

# Cheshire East Council

## Health & Wellbeing Board

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<b>Date of Meeting:</b>	<b>26/07/16</b>
<b>Report of:</b>	<b>Sue Redmond (Interim Director of Adult Social Care)</b>
<b>Subject/Title:</b>	<b>Better Care Fund 2015/16 – End of Year Report</b>
<b>Portfolio Holder:</b>	<b>Cllr Janet Clowes (Adults and Integration) Cllr Paul Bates (Communities and Health)</b>

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### **1 Introduction**

- 1.1 On 31<sup>st</sup> May 2016, Cheshire East submitted the 2015/16 quarter 4 BCF return which incorporated a look-back over 2015/16. The complete submission is attached to this paper. This return was signed-off by Cllr Rachel Bailey as Chair of the Health & Wellbeing Board.
- 1.2 The purpose of this paper is to provide Health & Wellbeing Board with a summary of the key points arising from the return.
- 1.3 The paper will look at the following in turn, in line with the format of the return:
  - National conditions
  - Income and expenditure
  - Non-elective admissions
  - Supporting metrics

### **2 Recommendations**

- 2.1 The following recommendations are made to HWB:
  - 2.1.1 HWB notes the national conditions which are not being met, as highlighted in section 3.2, and identifies where it is able to assist in the achievement of these across CE.

### **3 National Conditions**

- 3.1 At the end of 2015/16, the following national conditions were met in Cheshire East:
  - Jointly agreed plans signed off by the HWB
  - Social care spend being protected
  - Pursuing open APIs (systems that talk to each other)

- Appropriate information governance controls in place for information sharing in line with Caldicott2
- 3.2 The following national conditions were not being met and it is recommended that HWB note these and identify where it is able to assist in the achievement of these across CE:
- Seven-day services in place and delivering to support patients being discharged and prevent unnecessary admissions at weekends
  - NHS number being used as the primary identifier for health and care services
  - Joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, there is an accountable professional
  - Agreement on the consequential impact of changes in the acute sector are in place.

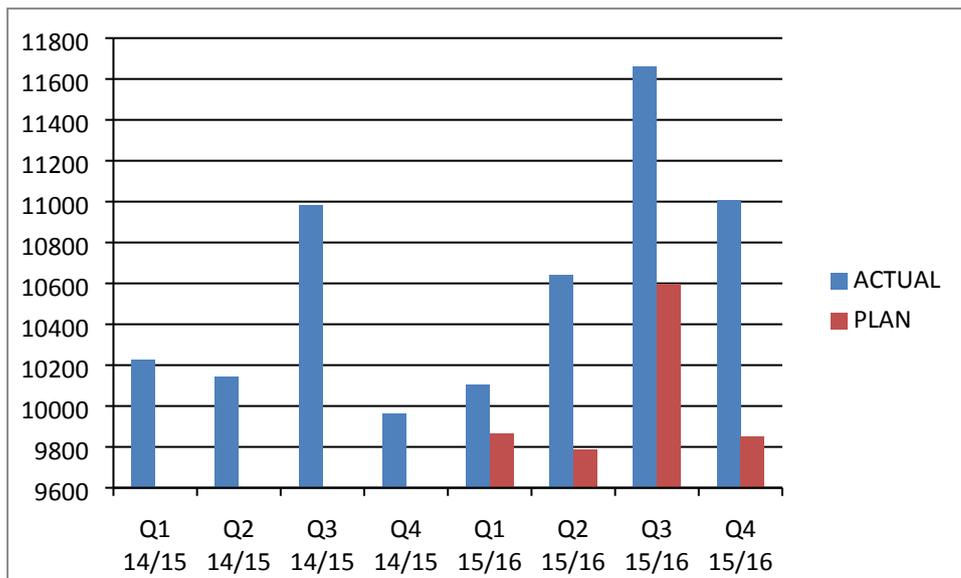
#### **4 Income and Expenditure**

- 4.1 The total BCF budget in 2015/16 was £23.891 million. This was the minimum required pool.
- 4.2 The overall income was £23.203 million. The reduction in income into BCF relates to South Cheshire CCG underspend on integrated teams. This cash has been used to fund non BCF pressures in South CCCG.
- 4.3 Final expenditure was £22.597 million. The underspend was due to the phasing of CEC-led schemes. At the time of writing, it has not been formally agreed how this underspend will be managed but it is likely to be returned to the originating CCG.

#### **5 Non-Elective Admissions**

- 5.1 It is clear from Figure 1 below that non-elective admissions have been above plan throughout 15/16 and that in quarters 2-4, activity was higher than in the equivalent period in 14/15.

Figure 1: Non-elective plans and activity 2014/15 and 2015/16



- 5.2 This increase is due to increased activity in the South Cheshire CCG area compared to a decrease in Eastern Cheshire CCG (9,556 in 14/15 to 9,357 in 15/16).
- 5.3 NHS South Cheshire CCG is engaged with MCHFT to gain a greater understanding of non-elective admission rates and effect in-year improvements in performance.

## 6 Supporting Metrics

- 6.1 The target for reducing permanent admissions to residential care appears to have been achieved. Latest available data suggests the Q4 rate was 534.5 against target of 607.4. Please note this is provisional data and subject to change (likely increase) once it has been fully validated and submitted to HSCIC.
- 6.2 The target for reablement appears to have been achieved. Latest data suggests performance of 85.4% against target of 84.1%. Please note this is provisional data and subject to validation by HSCIC.
- 6.3 The target to reduce injuries as a result of falls in those aged 65+ has not been achieved. Year end performance was 3,090 per 100,000 which is a deterioration of performance and fails to hit the target of 2213.2. There has been improving performance in ECCCCG and deteriorating in SCCCCG against a backdrop of higher levels falls in ECCCCG and lower in SCCCCG.
- 6.4 As a result, NHS South Cheshire CCG are currently developing:
- A directory of services with their System Resilience Group partners; as a means of enhancing alternatives to hospital conveyances.
  - Exploring opportunities to commission specialised Preventative Falls services

- The CCG are also implementing a Care Home Scheme with Member Practices in South Cheshire as a means of preventing and reducing admissions relating to falls in nursing homes.

6.4 Year end performance was 60.7% in SCCCCG and 65% in ECCCCG. This reflects a consistent level of performance for ECCCCG which exceeds the 64.3% target but deterioration in performance for SCCCCG from 62.8% and consequently is below target.

## 7 Summary

- 7.1 Some schemes were successfully implemented on time and are showing encouraging early findings. The main areas of spend – integrated teams – did not get implemented on time and this delay poses a significant risk to the performance of the health and social care system.
- 7.2 BCF has forced some difficult issues to be discussed and addressed but has not been universally well-received and has often been seen as a distraction to work taking place in pre-existing transformation programmes.
- 7.3 DTOC data has raised issues over the validity of the metric as the figure provided by Analysts for SCCCCG (10% decrease year on year) bears little resemblance to the experiences of those working within Mid-Cheshire Hospitals. Consequently, work is taking place to understand the reasons for this discrepancy and to identify what action may be required to ensure valid data is provided and valid metrics are monitored.
- 7.4 The overall implementation of BCF and a pooled budget has proved beneficial to improving working between health and social care. However, this has been on individual managerial / director basis rather than as a whole system approach.

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

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