

Cabinet

Date of Meeting: 12 June 2018

Report Title: Improved Better Care Fund (iBCF) 2018 to 2020

Portfolio Holder: Cllr. Janet Clowes (Adults Social Care and Integration)

Senior Officer: Linda Couchman, Interim Director of Adult Social Care and Health

1. Report Summary

- 1.1. This report describes the areas of activity and the proposed expenditure for the grant money being received directly by Cheshire East Council in 2018/19 through the Improved Better Care Fund (iBCF) monies for 2018 to 2020.
- 1.2. It identifies a number of schemes and presents the rationale of how they meet the needs and demands of the local care and health economy.
- 1.3. iBCF monies can be used to support existing adult social care services, as well as investing in new services. These proposals include investment in a combination of new and existing services essential in managing demand, maintaining Care Act compliance, protecting existing key services, maintaining the adult care statutory duties whilst also enhancing NHS community and primary care services to facilitate hospital discharges. These proposed schemes will help to promote the sustainability of adult social care and other care services within the care economy as a whole.
- 1.4. The grant can be spent on three care purposes:
 - Meeting adult social care needs
 - Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready
 - Ensuring that the local social care provider market is supported
- 1.5. With particular reference to ensuring the local social care provider market is supported, these proposals will stabilise the market. Councils have the ability to decide if they spend part or all of the funding on this purpose.
- 1.6. These schemes will support the outcomes of the joint strategic needs assessment JSNA Cheshire and Merseyside Sustainability and Transformation Plan (STP).

2. Recommendation

2.1. That Cabinet endorses the iBCF schemes (1-9) and associated expenditure outlined in paragraphs 5.4-5.20.

3. Reason for Recommendation

3.1. These proposed schemes contribute towards avoiding unnecessary admission to hospital and care homes, reducing Delayed Transfers of Care to meet the 3,5% target and support the implementation of the High Impact Change Model.

4. Other Options Considered

4.1. Do Nothing- This is clearly not an option as Social Care is under constant pressure to meet the needs of our communities both in transition and older people.

4.2. Use the money to mitigate growth- this has not been done. The money is to be used to transform services whilst at the same time dealing with current demand/pressure and support system resilience across Cheshire East.

5. Background

5.1. At the 2017-18 Government budget a total of £2.021 billion was announced as supplementary funding to the improved Better Care Fund (iBCF). This is to be distributed as £1.01 billion in 2017-18, £674 million in 2018-19 and £337 million in 2019-20 and will be given to councils in England over the next 3 years for adult social care.

5.2. The Grant allocation for Cheshire East Council for 2017/18 totals £4.7m in 2017/18. This is to be paid directly to the council under section 31 of the Local Government Act 2003 for adult social care.

5.3. The Government has made it clear that part of this funding is intended to enable local authorities to quickly provide stability and extra capacity in the local care systems. Local Authorities are therefore able to spend the money, commission care subject to the grant conditions set out in the determination. The Council can undertake this as soon as plans for spending the grant have been locally agreed with Clinical Commissioning Groups involved in agreeing the Improved Better Care Fund plan.

- 5.4. **Scheme 1** - 7 day retainer (£0. 100m) National Metric 4: Grant Condition Criteria 1/2/3/4 – Cheshire East Council have an agreement with extra care housing schemes and domiciliary care providers to pay a retainer to the care provider in order to keep the care provision open whilst the individual is absent for a period of time, for example in hospital. The retainer ensures that the individual's existing care provider is kept available for a period of up to 7 days to resume the existing care package when the person is fit or ready to return home. If the person is in hospital this should facilitate a timelier and appropriate discharge.
- 5.5. **Scheme 2** - Increased weekend capacity for social workers (£0. 159m) National Metric 2/3/4: Grant Condition Criteria 1/3/4: - Increased capacity in the Social Work Team over Bank Holidays and weekends. This is to ensure patient flow and assisting in reducing the pressure on the NHS can be maintained over a seven day period. Cheshire East will provide 2 social workers and 2 care arrangers (split between the 2 hospitals) that cover the weekends and bank holidays. Working on a 62 week year (to cover holidays etc.) that would be 124 days for the weekends and another 8 days for bank holidays giving 132 days each per year at a cost of £159k per year.
- 5.6. **Scheme 3** - Care Sourcing team- moving to 8-8 model (£0. 215m) National Metric 2/3/4: Grant Condition Criteria 1/3/4: The scheme sees the continuation of funding for the Care Sourcing Team following on from a successful 12 month pilot; the service provides a consistent approach to applying the brokerage cycle and in turn, makes best use of social worker time. The Care sourcing team undertake all aspects of the Brokerage cycle: enquiry, contact assessment, support planning, creation of support plan, brokering, putting the plan into action as well as monitor and review of the support. The service operates 8am till 2pm / 2pm till 8pm, Monday to Sunday. The Care Sourcing Team comprises of a range of employees including: team and deputy manager, admin, care sourcing officers as well as a social care assessor. This funding is to enable an 8 till 8 operation.
- 5.7. The model is fully compliant with the Care Act 2014 as it provides information and advice, prevention, assessment, review, safeguarding, carers, market management and shaping, charging, support planning, personalisation and arranging care and support.
- 5.8. **Scheme 4** - Live well (£0.106m) National Metric 1/2: Grant Condition Criteria 1/2/3 - The use of 'Live Well' Online information and advice resource: National Metric 1/2: Grant Condition Criteria 1/2/3. Cheshire East Council embarked on a programme to deliver a new online resource to the public:

Live Well Cheshire East. It is designed to give citizens greater choice and control by providing information and advice about care and support services in the region and beyond. This new digital channel went live in June, initially offering information and advice and a directory of local services in one place covering Adult, Children, Community and Public Health services. Both Clinical Commissioning Groups have expressed a desire to utilise this platform and expand the offer to create a community infrastructure that maps all existing assets for use of professional staff alongside members of the public. This will be a project under the Better Care Fund. Cheshire East will continue to maintain and update the platform at an approximate cost of approximately £106k per year.

5.9. **Scheme 5** - Funding for additional social care staff to support Discharge to Assess initiatives (iBCF) (£0.290m) National Metric 1/2/3/4: Grant condition 1/2/3 - Funding of additional staff to support the local transformation programmes Caring Together and Connecting Care in implementing a 'Discharge to assess' model. This builds on the existing initiative with Eastern Cheshire where funding is being targeted at continuing to provide a team manager, social worker and occupational therapist, plus the roll out across mid Cheshire at an approximate cost of £290k per year.

5.10. **Scheme 6** - Innovation and Transformation Fund (£0.500m) National Metric 1/2/3/4: Grant Condition Criteria 1/3/4 - In order to support the 'Caring Together' and 'Connecting Care' transformation plans. Cheshire East Council will create a fund that the NHS and partners can access to support initiatives that promote the move towards integrated working (community teams) to achieve better outcomes for the residents of Cheshire East.

5.11. This forms part of the work to implement assessment and care outside of hospital as appropriate. There is the need for a range of options and discharge destinations to ensure that wherever possible people are supported to remain at, or return to, their usual place of residence –

5.12. Home First'. iBCF funded Home First Winter Plan Services delivering these aims:

5.13. NHS Eastern Cheshire CCG Schemes

- Rapid Return Home (Overnight) Service
- Care Home Support
- Flexible non-acute bed capacity/Discharge to Assess Beds
- Increased support for community Matrons case-managing High Risk patients.

5.14. NHS South Cheshire CCG Schemes

- Increased Rapid Care Support
- Clinical Support to care Homes
- Dedicated Support for D2A Implementation

5.15. **Scheme 7** - Sustain the capacity, capability and quality within the social care market place (£4,224m) National Metric 2/3/4: Grant Condition Criteria 1/2/3/4: Cheshire East Council has a duty under Section 5 of the Care Act to promote the efficient and effective operation and sustainability of a market in services for meeting the care and support needs of individuals. There are increasing financial pressures on the social care market, for example National Living Wage, recruitment and retention issues which is resulting in a rise in care costs. Cheshire East Council is undertaking a review of fees to ensure capacity and capability in the marketplace.

5.16. The demand for care services will be significant over the next few years, and as a result of this and the need to ensure the transfers of care are undertaken in a timely manner to meet NHSE targets of 3.5%; therefore will be a requirement for investment into community resources and increases in care packages, in order to sustain and stabilise both the domiciliary care markets and care home markets. This means transforming the care and support offer to ensure Cheshire East has greater capacity and an improved range of services. It is intended that the CCGs together with Cheshire East Council jointly commission the new offer and include: discharge to assess beds, step up/step down beds, more specialist provision for complex needs and care at home services that promote quality of care under the system beds programme.

5.17. The joining up of commissioning and contracting will provide partners with an opportunity to promote and champion a single and shared view of high-quality care and support. With our partners we need to ensure that health and social care services provide people with safe, effective, compassionate, high quality care and that as partners we encourage care services to improve, this may include quality payment premiums to providers.

5.18. Funding to support stabilise the social care market includes fee uplifts for both Care at Home and Accommodation with care. As part of the commissioning process for Care at Home, bidders have been invited to submit bids between £14 to £18 per hour for each geographical patch of the Borough they opt to bid for. This approach allows for cost variations between urban and rural/hard to serve areas of the Borough to be taken into account alongside the differing business models of provider organisations. As part of

the commissioning process for Accommodation with care, a 6% increase to contract rate has been proposed.

5.19. **Scheme 8** - Electronic Call Monitoring (ECM) (£0.389m) – Care at Home (domiciliary care) is one of the largest contracted service areas that the Council commissions in the external market, with the Council currently spending in excess of £13.5 million per annum on generic Care at home services commissioned via the Council. In order to support the effective operation of the care at home this scheme will see the purchase of an ECM solution. The ECM solution will bring greater transparency to the delivery of care at home. Typical benefits realised from the implementation of ECM include increased quality within care at home services as well as increased safeguarding.

5.20. **Scheme 9** - Care home assessments at the weekend (iBCF) (0.017m) - Work has been undertaken with the care home sector to ensure that any individual who is fit for discharge over the weekend period can be assessed and returned to their care home. This will form part of our contracts with care homes. This meets the requirements of the 'High Impact Change Model' for managing Transfers of Care in particular seven day working and reducing the pressure on the NHS.

6. Implications of the Recommendations

6.1. Legal Implications

6.1.1. This is in line with the Care Act 2014, and The Better Care Fund Policy Guidance and the Local Government Act 2003 for adult social care.

6.1.2. Under Section 75 of the National Health Service Act 2006, NHS bodies may enter into arrangements with local authorities in relation to NHS functions and the health functions of local authorities.

6.1.3. S141 of the Care Act 2014 provides for the Better Care Fund Pooled Funds to be held under and governed by an overarching s75 National Health Service Act 2006 Partnership Agreement.

6.1.4. On 13 March 2018 Cabinet:

6.1.5. Approved the Council entering into agreements with NHS Eastern Cheshire Clinical Commissioning Group and NHS South Cheshire Clinical Commissioning Group for the period of one year (2018-2019);

6.1.6. Delegated authority to the Executive Director of People to decide to extend for a further period of one year (subject to there being a continuing national requirement to operate the Better Care Fund and the Improved Better Care Fund as a s75 pooled budgets agreement for that period); and

6.1.7. Delegated to the Executive Director of People to make decisions and agreements on behalf of the Council in relation to the commissioning of schemes funded by the Better Care Fund.

6.1.8. The Better Care Fund Governance Group continue oversight and responsibility for reviewing the delivery of the agreement.

6.2. Finance Implications

6.2.1. The allocation for 2017/18 for the Cheshire East Council is £4.69 million; however this is subject to performance over the next two years. In 2018/19 the Improved Better Care Fund allocation is £6.0m.

6.2.2. The Council takes responsibility for the collation and consolidation of standardised financial and reporting information for the Cheshire East Health and Wellbeing board.

6.2.3. Planned expenditure on the schemes is as follows:

Scheme	Scheme name	Amount
Scheme 1	7 day retainer	100,000
Scheme 2	Increased weekend capacity for social workers	159,000
Scheme 3	Care Sourcing team- moving to 8-8 model	215,000
Scheme 4	Live well	106,000
Scheme 5	DTOC additional staff	290,000
Scheme 6	Transformation	500,000
Scheme 7	Sustainability of market	4,224,000
Scheme 8	Electronic call monitoring	389,000
Scheme 9	Care home assessments at the weekend (iBCF)	17,000
	Total	6,000,000

6.3. Policy Implications

6.4. The ageing population in Cheshire East and associated pressures on the home care market is central to the planning behind the iBCF schemes.

6.5. Equality Implications

6.6. As the leaders for our local health and social care economy, all BCF partners in Cheshire East are conversant and compliant with the Equality Act 2010.

6.7. Human Resources Implications

6.7.1. Any impact for Cheshire East employees will be as a result of the need for greater integration in care delivery and commissioning in terms of restructures or changes to job roles. These will be dealt in accordance with the Councils policy and procedures. This could be due to a number

of factors- seven day working policy, change in terms and conditions, geographical location of staff. Any identified implication will have a full impact assessment completed and assurance that all employment legislation is adhered to.

6.8. Risk Management Implications

6.8.1. Increased pressures and demands across both the health and social care economy creating instability in the system.

6.8.2. Risk of not reducing the delayed transfers of care.

6.8.3. Risk of market failure and/or disruption due to increasing care costs.

6.8.4. Risk that all funded proposals are not approved within the NHS England framework.

6.8.5. That the strategic priorities of all partners are not met.

6.8.6. Risk that the schemes lead to an increase in the number of admissions to residential and care homes.

6.8.7. Manage the risk to the clinical commissioning groups of sustaining services where the hospital trusts face significant financial pressures.

6.8.8. There is a risk in the ability to achieve integration in the current provider landscape and there will need to be careful market management and ensuring capacity in the whole system.

6.8.9. Risk of the consequence of failing to achieve proposed changes in activity levels and a plan to mitigate these.

6.9. Rural Communities Implications

6.10. A risk identified for the rural communities is in maintaining and incentivising care and support agencies to pick up packages of care. Care agencies are reporting difficulty in the recruitment and retention of care workers specifically in the rural areas.

6.11. Implications for Children & Young People

6.11.1. There are no direct implications for children and young people. Some children and young people are classed as carers, and it is

important that these individuals are recognised and supported through the existing better care fund.

6.12. Public Health Implications

- 6.12.1. Reducing the demand for health and care services, by enabling people to enjoy a healthy and active life within their communities, is a key priority for the NHS and social care system
- 6.12.2. The Better Care Fund has been created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them integrated health and social care services, resulting in an improved experience and better quality of life.
- 6.12.3. Health and care that supports better health and wellbeing for all, and a closing of health inequalities.

7. Ward Members Affected

- 7.1. The proposal will affect all wards.

8. Consultation & Engagement

- 8.1. Consultation and engagement with CCG partners through the BCF Governance Group has taken place and will continue to take place.

9. Access to Information

- 1.1. 2017-19 Integration and Better Care Fund Policy Framework (DoH, DCLG 2017)
- 1.2. NHS Five Year Forward View (2014)
- 1.3. Next Steps on the NHS Five Year Forward View (NHS 2017)
- 1.4. Care Act (DoH 2014)
- 1.5. High impact Change Model – Managing transfers of care between hospital and home (LGA 2017).

10. Contact Information

- 10.1. Any questions relating to this report should be directed to the following officer:

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