

# Cheshire East Council

## DRAFT Health & Wellbeing Board

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**Date of Meeting:** 30<sup>th</sup> May 2017

**Report of:** Mark Palethorpe (Acting Executive Director of People)

**Subject/Title:** Better Care Fund 2016/17 – Q3 report

**Portfolio Holder:** Cllr Janet Clowes (Adults and Integration)  
Cllr Liz Wardlaw (Health)

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### **1 Introduction**

- 1.1 On 9th March 2017, Cheshire East submitted the 2016/17 quarter 3 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 Better Care Fund Q4 report will be provided for the July Health and Wellbeing Board as the year end data required for this has only been published on 11 May 17 and therefore could not be analysed in time for this report.
- 1.3 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.
- 1.4 The paper will look at the following in turn:
  - Income and expenditure
  - Metrics
  - Next steps

### **2 Recommendations**

- 2.1 The following recommendations are made:
  - 2.1.1 HWB is asked to note the contents of the quarter 3 BCF report

- 2.1.4 HWB is asked to note the introduction of the Improved Better Care Fund (IBCF) forthcoming requirements of the 2017-19 plan.

### **3 Income and Expenditure**

- 3.1 The total BCF budget in 2016/17 is £25.51 million.
- 3.2 The overall income in quarter 3 was £5.97million, £0.5 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.
- 3.3 Actual expenditure at Q3 is slightly lower than expected, but expected to increase during Q4. A Forecast underspend of £472k has been identified by South CCG at Q3.

### **4 Metrics**

- 4.1 Non-Elective Admissions (NELs): There were 10,985 NELs in Cheshire East in Quarter 3. This is 508 more than the target for Q3. Overall there is a slight improvement on the in-year position from 2015/16... Going into Q4 an overall reduction on NELs can be seen.
- 4.2 Delayed Transfers of Care (DTOCs): DTOCs continue to be a significant challenge in Cheshire East. Following a significant decrease in Q2, there has been a sustained increase during Q3. However going into Q4 these numbers have plateaued, so full year analysis is required to determine the end of year position for Q4.
- 4.3 Injuries Due to Falls in People Aged 65+: The trend in Q3 is that whilst there is an overall reduction in those falling the trend remains static. Going into Q4, it is not likely that the target for falls will be met for 2015/16.
- 4.4 People who Feel Supported to Manage Long-Term Conditions: Results show a slight improvement since the Q1 across the domains of, 'Do you have a written care plan, and did you get help to put your care plan together?' However there was a slight decrease in the reported satisfaction levels of care plans being reviewed regularly.
- 4.5 Admissions to Residential Care: Q3 has seen an increase in admissions to residential care, which means that year to date performance so far, would not be an improvement. This ASCOF figure is only finally verified after the year-end. Q3 is the winter quarter and it would be anticipated that demand is greater than in the summer months of Q2. Until the full year comparison can

be made between 15/15 and 16/17 it is unclear whether this increase is a permanent trend or a seasonal feature.

- 4.6 Reablement: There is no further data since Q2 reporting. The final ASCOF figure will be reported in Q4, performance is anticipated to have improved since 15/16.

## **6 Next Steps**

- 6.1 The BCF Governance Group is finalising the evaluation of all BCF funded schemes. The findings of this will inform the BCF plan for 2017/19 in Cheshire East.
- 6.2 Work is commencing to appraise national evidence based practice to ensure local delivery is best placed to achieve the 4 national conditions in 2017/18.

## **7 BCF 2017/19**

- 7.1 The draft guidance for the Integration and Better Care Fund planning requirements for 2017-19 has been published but has not been finalised by NHS England and the LGA as at 11 May 2017. This impacts on the timeline for a new plan to be developed; it is likely now to be the September Health and Well-being Board for a report on the new plan.
- 7.2 Key changes to the policy framework since 2016-17 include:
- A requirement for plans to be developed for the two-year period 2017-2019, rather than a single year; and
  - The number of national conditions which local areas will need to meet through the planning process in order to access the funding has been reduced from eight to four.
- 7.3 The four national conditions require:
1. That a BCF Plan, including at least the minimum contribution to the pooled fund specified in the BCF allocations, must be signed off by the HWB, and by the constituent LAs and CCGs;
  2. A demonstration of how the area will maintain in real terms the level of spending on social care services from the CCG minimum contribution to the fund in line with inflation;
  3. That a specific proportion of the area's allocation is invested in NHS-commissioned out-of-hospital services, or retained pending release as part of a local risk sharing agreement;

4. All areas to implement the High Impact Change Model for Managing Transfer of Care to support system-wide improvements in transfers of care.
- 7.5 The reduction in national conditions is intended to focus the conditionality of the BCF, but does not diminish the importance of the issues that were previously subject to conditions.
- 7.6 These remain key enablers of integration. Narrative plans should describe how partners will continue to build on improvements locally against these formal conditions to:
- develop delivery of seven day services across health and social care;
  - improve data sharing between health and social care and
  - ensure a joint approach to assessments and care planning.
- 7.7 By 2020, health and social care will be integrated across England. Narrative plans should set out the joint vision and approach for integration, including how the work in the BCF plan complements the direction set in the Next Steps on the NHS Five Year Forward View, the development of Sustainability and Transformation Partnerships (STPs), the requirements of the Care Act (2014) and wider local government transformation in the area covered by the plan.
- 7.8 Overall plans will be approved and permission to spend the CCG minimum contribution to the BCF will be given once NHS England and the Integration Partnership Board have agreed that the conditions attached to that funding have been met. For the first time BCF plans will be agreed for a two year period. Arrangements for refreshing or updating plans for 2018-19, for instance to take account of progress against metrics, will be set out in separate operating guidance, which will be published later in the year.
- 7.9 New IBCF grant**
- It is subject to the joint NHS England and local government assurance process, which will include consideration of compliance with the grant conditions.
- 7.10 The Government has made clear in the draft guidance that part of this social care grant funding is intended to enable local authorities to quickly provide stability and extra capacity in local care systems.

- 7.11 DH and DCLG have made clear in their letter to LA chief executives that the grant conditions include three purposes for the funding, including that LAs work with NHS partners to reduce pressures on the NHS. Where areas agree this local investment, it is expected that it will contribute to meeting the NHS ambition in the 2017-18 NHS England Mandate for NHS organisations to reduce delayed transfers of care (DToC) to no more than 3.5% of hospital bed days. This joint work would also contribute to the NHS ambition of freeing up 2000 – 3000 hospital beds.

## **7.12 Disabled Facilities Grant**

Following the approach taken in previous years, the DFG will continue to be allocated through the BCF. This is to encourage areas to think strategically about the use of home adaptations, use of technologies to support people to live independently in their own homes for longer, and to take a joined-up approach to improving outcomes across health, social care and housing. Innovation in this area could include combining DFG and other funding sources to create fast-track delivery systems, alongside information and advice services about local housing options.

- 7.12.1 In 2016-17, the housing element was strengthened through the national conditions, with local housing authority representatives required to be involved in developing and agreeing BCF plans. This has been retained for 2017-19.
- 7.12.2 The Care Act also requires LAs to establish and maintain an information and advice service in their area. The BCF plan should consider the contribution that can be made by the housing authority and local Home Improvement Agency to the provision of information and advice, particularly around housing issues.

## **7.13 Former Carers' Break Funding**

Local plans should set out the level of resource that will be dedicated to carer-specific support, including carers' breaks, and identify how the chosen methods for supporting carers will help to meet key outcomes. In doing so, local areas may wish to make use of An Integrated Approach to Identifying and Assessing Carer Health & Wellbeing, an NHS England resource that promotes and supports joint working between Adult Social Care services, NHS commissioners and providers, and third sector organisations.

## **7.14 Reablement Funding**

Maintain current reablement capacity in LAs, community health services, and the independent and voluntary sectors to help people regain their independence and reduce the need for ongoing care.

### **7.15 National conditions**

A clearly articulated plan for meeting each national condition in their BCF narrative, as set out in the policy framework and operationalised by the guidance contained in this document, as well as in the scheme details entered in the planning template. This should include clear links to other relevant programmes or streams of work in place locally to deliver these priorities.

## **8 Summary**

- 8.1 BCF will continue for at least two more years in Cheshire East, with a 2-year planning cycle for 2017-2019.
- 8.2 The HWB is asked to note that there is a clear expectation that both the vision for integrated health and social care for and method for achieving this will be required for the 2017-19 narrative plan and submission.
- 8.3 The background papers relating to this report can be inspected by contacting:

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