statutory duties.
- The investment in community based interventions does not deliver the expected benefits in reducing Non Elective Admissions. This may lead to cost pressures within the acute sector and the performance payment fund not being released.
- Governance and decision making arrangements supporting the Better Care Fund are not clear and this may lead to delays with decision making; decisions not being made and decisions being made that are not aligned with the overall vision of the Better Care Fund plan.
- Funding arrangements are not clear across partners and partners are exposed to unanticipated funding pressures.

These risks will be managed as part of the delivery of the Better Care Fund plan.

8.3 The financial risk sharing arrangements for overspends and underspends is detailed within schedule 3 of the section 75 agreement and the individual scheme specifications also include a section on the approach to over and underspends.

8.4 Mersey Internal Audit Agency and the Council's Internal Audit Team are working together to test the proposed governance arrangements for the Better Care Fund and an interim report is expected during May 2015.

9.0 Background

9.1 The opportunity afforded by the Better Care Fund is to translate the ideas that are already well established within the Cheshire East health and care economy into action, to drive change and transformation at pace.

- 11.2 This commitment is acknowledged by the ambitions of the Cheshire Pioneer Programme which aims to ensure that individuals in Cheshire stop falling through the cracks that exist between the NHS, Social Care and support provided in the Community. The aspiration of the Pioneer partnership is that we can develop a system that will avoid:-
- duplication and repetition of individuals experience, with people having to re-tell their story every time they come into contact with a new services;
 - people not getting the support they need because different parts of the system don't talk to each other or share appropriate information and notes;
 - the "revolving door syndrome" of older people being discharged from hospital to homes not personalised to their needs, only to deteriorate or fall and end up back in A & E;
 - home visits from health or care workers being un-coordinated, with no effort to fit in with people's requirements;
 - delayed discharges from hospital due to inadequate co-ordination between hospital and social care staff.
- 11.3 The clear commitment is that we will move away from commissioning costly, reactive services and commission those that will develop self-reliance, focus on prevention, improve quality of care, reduce demand and take cost out of the system for re-investment into new forms of care. Across Cheshire we are aligning our commissioning approaches and where relevant jointly commissioning services to deliver consistency and integration in the wider service landscape.
- 11.4 By 2015, the communities of Cheshire will begin to experience world class models of care and support that are seamless, high quality, cost effective and locally sensitive. Better outcomes will result from working together with:-
- Better experiences of local services that make sense to local people rather than reflecting a complex and confusing system of care;
 - More individuals and families with complex needs are able to live independently and with dignity in communities rather than depending on costly and fragmented crisis services;
 - Enhanced life chances rather than widening health inequalities.
- 11.5 We recognise that the current position of rising demand and reducing resources make the status quo untenable. Integration is at the heart of our response to ensure people and communities have access to the care and support they need.
- 11.6 Locally within Cheshire East, two integration programmes are at the heart of

this work, connecting workstreams across the Cheshire footprint as appropriate, whilst also affording opportunities for learning and remodelling care according to the needs of local populations.

- 11.7 Caring Together (including NHS Eastern Cheshire Clinical Commissioning Group, Cheshire East Council and East Cheshire Trust) - This area covers a population of approximately 201,000 residents, and includes the urban areas of Macclesfield, Congleton and Knutsford. Whilst life expectancy is above the national average, there are significant disparities between areas. The main causes of premature death are circulatory and respiratory disease, cancers, and diseases of the digestive system, with particular links back to lifestyle issues of obesity and alcohol consumption. This area includes 23 GP practices, and works closely with the Local Authority of Cheshire East, and East Cheshire Trust.
- 11.8 Connecting Care (including NHS South Cheshire Clinical Commissioning Group and Vale Royal Clinical Commissioning Group, Cheshire East Council, Cheshire West and Cheshire Council and Mid-Cheshire Foundation Hospital Trust) - This locality has a population of approximately 278,500 and includes 30 GP practices (18 in South Cheshire CCG, 12 in Vale Royal CCG). This area covers a proportion of Cheshire East and Cheshire West and Chester Council. The two Clinical Commissioning Groups share a management team to provide efficiencies. Patient flows to the District General Hospital have illustrated that 92% are from people living within the boundaries of the two Clinical Commissioning Groups. There are significant financial pressures that exist within the health and social care geographies in this locality and this is due in part to a relative lack of deprivation against national benchmarking making it difficult for local organisations to individually draw resources to create the headroom for innovation.
- 11.9 Effective commissioning of services to secure improved outcomes for residents is at the heart of the Better Care Fund, and the partnership within Cheshire East acknowledges this.
- 11.10 Consideration has been given to whether additional joint activity and commissioning resources should be included in the Better Care Fund pooled budget from April 2015. The partners, through our Joint Commissioning Board, have discussed this extensively and determined that we would wish to take a cautious and measured approach to growing the pool as we extend our collective reach in identifying appropriate activity to be included. Common areas for commissioning reviews have been identified for 15/16 across the partnership. At the point of each review decisions will be considered to joining the activity and commission to the pool. Part of the reason for doing this is to ensure we do not lose a focus, via BCF on addressing the shared outcomes and measures that we are aiming to secure. For this reason we do not wish to get ahead of ourselves or overstate our ambition early and then under-deliver.
- 11.11 The ambition of the partnership is clearly to connect commissioning activity to improve the health and care outcomes for residents. The Better Care Fund,

commencing in 2015 is seen as a staging post on the journey which will result over time in significant combining of resources to more effectively drive innovation and improvement.

12 Access to information

The background papers relating to this report can be inspected by contacting:

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Annex One

Ref	Scheme	Eastern Cheshire CCG and CEC s75 Funding	South Cheshire CCG and CEC s75 Funding	Total Funding
Theme 1	Self care and self management			
BCF1 (1a)	<p>Supporting Empowerment – Information, advice, prevention and early intervention</p> <p>The principle of the ‘Empowered Person’ has been one of the key underpinning principles of the whole system redesign in both Caring Together and Connecting Care programmes.</p> <p>It focuses on the cultural shift required to further enable individuals to take responsibility for their own health and wellbeing by ensuring that they have access to a range of information advice and support to do this effectively.</p>	£112,000	£103,000	£215,000
BCF2 (1b)	<p>Universal Access to low level assistive technology, occupational therapy advice and assessment</p> <p>To support and enable people to access early practical help to support them with health and social care related problems. Utilising evidence-based practice principles relating to early help to maintain independence and self reliance. It is intended that this initiative will encourage individuals to access support in a variety of community settings where they can have low level assessment which would indicate a range of assistive technology solutions and/or low level equipment, together with advice regarding self health and self care support.</p> <p>This meets the objectives in the prevention and early intervention agenda. It builds on the premise that individuals want to remain in control and to have the low level support/tools to do this allowing the self care/self management principles to be encouraged and maintained.</p>	£288,000	£264,000	£552,000
BCF3 (1c)	<p>Assistive Technology Pilot for adults with a learning disability</p> <p>To pilot the use of Assistive Technology options within 24 hour supported tenancy based schemes and individuals living in</p>	£387,000	£356,000	£743,000

Ref	Scheme	Eastern Cheshire CCG and CEC s75 Funding	South Cheshire CCG and CEC s75 Funding	Total Funding
	<p>their own homes.</p> <p>The objective is to primarily seek out solutions to provide access to support and assistance without the need for continued staff supervision. The long-term objective is to respect individuals' rights to privacy at the same time as ensuring safety and risk management is maintained.</p>			
BCF4 (1d)	<p>Facilitating Early Discharge</p> <p>To provide a service that prevents Delayed Discharge from Hospital.</p>	£119,000	£109,000	£228,000
BCF5 (1e)	<p>Disabled Facilities Grant funded service</p> <p>A suitable, well adapted home can be the defining factor in enabling a disabled person to live well and independently. The Disabled Facilities Grant scheme forms part of the vision for health and social care services by increasing opportunities for frail older people and disabled people to take control of their own care and support, increasing their independence and enabling them to remain in the home their choice. There is a growing number of older people in Cheshire East, and an increasing number of non-elective admissions to hospital services, which is putting unsustainable financial pressure on acute services. Home adaptations have the potential to deliver dividends in terms of both social and financial outcomes, enabling care to be delivered in the patient / service user's own home, and maintaining their safety and independence to prevent unnecessary hospital admissions.</p>	£517,000	£473,000	£990,000
BCF6 (1f)	<p>Carer's Assessment and Support</p> <ul style="list-style-type: none"> • Develop revised guidance for carer's eligibility criteria which is aligned with the social care act. • To effectively commission carers support services across Cheshire East across the health and social care boundary. • To ensure Cheshire East Council meets its duties under the Social Care Act to provide assessment and support planning to Carers, and further, to ensure assessment and 	<p>Carers Breaks</p> <p>£226,000</p> <p>Social Care Act – Carers</p> <p>£165,000</p>	<p>Carers Breaks</p> <p>£200,000</p> <p>Social Care Act – Carers</p> <p>£152,000</p>	£743,000

Ref	Scheme	Eastern Cheshire CCG and CEC s75 Funding	South Cheshire CCG and CEC s75 Funding	Total Funding
	<p>support planning are truly personalised and provided by skilled staff.</p> <ul style="list-style-type: none"> • Increase the number of carers assessments performed and to develop a clearer understanding of residents who rely on carer support. 			
BCF 12 (1g)	<p>Information, advice, prevention and early intervention</p> <p>The Care Act 2014 requires that information and advice is made available to those individuals who may need to access social care support. The strategic objective of this scheme is to reduce the demand on health and social care services over the longer term by ensuring access to information and advice at an early stage in order to increase the chance of prevention or delays in deterioration of health conditions.</p> <p>(Includes care navigation services)</p>	£203,000	£186,000	£389,000
Theme 2	Integrated community services			
BCF7 (2a)	<p>Dementia Reablement</p> <p>To pilot a Dementia Reablement service with a view to providing early help to newly diagnosed patients and those in the early stages of Dementia.</p> <p>The aim of the service is to pilot and test the principles of reablement to focus on learning new skills/techniques to retain memory and delay memory impairment. Drawing on a range of evidence, the pilot will utilise techniques where patients can use practical measures to assist them in maintaining daily living skills and support family/carers to promote independence and positive risk taking.</p>	£332,000	£305,000	£637,000
BCF8 2b	<p>Community based co-ordinated care</p> <p>The Community Based Co-ordinated Care delivered by integrated health and social care teams has been designed to provide joined up care for the wellbeing of people with the most complex needs. Its purpose is</p>	£3,019,000		£3,019,000

Ref	Scheme	Eastern Cheshire CCG and CEC s75 Funding	South Cheshire CCG and CEC s75 Funding	Total Funding
	to proactively work with people identified through a risk stratification approach and their carers to identify their individual needs and goals, design a personal care plan and support their long term care needs by a dedicated care co-ordinator.			
BCF 9 2c	<p>Integrated Community Service Model – Connecting Care</p> <p>Community Based Co-ordinated Care will be delivered by integrated health and social care teams which have been designed to provide joined up care for the wellbeing of people with the more complex needs. Its purpose is to proactively work with people identified through a risk stratification approach and their carers to identify their individual needs and goals, design a personal care plan and support their long term care needs by a dedicated care co-ordinator.</p> <p>This means that instead of citizens trying to navigate their way around the multitude of health and social care services, we are redesigning services to fit around their needs. We want to reduce duplication of care, prevent people having to tell their story multiple times and to minimise waste across care settings.</p>		£3,029,000	£3,029,000
Theme 3	Community based urgent care/rapid response			
BCF10 3a	<p>Implementing a Short Term Assessment Intervention recovery & Rehabilitation Service (STAIRRS)</p> <p>The need for an integrated community rapid response service has been identified in both Caring Together and Connecting care. Whilst the core objectives and overarching ambition for this service is shared across the two health economies, the delivery model will differ, to take account of the local context and population need</p>	<p>£6,632,000</p> <p>(£4,901,000 from Eastern Cheshire CCG schemes and £1,731,000 for CEC s256 schemes)</p>	<p>£5,661,000</p> <p>(£4,070,000 from South Cheshire CCG schemes and £1,591,000 from CEC s256 schemes)</p>	£12,293,000
Theme 4	Social Care Capital and Programme Enablers			
BCF11 4a	To utilise the social care capital grant (former Community Capacity Grant) to support development in three key areas:	£549,000	£504,000	£1,053,000

Ref	Scheme	Eastern Cheshire CCG and CEC s75 Funding	South Cheshire CCG and CEC s75 Funding	Total Funding
	1. Personalisation 2. Reform 3. Efficiency To provide enabling support to the Better Care Fund programme, through programme management support; developing governance arrangement including the s75 agreement and commissioning capacity.			
		£12,549,000	£11,342,000	£23,891,000