

# Cheshire East Council

## Health and Wellbeing Board

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**Date of Meeting:** 31<sup>st</sup> January 2017

**Report of:** Mark Palethorpe (Strategic Director of Adults and Health)

**Subject/Title:** Better Care Fund 2016/17 – Q2 report

**Portfolio Holder:** Cllr Janet Clowes (Adults and Integration)  
Cllr Paul Bates (Communities and Health)

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### **1 Introduction**

- 1.1 On 17<sup>th</sup> November 2016, Cheshire East submitted the 2016/17 quarter 2 Better Care Fund (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 (HWB) 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
  - BCF 2017/19

### **2 Recommendations**

- 2.1 The following recommendations are made:

The Health and Wellbeing Board is asked

  - 2.1.1 to note the contents of the quarter 2 Better Care Fund report;
  - 2.1.2 to note the areas of improvement;
  - 2.1.3 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 to support the recommended next steps to improve performance where needed;
- 2.1.5 to support the two-year planning of the Better Care Fund for Cheshire East for 2017-19.

### **3 National Conditions**

- 3.1 At the end of quarter 2 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
- 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
- Agreements 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 wide 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:

- Agreement for the delivery of 7-day services across health and social care to prevent unnecessary admissions and delayed transfers of care. This had previously been reported as fully met but following examination of NHS Improving Quality's "Seven Day Services: 10 Point Implementation Checklist" then the response has changed to "in progress". The revised position now reflects a more accurate assessment against the checklist.
- 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. This is continuing to increase throughout 16/17 on a phased approach. Action to further address this includes South Cheshire CCG submitting plans for GP Access fund to promote 7-day access in primary care with in-year impact.
- NHS number being used as the consistent identifier for health and care services. This is now applicable to the majority of settings. Outstanding are specialised palliative and community services. This is planned for roll-out by end of March 2017. There are also plans in roll this out to the NW Ambulance Service (NWAS) but at the time of writing at exact timescale was unknown.
- 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. Plans are in place and rollout is being phased up to full rollout by 31/3/17.

## **4 Income and Expenditure**

- 4.1 The total BCF budget in 2016/17 is £25.51 million.
- 4.2 The overall income in quarter 2 was £5.97million, £0.41 million less than expected. The reason for the variation was that the 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 £5.62million, slightly lower than the £6.38 million planned. Actual expenditure at Q2 is slightly lower than expected, but expected increase during Q3 and Q4.
- 4.4 A Forecast underspend of £320k has been identified by South CCG at Q2.

## **5 Metrics**

- 5.1 Non-Elective Admissions (NEAs): Continue to rise but the Q2 16/17 NEAs were less than 1% higher than Q2 15/16 NEAs. The gap between the target and the actual is also narrowing.
- 5.2 Delayed Transfers of Care (DTOCs): DTOCs continue to be a significant challenge in Cheshire East. 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. On a positive note, emerging data for Quarter 3 has shown some encouraging progress but this still remains a challenging area which is having a significant impact on delayed discharges and availability of beds. The reasons behind this are currently being examined via the respective A&E Delivery Boards.
- 5.3 Injuries Due to Falls in People Aged 65+: Falls fell in Eastern Cheshire compared to the previous year but rose in South Cheshire CCG. South Cheshire CCG is currently exploring opportunities to commission an Integrated Falls Service; it is anticipate that this service will be in place during 2016/17.
- 5.4 People who Feel Supported to Manage Long-Term Conditions: No updated data available since Q1 return due to biannual release (latest available to March 2016).
- 5.5 Admissions to Residential Care: The latest 12-month rolling figures up to and including Q2 show a decrease of 2.1%. 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, it provides more valid data.

- 5.6 **Reablement:** Performance has improved from Q1 to Q2 (80.2% to 83.3%) and is significantly better than performance in Q2 15/16 (79.2%).

## **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.

## **7 Next Steps**

- 7.1 The BCF Governance Group is currently evaluating all BCF-funded schemes with a focus on the schemes' effectiveness, overall benefits and costs. The findings of this will inform the BCF plan for 2017/19 in Cheshire East as the schemes need to ensure the delivery of the system wide objectives, recognising that these are likely to be subject to a prioritisation process.

## **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*". 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.
- 8.2 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. Initial expectations were that this guidance would be published on 11<sup>th</sup> November 2016, with the first submission due before the end of December 2016. At the time of writing this release date has passed and there has been no confirmation of when the guidance will be published.
- 8.3 There is expected to be announcement of an "Improved BCF" with additional allocations from government over the next three years. In Cheshire East, the increases are expected to be £0 in 17/18, £1.9m in 18/19 and £5.0m in 19/20.

## **9 Summary**

- 9.1 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 three more years in Cheshire East, with a 2-year planning cycle for 2017-2019.
- 9.4 The HWB is asked to support the recommendations in Section 2.
- 9.5 The background papers relating to this report can be inspected by contacting:

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