

# Cheshire East Council

## Health & Wellbeing Board

---

<b>Date of Meeting:</b>	<b>29<sup>th</sup> November 2016</b>
<b>Report of:</b>	<b>Mark Palethorpe (Director of Adult Social Care)</b>
<b>Subject/Title:</b>	<b>Better Care Fund 2016/17 – Q1 report</b>
<b>Portfolio Holder:</b>	<b>Cllr Janet Clowes (Adults and Integration) Cllr Paul Bates (Communities and Health)</b>

---

### **1 Introduction**

- 1.1 On 2<sup>nd</sup> September 2016, Cheshire East submitted the 2016/17 quarter 1 BCF return. 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, and to recommend next steps to improve performance within the Cheshire East health and social care system.
- 1.3 The paper will look at the following in turn:
  - National conditions
  - Income and expenditure
  - Metrics
  - Additional measures
  - Next steps

### **2 Recommendations**

- 2.1 The following recommendations are made:
  - 2.1.1 HWB is asked to note the contents of the quarter BCF report
  - 2.1.2 HWB is asked to note the areas of improvement
  - 2.1.3 HWB is asked to note the areas where performance has not improved and commitment from all partners to collectively address this in the coming months.

- 2.1.4 HWB is asked to support the recommended next steps to improve performance where needed.
- 2.1.5 HWB is asked to support the two-year planning of the BCF for Cheshire east for 2017-19.

### **3 National Conditions**

- 3.1 At the end of quarter 1 2016/17, the following national conditions were fully met in Cheshire East:
- Jointly agreed plans signed off by the HWB
  - Social care spend being protected
  - Agreement for the delivery of 7-day services across health and social care to prevent unnecessary admissions and delayed transfers of care
  - Pursuing open APIs (systems that talk to each other)
  - Appropriate information governance controls in place for information sharing in line with Caldicott2
  - Ensuring people have clarity about how data about them is used, who may have access and how they can exercise their legal rights
  - Agreement on the consequential impact of changes in the acute sector are in place.
  - Agreement to invest in NHS commissioned out of hospital services, which may include a wider range of services including social care
  - Agreement on a local target for delayed transfers of care and a joint local action plan
- 3.2 The following national conditions, whilst not fully met, are progressing well:
- Support services are available seven days a week in hospital, primary, community and mental health settings to ensure that the next steps in the patient's care pathway can be taken, as determined by the daily consultant-led review
  - NHS number being used as the consistent 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

### **4 Income and Expenditure**

- 4.1 The total BCF budget in 2016/17 is £25.51 million.

- 4.2 The overall income in quarter 1 was £7.6million, £1.2 million higher than expected. The reason for the variation was the that whole Disabled Facilities Grant was received by the council in quarter 1, rather than on a quarterly basis as expected.
- 4.3 Overall expenditure in quarter was £6.44million, slightly higher than the £6.38 million planned. The variation is less than 1% and therefore not classed as material.

## **5 Metrics**

- 5.1 Non-Elective Admissions: Both CCG areas have seen quarter on quarter rises in non-electives from 2015/16 to 2016/17 (i.e. deteriorating performance). This trend has also been seen at a national level.
- 5.2 Delayed Transfers of Care: Both CCG areas have seen quarter on quarter rises in DToC from 2015/16 to 2016/17 (i.e. deteriorating performance). It is possible that this increase is, in part, due to improvements in data reporting validity. Both CCG areas have daily reported DTOC profiles which are monitored and remedial action is taken to address issues that arise on a daily basis. Further work is ongoing across health and social care to further reduce these trends. This trend has also been seen at a national level.
- 5.3 Injuries Due to Falls in People Aged 65+: Both CCGs have seen quarter on quarter rises in falls from 15/16 to 16/17 (i.e. deteriorating performance).
- 5.4 People who Feel Supported to Manage Long-Term Conditions: Both CCG areas have experienced year on year increases in this metric (i.e. improvements in performance).
- 5.5 Admissions to Residential Care: The latest 12-month rolling figures up to and including Q1 show a decrease of 3.1% (502 people). A lot of work has been done to reduce the historical recording issue that meant permanent admissions were sometimes recorded as "respite", and whilst this has led to a higher admissions figure than planned, we are confident that this more accurately reflects the position.
- 5.6 Reablement: As June data was still being gathered at the time of reporting, the March - May period was used to provide a valid picture of current performance. For this period, 80.2% of people were still at home after 91days, which is behind the target of 88.4% and lower than the 15/16 year end figure of 84.1%.

## **6 Additional Measures**

- 6.1 Use of NHS Number as Primary Identifier Across Care Settings: NHS number is used as the consistent identifier on relevant correspondence in all settings excluding social care, but this is increasing and will be complete within 2016/17. Staff in all settings can retrieve relevant information about a service user's care from their local system using the NHS number.
- 6.2 Digital Sharing of Relevant Service-User Information: Data is currently shared between all settings excluding specialised palliative and community services. Plans are in place and work is underway to ensure this is in place across all settings by the end of March 2017.
- 6.3 Personal Health Budgets (PHBs): Across Cheshire East there were 44 PHBs in place by the end of quarter 1, with 28 of these in Eastern Cheshire.

## **7 Next Steps**

- 7.1 Whilst good progress has been made in meeting national conditions, the significant challenges faced by the health and social care system is evidenced in some of the performance metrics.
- 7.2 The BCF Governance Group intends to undertake the following action to mitigate against these challenges, and HWB are asked to approve and support this.
- 7.3 Undertake an in-depth analysis of all BCF-funded schemes with a focus on costs and benefits. This will take place in monthly meetings from October to February inclusive culminating in an extended session in early February where all partners will agree the work areas to be jointly funded in 2017/18 and 2018/19. It is proposed that membership of the Evaluation Group consists of wider partners than the Governance Group by including the VCFS sector, public health, and the Pioneer / Sustainability and Transformation Plan.

## **8 BCF 2017/19**

- 8.1 On 22<sup>nd</sup> September, NHS England and NHS Improvement published the NHS Operational and Contracting Planning guidance document "*Delivering the Forward View: NHS Operational Planning Guidance*".
- 8.2 The guidance provides local NHS organisations with an update on the national priorities for 2017/18 and 2018/19, as well as updating on longer term financial challenges for local systems.
- 8.3 The Better Care Fund is referenced in paragraph 69, and states:

*“CCGs and Upper Tier Councils will need to agree a joint plan to deliver the requirements of the Better Care Fund (BCF) from 2017/18 via the Health and Wellbeing Board. The plan should build on the 2016/17 BCF plan, taking account of what has worked well in meeting the objectives of the fund, and what has not. CCGs will be advised of the minimum amount that they are required to pool as part of the notification of their wider allocation. BCF funding should explicitly support reductions in unplanned admissions and hospital delayed transfers of care. Further guidance on the BCF will be provided later in the autumn.”*

- 8.4 For the first time, the guidance covers two financial years, to provide greater stability and support transformation, and has been released three months earlier than normal to enable earlier agreement locally. Colleagues in DH and DCLG are currently developing the Better Care Fund policy framework which will also cover 2017/18 and 2018/19 and the Better Care Support Team (BCST) will be developing the Better Care Planning Guidance in parallel.
- 8.5 Current expectations are that this guidance will be published on 11<sup>th</sup> November 2016, with the first submission due before the end of December 2016.

## **9 Summary**

- 9.1 Good progress is being made across the system to fully meet the national conditions.
- 9.2 Performance metrics are variable, with some positives such as people feeling supported to manage their long-term conditions. Other areas are proving to be more challenging, such as non-electives and DToCs. However, this is not unique to Cheshire East as recently published BCF national data shows deteriorating NELs and DTOCs at a national level. Health and social care colleagues are working hard together to address these challenges.
- 9.3 BCF will continue for at least two more years in Cheshire East, with a 2-year planning cycle for 2017-2019 commencing in November 2016.
- 9.4 The HWB is asked to support the recommendations in Section 2.

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

Name: Caroline Baines  
Designation: Strategic Commissioning Manager  
Tel No: 01270 686248  
Email: [caroline.baines@cheshireeast.gov.uk](mailto:caroline.baines@cheshireeast.gov.uk)