(Copies of the embedded documents referred to in this document are available on request from the person listed at the foot of the agenda).

Cheshire East Health & Wellbeing Board BCF Plan 2016/17

Narrative Submission – 25TH April 2016

This document has been developed to meet the requirement for 2016/17 BCF plans to have a short jointly agreed narrative that includes details of how local partners, through the Health & Wellbeing Board (HWB), are addressing the national conditions. It is not a requirement to confirm, describe or demonstrate compliance with all KLOEs[1] (key lines of enquiry) within the documents. Instead plans should either include the information required to meet the KLOE or set out where this information is already available within existing strategies, plans or other documents. Referencing to these documents is encouraged rather than duplicating any narrative.

There is no national template for the narrative. Therefore, this document has been developed based on a regionally recommended template (developed by colleagues in St Helens), amended to meet local needs. The narrative is in tabular form with four columns:

- **Headings**
  This column details the BCF national conditions that need to be met
- **Supporting Evidence**
  This column details any supporting evidence as to how the area is meeting / plans to meet the national requirement through other strategies, initiatives, etc.
- **Narrative**
  This column details additional information required above and beyond that in the previous columns to either add context to the previous and/or demonstrate further evidence to meet the minimum required KLOEs

---

1

Assurance of BCF 1617

This narrative has been signed off by the HWB through delegated authority to Cllr Rachel Bailey, who is Chair of the HWB and Leader of Cheshire East Council.

Headings		Supporting Evidence	Narrative[2]
1	**Local Vision for health and social care services**	• CE HWB BCF planning template for 15/16  6. BCF Cheshire East Part 1 28112014 revi • Connecting Care Model and Delivery Programme (please note this is the latest draft and future iterations will be produced)  Connecting Care Model - latest draft a • Caring Together Local Delivery Plan  CARING TOGETHER Local Delivery Plan V6	The CE vision for health and social care services can be seen in our 2015/16 plan (p.4-5) and is based on evidence from the JSNA and JHWS as well as consultation with service users and the general public (p.5-17). The BCF plan for Cheshire East (CE) has been developed collectively across partners, and the final return has been signed off by the Health & Wellbeing Board (HWB) via delegated authority to the Chair of the Health & Wellbeing Board. The key drivers for implementing the FYFV and the move towards fully integrated health and social care services by 2020 in Cheshire East are via the pre-existing transformation programmes (Caring Together in Eastern Cheshire CCG and Connecting Care in South Cheshire CCG). These programmes work closely with health and social care providers to achieve the best outcomes for local people. This largely means shifting care from acute and reactive provision to home/community-level and proactive joined-up planned care. The impact is likely to eventually mean closure of some hospital wards, with a need for additional community-based health and social care staff. Self-care and self-management (via the empowerment of individuals, carers, families and communities) is also a key part of our model and vision. The STP for the area is at a Cheshire & Merseyside level with Transformation Programme (CCG) level sub-plans. The BCF supports transformation by providing a valuable vehicle across the HWB (local authority) footprint. During 15/16 our housing leads have been working more closely with social care leads to join-up service user pathways from

[2] Based on published KLOEs in March 2016 document "Approach to regional assurance of Better Care Fund plans"

Headings		Supporting Evidence	Narrative[2]
			universal access to low level support through to major home adaptations funded by DFG. We will continue and progress these new ways of working to improve services for local people. Our submission pools more than the minimum required amounts for 16/17, which demonstrates progress from 15/16 when only minimum mandatory amounts were pooled. This demonstrates an increasing commitment amongst partners to joint working and increasing levels of trusting meaningful working relationships.
2	**An evidence base supporting the case for change**	• CE HWB BCF planning template for 15/16 (p.18-28)	The case for change is still line with that submitted for 15/16. Key developments that add to the case are the emerging recent decreases in DTOC and falls in the over 65s – potentially linked to transformation of service delivery. Deteriorating performance in non-electives has been seen in SCCCG and is a key priority, whilst improving trends are evident in ECCCG. The full implementation of integrated teams across the HWB area is expected to improve these performance areas, and others, across CE. Performance metrics for 16/17 have been set to be challenging but realistic in light of performance in 2015/16. Population risk stratification has been undertaken through the pre-existing transformation programmes and is being used to target preventative interventions to reduce the future demand for costly, intensive health and social care provision.
3	**A coordinated and integrated plan of action for delivering that change**	• CE HWB BCF planning template for 15/16 (p.29-33) • HWB Paper from November 2015 that summarises the findings of the review and provides terms of reference for two key governance groups overseeing BCF	A review of BCF governance structures took place in 15/16 and a slightly amended structure put in place to ensure BCF gets the due attention needed whilst not distracting partners from other joint commissioning priorities. The "JCLT review paper" attached to the left demonstrates how BCF is governed and managed locally in the context of wider joint commissioning work from our BCF Governance Group (comprised of executive leads from each partner and BCF programme staff) through to our Joint

Headings			Supporting Evidence	Narrative[2]
			JCLT Review Paper - Nov 2015 • BCF risk log BCF Risk Log 270116	Commissioning Leadership Team and ultimately Health & Wellbeing Board. Each partner ensures BCF key decisions are taken through organisational governing bodies (CCGs) and cabinet / overview and scrutiny (LA). A series of such papers are available as evidence if required. In update to the 2015/16 plan, additional work areas have been proposed to come into the BCF for 2016/17. These areas have been agreed on against two criteria: 1) Good existing joint working in place between CCGs and LA 2) Provides a more cohesive and meaningful delivery of services commissioned under pooled budgets (e.g. bringing in Community Equipment Schemes as DFG, assistive technology, universal access to low-level support are already in the pool, and together these all form a service user pathway). Bringing schemes together under BCF in 15/16 has demonstrated that this can be helpful in further co-ordinating and integrating seamless delivery. A comprehensive risk log is maintained and discussed at monthly BCF Governance Group meetings with all partners. This contains mitigating actions to manage risks and responsible senior leads. An example of this is attached to the left.
4a	**A clear articulation of how our plan will meet each national condition**	1) Signed off by H&WB and other CCG/LA committees	• CE HWB BCF planning template for 15/16 (p.34-46) • Minutes of meetings including: ○ CCG Governing Bodies ○ Cabinet Cabinet report - BCFPaper for 080316 ○ HWB	Our 16/17 plan pools more than the minimum required amounts, which demonstrates progress from 15/16 when only minimum mandatory amounts were pooled. This demonstrates an increasing commitment amongst partners to joint working and increasing levels of trusting meaningful working relationships. The plan for 16/17 has been developed by reviewing 15/16 BCF schemes and performance utilising the NHSE tool and discussion of potential additional areas that could be brought into the pool for 16/17.

Headings			Supporting Evidence	Narrative[2]
			BCF Paper for HWB - 150316	The decision was taken not to drop anything form BCF as it was felt that this would be a retrograde step in light of emerging requirements for STPs, and fully integrated health and social care by 2020. During 15/16 our housing leads have been working more closely with social care leads to join-up service user pathways from universal access to low level support through to major home adaptations funded by DFG. We will continue and progress these new ways of working to improve services for local people. Once agreed by the BCF Governance Group (executive level group that oversees CE BCF), the proposals were taken through the partners' governance processes culminating in CCG governing bodies (7/4/16 for SCCCG and 30/3/16 for ECCCG) and LA cabinet (8/3/16). Throughout this process, HWB has been kept up to date on developments and discussed the plans and process (most recently on 15/3/16) and will ultimately signoff the final submission ahead of the deadline of 25/4/16 via delegation to the Chair. Evidence of these papers and processes are attached to the left.
4b		2) A demonstration of how the area will maintain the provision of social care services in 2016/17	• CE HWB BCF planning template for 15/16 (p.47-52) • Carers' Strategy (this is a near final draft and was approved by HWB on 16/3/16). Carers Strategy	Local adult social care services will continue to be supported within the 16/17 plan in a manner consistent with 15/16. Partners are agreed on the level of protection contained within the submission, and do not envisage that this level of protection will destabilise the health and social care system. The 2% additional funding via increased council tax is being applied across Cheshire East charge, and will provide additional protection of social care services. The local proportion of the £138 million for the implementation of new Care Act duties is £834,000. In 16/17, CE partners have agreed to pool all of their spending,

Headings			Supporting Evidence	Narrative[2]
				including on young carers, to allow a truly joined-up approach to delivering the Cheshire East Carers Strategy for 2016/18. The strategy includes national and local context, need, consultation and delivery plans.
4c		3) Confirmation of agreement on how plans will support progress on meeting 2020 standards for 7 day services, to prevent unnecessary non-elective admissions and support timely discharge	• CE HWB BCF planning template for 15/16 (p.53-54)	Our plan, continuing from 15/16, contains the implementation of integrated teams, working 7 days a week across the health and social care system to prevent unnecessary admissions and facilitate timely discharge. These teams did not go fully live in 15/16 as planned but they will be fully delivered during 16/17. A strategic review of early discharge schemes is taking place up to end of June 2016 to ensure they are truly meeting local need. Recommendations will be implemented by October 2016. In addition, SCCCG is part of the prime minister's challenge fund initiative and has increased the availability of GP appointments during evenings, weekends and early mornings.
4d		4) Better data sharing between health and social care, based on the NHS number	• CE HWB BCF planning template for 15/16 (p.54-57) • CCR update report  CCR Update	The Cheshire Care Record (CCR) is instrumental to achieving 100% of coverage using NHS number as the universal identifier across the health and social care system. Good progress has been made in 15/16 against this and we expect full rollout to be achieved in 16/17. To the left is an update report as of March 2016. Implementation plans by each partner organisation are available if required. Appropriate IG controls are in place and open APIs are being pursued. In recognition that much of the successful integration of health and social care hinges on effective systems with good IG control, partners have agreed to bring the CCR into BCF for 16/17. NHS number is used as a consistent identifier in primary care and hospitals with plans to introduce this across other settings in 2016/17. Staff can retrieve relevant information about a service

Headings			Supporting Evidence	Narrative[2]
				user from their local system using the NHS number in primary care, hospitals, community care and mental health. There are plans to have this in place across social care (currently partially available) and palliative care by the end of 2016/17.
4e		5) A joint approach to assessments and care planning and ensure that where funding is used for integrated packages of care there will be an accountable professional	• CE HWB BCF planning template for 15/16 (p.57-58) • Connecting Care Plan (please note this is a latest draft and future iterations will be produced)  Connecting Care Model - draft as of 16 • Supporting information regarding Connecting Care Integrated Community Teams  SCCCG Integrated Community Teams • Caring Together "ramp up plan"  CT ramp up plan	In SCCCG, during 16/17, 40% of the frail elderly group under the integrated care teams would have case management/care coordinator. The current Integrated Care Teams' plan to have joint assessment of patients' needs using EMIS as the basic data sharing platform. The plan is for all Integrated Care Teams to be in place for April 2017 across SC and VR CCGs footprint. By May 2016, each GP Practice cluster will have an identified team of professionals in place to manage the needs of the local population. A number of additional roles will be in place within these Teams with recruitment ongoing to further support those individuals who have been identified through risk stratification and Multi-Disciplinary Team (MDT) Meetings. The roll-out of these meetings has commenced and will continue throughout 2016. Equivalents for ECCCG through the Caring Together transformation programme are still in negotiation with the provider collaborative, so a signed off activity plan is not available at the time of submission, although a meeting is taking place on 21/3/16 that may mean this alters by the final submission of 25/4/16. The attached high level "ramp up plan" is being worked to at present with additional detail to follow. Dementia services are identified as a particularly important priority for better integrated health and social care services, as demonstrated through our dementia reablement scheme.
4f		6) Agreement on the	• CE HWB BCF planning template for 15/16 (p.62-68)	The BCF Governance Group, on reviewing achievement in 15/16, identified that this agreement was needed at a Pioneer

Headings			Supporting Evidence	Narrative[2]
		consequential impact of changes on the providers that are predicted to be substantially affected by the plans		(Cheshire & Warrington) level rather than a HWB level due to the patient/population flows. Consequently this has been deferred to the Pioneer board for discussion, agreement and action.
4g		7) Agreement to invest in NHS commissioned out of hospital services, or retained pending release as part of the local risk sharing agreement	• Scheme specifications for integrated teams, CBCC and STAIRRS	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. All partners agree to investing in NHS-commissioned out of hospital services. These are a continuation from our 2015/16 work, form the bulk of our BCF spend and can be seen under the lines "STAIRRS", "Community-Based Co-ordinated Care" and "Integrated Community Teams" in the Excel template on tab 4: HWB Expenditure Plan". There has been a delay in fully mobilising some of these schemes and consequently, we were not successful in achieving a reduction in NELs in 15/16 sufficient to release performance funding (ECCCG did for some periods but it agreed not to release funding due to increased acuity).
4h		8) Agreement on a local action plan to reduce delayed	• DTOC action plan for ECCCG  TDA Initial Scoping Exercise Final Report	In December 2015, the TDA conducted a scoping exercise to understand East Cheshire Trust resources and process in relation to bed management, patient flow and delayed transfers of care. The final report provided 31 recommendations (p.9-10 in the

Headings			Supporting Evidence	Narrative[2]
		transfers of care (DTOC) and improve patient flow		attached) and points to consider in connection with the findings of the scoping exercise. Leads have been allocated to each recommendation to ensure they are implemented accordingly. SCCCG does not have a plan for DTOC reduction as this has not been an issue locally in 2015/16. However, there is a plan to investigate the reason for high levels of NEL admissions (particularly those less than 12 hours) and then to put in place plans to reduce this activity in 2016/17.
5	**An agreed approach to financial risk sharing and contingency**		• Insert financial risk sharing and contingency arrangements in 16/17 S75 draft	None of the pooled fund is being put under a risk share agreement as we are investing more than the minimum required in NHS-commissioning out of hospital services. The key risks to CE are: • Not reducing non-electives by enough to allow resources to be moved from the acute trust into the community. (This risk is very much an issue for the South Cheshire area rather than the Eastern Cheshire area) • Increasing financial pressures and deficits in acute trusts and CCGs. (This risk is more of an issue in the Eastern Cheshire area rather than the South Cheshire area) Mersey Internal Audit has highlighted the robust financial risk sharing and contingency arrangements in place in our 2015/16 S75 agreements. Therefore we propose to continue these in 2016/17. The S75s have been reviewed by all parties and minor amends made to update. These are at final draft stage at the time of writing.