

## **Cheshire East Council**

### **Health & Wellbeing Board**

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<b>Date of Meeting:</b>	<b>25<sup>th</sup> July 2017</b>
<b>Report of:</b>	<b>Mark Palethorpe (Acting Executive Director of People)</b>
<b>Subject/Title:</b>	<b>Better Care Fund 2016/17 – Q4 report and end of year position</b>
<b>Portfolio Holder:</b>	<b>Cllr Janet Clowes (Adults and Integration) Cllr Liz Wardlaw (Communities and Health)</b>

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## **1 Introduction**

- 1.1 Cheshire East Council submitted the Q4 Better Care Fund return on the 9<sup>th</sup> of June 2017. The complete submission is attached to this paper.
- 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 provide an end of year report regarding the 2016/17 Better Care Fund in Cheshire East.
- 1.3 The paper will look at the following in turn:
  - A summary of the Q4 return.
  - A detailed End of Year report for 2016/17
  - Evaluation of 2016/17 schemes with next steps for 2017/18
  - Next Steps

## **2 Recommendations**

- 2.1 The following recommendations are made:
  - 2.1.1 HWB is asked to note the contents of the Q4 BCF report and to note the 2016/17 year end position.
  - 2.1.2 HWB is asked to note that despite numerous challenges to the health and social care system locally, the BCF reporting of an unchanged position represents a positive outcome for Cheshire East.
  - 2.1.4 HWB is asked to support the recommended next steps to improve performance where needed.

## **3 Q4 Reporting**

## Income and Expenditure

- 3.1 The total BCF budget in 2016/17 is £25.51 million. The total expenditure for the year was £24.548m resulting in an underspend of £0.962m. There are underspends in 2016/17 of £0.441m for CEC and £0.521m for NHS South Cheshire CCG.
- 3.2 The overall income in Q4 was £5.97m, £0.5 million less than expected. The reason for the variation was that the full Disabled Facilities Grant was received by the council in quarter 1, rather than on a quarterly basis as originally expected.
- 3.3 Actual expenditure at Q4 is slightly lower than expected at £6.195m. As outlined above this has contributed to the year end position of £0.962m underspend. Further information is provided in section 6.13, Financial review.

## 4 Q4 Metrics

The following is a description of performance against the targets for quarter 4. A more detailed narrative is provided in Section 5, Better Care Fund 2016/17 Year End Report.

- 4.1 Non-Elective Admissions (NELs): There were 10,383 NELs in Cheshire East in Q4. This is 265 less than in Q3.
- 4.2 Delayed Transfers of Care (DTOCs): Following a decrease in the number of DTOCs in Q3, Q4 has again seen an increase in the number of DTOCs in both South and Eastern Cheshire.
- 4.3 Injuries Due to Falls in People Aged 65+: Q4 has seen a further reduction in the number of people who have sustained injuries due to falls in Cheshire East. This is the second consecutive quarter which has reported a reduction.
- 4.4 People who Feel Supported to Manage Long-Term Conditions: Q4, which represents the end of year reporting has resulted in a final score of 64.8%, against the target of 65%. Whilst this represents a satisfactory achievement against the target, there is an opportunity to improve performance further in this area in line with the principles of the local transformation programmes e.g. to empower people to self-manage their own conditions more effectively.
- 4.5 Admissions to Residential Care: Q4 has seen a reduction in those admitted to residential care. This saw 113 people admitted into care. This represents 39 less people than in Q3.
- 4.6 Reablement: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services,

the final score for Q4, and thus year end is 82.3% against a target of 88%. This area has not improved in 2016/17 compared with the previous year and more work needs to be completed to address this.

## 5 Better Care Fund 2016/17 Year End Report

The data tables below show the collated data which has been presented to NHS England during the course of 2016/17.

The data shows the outturn at the end of 2015/16 and the end position of 2016/17.

The data is presented firstly for the whole of Cheshire East combined, then for each NHS Eastern Cheshire CCG and NHS South Cheshire CCG.

For reference please note that the data for delayed transfers of care has been collated from NHS Trust data from Mid-Cheshire Hospitals Foundation Trust and East Cheshire Trust (which covers NHS South Cheshire CCG and NHS Eastern Cheshire CCG).

### Combined data for Cheshire East local authority

The data shows the outturn at the end of 2015/16 and the end position of 2016/17.

National Outcome description	2015/16 Outturn	2016/17 Plan	2016/17 Performance					2016/17 Variance to 2015/16
			Q1	Q2	Q3	Q4	Outturn	
Non-elective admissions	42,936	41,820	10,539	10,551	10,648	10,383	42,121	-815
Delayed transfers of care from hospital (per 100,000 people)	4689	4215.4	1421	1731	1456	1545	6,152	1,463
Injuries due to falls, persons 65+	3090	2159.4	595	550	536	513	2,194	-896
People who feel supported managing long term conditions (Weighted annual return data)	65%	65%	65%			64.50%	64.8%	-0.3%
No. Admissions to residential and nursing homes 65+	518	505	192	153	152	113	610	92
No. Admissions to residential and nursing homes 65+ per 100k population	630	598.9	228	181	180	134	723	93
Effectiveness of reablement	85.40%	88.40%				82.30%	82.3%	-3.1%

\* These are provisional figures and may change as final data returns are compiled.  
The population figure used to calculate the 2016/17 rate is based on ONS population projections.

## NHS Eastern Cheshire CCG data

Please note: Where the data is Cheshire East note not CCG data this is noted as being **Cheshire East data** at the time of writing, it is not possible to separate the date at CCG level

National Outcome description	2015/16 Outturn	2016/17 Plan	2016/17 Performance					2016/17 Variance to 2015/16
			Q1	Q2	Q3	Q4	Outturn	
Non-elective admissions	19,254	Data not available	4,846	4,800	4,867	4,666	19,179	-75
Delayed transfers of care from hospital (per 100,000 people)	5,396	Data not available	1,543	1,434	1104	1056	5,137	-260
Injuries due to falls, persons 65+	1,426	Data not available	373	327	307	324	1,331	-95
People who feel supported managing long term conditions (Weighted annual return data)	65%	65%	65%			67.00%	66.0%	1.0%
No. Admissions to residential and nursing homes 65+	293	Data not available	95	58	74	65	292	-1
No. Admissions to residential and nursing homes 65+ per 100k population	641	Data not available	203	124	158	139	623	-18
Effectiveness of reablement	85.40%	88.40%	Data not collected	Data not collected	Data not collected	82.30%	82.3%	-3.1%

Please note the delayed transfers of care and the admissions to residential care measures are expressed as a rate per population. As this is a rate rather than absolute figures, the individual CCG figures will not aggregate to the total Cheshire East figure. This is because the Cheshire East summary figures are weighted to take account of the relevant population of each CCG area.

## NHS South Cheshire CCG data

Please note: Where the data is Cheshire East not CCG data this is noted as being **Cheshire East data** at the time of writing, it is not possible to separate the date at CCG level

National Outcome description	2015/16 Outturn	2016/17 Plan	2016/17 Performance					2016/17 Variance to 15/16
			Q1	Q2	Q3	Q4	Outturn	
Non-elective admissions	23,682	Data not available	5,693	5,751	5,781	5,717	22,942	-740
Delayed transfers of care from hospital (per 100,000 people)	3,906	Data not available	1,284	2,063	1,849	2,092	7,287	3,381
Injuries due to falls, persons 65+	872	Data not available	222	223	229	189	863	-9
People who feel supported managing long term conditions (Weighted annual return data)	65%	65%	65%			61.90%	63.5%	-1.6%
No. Admissions to residential and nursing homes 65+	225	Data not available	97	95	78	48	318	93
No. Admissions to residential and nursing homes 65+ per 100k population	615	Data not available	259	254	209	128	850	235
Effectiveness of reablement	85.40%	88.40%	Data not collected	Data not collected	Data not collected	82.30%	82.3%	-3.1%

### 5.1 Non-Elective Admissions (NELs):

#### 2014/15 and 2015/16

- 5.11 Within Eastern Cheshire there was a significant reduction in A&E attendances and non-elective admissions between 2014/15 and 2015/16. Non-elective admissions reduced by 3.8% (n = 604) leading to a saving of £1.4m. The number of A&E attendances also reduced by 1.6% (n = 629). Despite this A&E costs increased by 7.5% (£313,000). This highlights that resource savings do not always following activity reductions. It is thought that the cost increases are a result of A&E attendances by more complex / dependant patients.

## 2016/17

For the purposes of national reporting of A&E performance, activity at both Macclesfield District General Hospital and Congleton Minor Injuries Unit is included.

- 5.12 There has been an overall reduction of 2.6% (n = 1,049) in A&E activity in 2016/17 compared with 2015/16. However, this is heavily influenced by the reduction in the less complex 'Type 3' activity at Congleton Minor Injuries Unit (MIU) of 1,846 attendances (39% change in activity at the MIU), which is now being managed within GP Practices in primary care. (Please see Glossary 1 for a for description of Types of Care)
- 5.13 During the same period there has also been an increase in the more complex 'Type 1' activity of 2.2% (n797) at Macclesfield District General Hospital and an increase in overall costs, which shows that patient complexity is likely to have increased.
- 5.14 It is not realistic to expect activity reductions to continue at the same rate in future years against population growth of 3%, with the greatest population increases in the oldest age groups. The impact of growth suppression in response to rising demand for health and social care needs to be factored into future trajectories. For Eastern Cheshire a step-change in activity occurred in 2015/16 and the benefits, in terms of cost reductions for non-elective admissions, were felt in that year. The impact/benefits of subsequent growth suppression of demand for care in future years have not yet been fully evaluated.
- 5.16 Within South Cheshire Non-Elective Admissions reduced by 3.12% (n740) between 2015/16 and 2016/17. Amongst the over 65 age group, however, there was an increase of 1.53% (n151) between 2015/16 and 2016/17. A&E attendances also increased by 2.32% (n1055) between 2015/16 and 2016/17. There is ongoing pressure in the system with the number of over 65 year olds being admitted.
- 5.17 Statistics show that there will be a 3% rise in population growth. The CCG with Mid-Cheshire Hospitals Foundation Trust (MCHFT) have introduced a primary care streaming model as well as changes to the ambulatory care unit to support reduction in unnecessary admissions.

## 5.2 Delayed Transfers of Care (DTOCs):

- 5.21 The combined end of year position shows a continuing challenging position for delayed transfers of care in Cheshire East.
- 5.22 Within Eastern Cheshire the 8 High Impact Changes are solely focused on DTOC. NHS Eastern Cheshire CCG and Cheshire East Council have jointly commissioned an independent review of DTOC which is due to be reported to the A&E Delivery Board on 11<sup>th</sup> July 2017.
- 5.23 Eastern Cheshire has the fastest ageing population in the North West, with the greatest population increases in the oldest age groups. People over the age of 85 are forecast to increase by 140% by 2035 (from 6,597 in 2015 to 15,818). Compared to the average age profile of national CCG Peers, Eastern Cheshire has 951 more people over the age of 75, 538 more people over the age of 85 and 72 more people over the age of 95. Older people admitted to rehabilitation services in Eastern Cheshire are significantly more dependent than the national average.
- 5.24 NHS South Cheshire CCG through the A&E Board are focussing on primarily 3 areas these are specifically around 4 hour target and admissions and DTOC. A DTOC trajectory has been agreed by partners and an action plan is being completed for the A&E Delivery Board to agree. We know we have some specific areas that cause an increase in delays such as on going domiciliary care, awaiting care home assessment and ongoing 24 hour placement.
- 5.25 Within South Cheshire there has been a significant increase of DTOCs in 2016/17 compared to 2015/16, an increase of 86.6% (3381 DTOCs per 100,000 people.)
- 5.26 On average, the proportion of delays in hospital transfer that are reported via the SITREP process as being 'social care' delays are approximately a third of all reported delays. Within the social care delays, the most significant issues are accessing domiciliary care and care home placements. Significant work has been undertaken to reduce these delays.
- 5.27 Social care staff have been involved in programmes at Leighton Hospital and Macclesfield District General Hospital focussed on improving performance in relation to delayed transfers of care. This work has included:
- The establishment of the Board Round process – a daily ward meeting to discuss and agree action required for individual patients to leave hospital in a timely and appropriate way. A 'referral triage process' has been introduced to focused on appropriate referrals.

- Revisions to processes to speed up access to relevant services where a more comprehensive assessment can be undertaken
- Increased support to care home providers and families where a care home placement is required
- Review of intermediate care services to ensure more timely access to the service and reduced length of stay
- Review of the CHC assessment process
- Review of the arrangements at the hospital 'front door' to ensure that people that do not need to be admitted and are able to do so return home (with any support identified being provided)
- Development of closer working arrangements with care Sourcing Service to support Integrated Discharge Teams to develop more streamlined processes to secure home care support
- Work with partners in both acute trusts and with community partners to work differently with frail older people as they experience the most risk of being delayed on discharge
- Work is taking place towards Discharge to Assess and building capacity in the home care market.

5.28 Whilst there are issues in relation to placements in care homes, there are a number of factors at work here:

- Where individuals or family's are arranging their own placement, this can take longer than we would like and results in the individual being in hospital for an extended period
- When a placement is agreed, care homes have a responsibility to ensure that they are able to provide the appropriate level of support and this often involves visiting the individual in hospital; this can take a number of days to arrange
- When an individual is deemed eligible for CHC funding (and is therefore the responsibility of the CCG), it can take some time to identify and arrange a placement
- Identifying a care home placement at the agreed Cheshire East contract price (when the local authority are commissioning a placement) can be challenging in the Macclesfield/ Wilmslow area particularly

### 5.3 Injuries Due to Falls in People Aged 65+:

5.31 The number of people aged 65+ who have been injured by falls has fallen from 3090 to 2194 a reduction of 896.



- 5.32 There are more injuries due to falls in the Eastern part of Cheshire East than in South Cheshire, which is may be reflective of the older population and complexity of patients.

5.4 People who Feel Supported to Manage Long-Term Conditions:

- 5.41 The end of year position for Cheshire East represents a 0.5% decrease from the starting position in March 2016, 64.5% compared to 65%.
- 5.42 There is variation within this figure, with Eastern Cheshire residents reporting 67% feeling supported to manage their long term conditions.
- 5.43 61.9% of people in South Cheshire reporting that feel supported to manage their long term conditions.
- 5.44 A root cause analysis will be undertaken to investigate this local variation in order to share best practice during 2017/18.

5.5 Admissions to Residential Care:

- 5.51 The year end position demonstrates that despite a decrease in admissions in Q4 there is an increase on the outturn for 2015/16.
- 5.52 There is a higher rate of permanent admission to residential care in South Cheshire than there is in Eastern Cheshire.
- 5.54 South Cheshire has seen an increase in the number of patients being admitted into 24 hour care, mainly requiring nursing care or dementia beds. There is not at present a clear alternative for patients in the 24hr care offer such as Extra Care or enhanced care at home.
- 5.55 Within South Cheshire there has been an increase of 38%. This equates to an increase of 93 actual admissions.

5.6 Reablement:

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services, the final score for Q4, and thus year end is 82.3%. This figure is a decrease from the 2015/16 outturn of 85.4%, and means that the target of 88% of people remaining out of hospital for 91 days has been missed in 2016/17.

## 6 Evaluation of schemes and implications for 2017/18

- 6.1 Schemes funded by Better Care Funds during 2016/17 were evaluated and/or reviewed by the BCF Governance Group in order to determine their ongoing 'fit' for continuation during 2017/18.

In the future a more holistic review of BCF schemes will be completed to ensure the individual schemes are fully understood along with the collective impact as part of a whole system approach and how they contribute to the wider system of health and social care.

- 6.12 A full overview of the evaluation process can be found in **Appendix 1**.

Below is a summary of the Better Care Funded schemes progress in year (2016/17) and next steps for 2017/18.

<b>Scheme</b> <b>New name in red</b>	<b>Outcome from evaluation meeting</b>	<b>Next steps for 2017/18</b>
STAIRRs Programmes (Reablement programmes)	Not evaluated in 2016/17.	Undertake a full review of all reablement activity in order to create a new offer. Services in scope include physical and mental health including dementia.
Dementia Reablement Service	Service evaluated however, dementia reablement should form part of a core 'reablement offer'	Target: work to be completed within 4 weeks (Meeting to take place by 31/07/17) Links to DTOC trajectory
Assistive Technology	Following evaluation the continuation of assistive technology is subject to redesign in order to continue to be funded under BCF.	Undertake a full service review in order to redesign a new service offer (including the current falls services). jointly across CCGs/CEC and Target: work to be completed by 01/12/2017 Improved identification of target audiences Efficiency saving of 25% against full year spend  NB: CEC currently re-let AT contract and are committed for 3 years
Carers Assessments	Not evaluated as part of Mandatory provision	No further action at this point
Carers Breaks	Following evaluation Carers Breaks will continue, however it was decided that there should be increased support in order to achieve improved outcomes for this area	Undertake a full service review in order to ensure that collectively organisations are providing best use of funding. Target: work to be undertaken within 8 weeks' time to share all best practice relating to carers breaks Cross-cuts other service lines Improved identification of target audiences

<b>Scheme</b> <b>New name in red</b>	<b>Outcome from evaluation meeting</b>	<b>Next steps for 2017/18</b>
Cheshire Care Record	Evaluated within its own governance arrangements	Decision taken to discontinue in 2017/18.
Community Equipment Store - additional contribution  <b>Community Equipment</b>	Service evaluated outside BCF.	No further action required. This service returns to core funding from 2017.
Disabled facilities Grants	Not evaluated during 2016/17 within BCF.	Cheshire East Council is required to pool this funding within BCF
Early Discharge Schemes  <b>Hospital Discharge Scheme</b>	Evaluation was carried out which led to the development of a new service specification	Currently being re-procured by NHS Eastern Cheshire CCG, who have taken on the lead commissioner.
East Community Based Co-ordinated Care (Frailty)  <b>Frailty Approach (East)</b>	Caring Together awaiting outcome of NHS regulator review of service proposals/options (also link to Capped Expenditure Programme outputs). Services within BCF support admission avoidance/patient flow. Internal evaluation on-going and will be shared when complete. in progress	No further action required at this point Service is continuing.
Life Links	Following evaluation in December 2016, it was decided to discontinue the service.	Lessons learned will be undertaken by this pilot.
Program Enablers	Not evaluated as part of Mandatory provision	No further action at this point.
Social Care Act	Not evaluated as part of Mandatory provision	No further action at this point

<b>Scheme</b> <b>New name in red</b>	<b>Outcome from evaluation meeting</b>	<b>Next steps for 2017/18</b>
South Integrated Community Teams  <b>Home First / Intermediate Care</b>	Service not evaluated during 2016/17. Currently in redesign phase	No further action required
Supporting Empowerment	Previously agreed that this should be discontinued.	No further action required.

### Financial Review

- 6.13 The table below shows the final outturn for 2016/17. This demonstrates the size of the fund and the fact this has met the conditions with regard to the total funds pooled as required by central government. After accounting for any individual scheme variances (both over and underspends) in line with the agreed Section 75 agreements, the final bottom line position is an underspend of £0.962m. Cheshire East Council has carried forward it's element of this underspend (£0.441m) into 2017/18 and the deployment of these funds will be agreed with all BCF partners following the methodology set out in Schedule 3 of the S75 agreements that govern the operation of the Pooled Fund.
- 6.14 In broad terms this means bolstering existing provision, funding an additional scheme that will contribute towards the aims of the BCF, funding a planned procurement where this is a commitment in the following year and in the event of all these options having been exhausted, return of funds to the Partner who provided them.

<b>2016/17 Better Care Fund</b>	<b>Total BCF</b>	<b>Total variance</b>
Supporting Empowerment (Care Act)	215,000	(69,000)
Universal access to low level support (Life Links)	352,000	44,674
Assistive technology - telecare	495,000	127,209
Assistive technology - Learning Disability Pilot	248,000	(7,741)
Early Discharge Schemes	358,000	48,726

<b>2016/17 Better Care Fund</b>	<b>Total BCF</b>	<b>Total variance</b>
Dementia Re-ablement	637,000	(123,682)
Social Care Act	390,000	-
Community Equipment Scheme	100,000	61,448
Programme Enablers	295,000	(109,843)
STAIRRS - East	1,764,000	(288,359)
STAIRRS - South	7,431,000	(185,118)
Carers Assessment and Support	319,000	-
Carers Breaks	376,000	(211)
Community Based co-ordinated care (Eastern)	8,166,000	-
Integrated Community Teams – Connecting Care (South)	1,350,000	(451,000)
Disabled Facilities Grant	1,637,000	-
Cheshire Care Record (East)	125,000	-
Cheshire Care Record (South)	146,000	(9,000)
Cheshire Care Record (CEC)	64,000	-
Community Equipment Scheme (East)	386,000	-
Community Equipment Scheme (South)	275,000	-
Community Equipment Scheme (CEC)	381,000	-
<b>TOTAL</b>	<b>25,510,000</b>	<b>(961,897)</b>

## 9 Summary

### Next Steps

9.1 The following are the next steps for the delivery of the Better Care Fund programme in Cheshire East.

- The aforementioned reviews and activity shall be undertaken, which will allow the final confirmation of the 2017/18 Better Care Fund spend.
- The Improved Better Care Fund plan (IBCF) will be shared with partners for agreement and approval. This is a vital step in the process in the 2017/2019 Narrative Plan development.

- A review of the Governance and reporting procedures will be undertaken and finalised to ensure planning for the next 2 year cycle is clear and well led.
- To enable improved data compilation, work will be undertaken between CCGs and the local authority to establish clear reporting procedures for 2017/18. The BCF Manager will work with data analysis teams across partner organisations to co-ordinate this.
- It is anticipated that the formal Narrative Submission for 2017/19 will be expected by NHS England by August 2017.
- The Narrative Submission will be complemented by a full delivery plan for the Better Care Fund nominated schemes, which will be supported by robust contract monitoring to ensure that expected outcomes are achieved.

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

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