

## **Cheshire East Health and Wellbeing Board**

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**Date of Meeting:** 25 September 2018

**Report Title:** BCF and iBCF 2018/19 Q1 Report

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

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

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### **1. Report Summary**

- 1.1. On the 20<sup>th</sup> July 2018, Cheshire East submitted the 2018/19 quarter 1 Better Care Fund and Improved Better Care Fund return. The return was signed-off by Linda Couchman, Interim Director of Adult Social Care and Health.
- 1.2. The purpose of this paper is to provide the 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 & s75 Pooled Budget
  - National Metrics
  - High Impact Change Model
  - Narrative
  - iBCF Part 1
  - Next steps

### **2. Recommendation/s**

- 2.1. The following recommendations are made, Health and Wellbeing Board is asked:
- 2.2. To note the contents of the Quarter 1 Better Care Fund and Improved Better Care Fund return contained within the following report.
- 2.3. Note the areas of improvement/ to note the areas where performance has not improved and commitment from all partners to collectively address this in the coming months.
- 2.4. To support the recommended next steps to improve performance where needed:

### 3. National conditions & s75 Pooled Budget

3.1. At the end of the quarter1 2018/19, the following national conditions were fully met in Cheshire East:

- Plans were jointly agreed
- There was a planned contribution to social care from the CCG minimum contribution; it has been agreed in line with the planning requirements.
- There is agreement to invest in NHS commissioned out of hospital services
- There is agreement on managing transfers of care
- Funds have been pooled via a s.75 pooled budget

### 4. National Metrics

4.1. The following table contains an update on the four national metrics under the Better Care Fund:

Metric	Comments	RAG rating
1. NEA - Reduction in non-elective admissions:	The plan for Q1 is 9487; the actual was 655 above this trajectory with a total of 10,142.	Red
2. Residential admissions - Rate of permanent admissions to residential care per 100,000 populations (65+):	The plan trajectory for Q1 in 2018/19 was 245.6, the actual was 151.8.	Green
3. Reablement - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services:	Total number of people discharged into intermediate care Q1 was 302, of these following 91 days the total number who were still at home was 213. This is a percentage of 70.5% against a target of 89.8%. If you discount the total number of people who couldn't be traced or who were deceased this figure increases to 81.3%	Red
4. Delayed Transfers of Care (delayed days):	Against a trajectory of 974 days of DTOCs the actual average performance in Q1 was 941	Green

### 5. High Impact Change Model

5.1. The high impact change model offers an approach to manage transfers of care. The model identifies eight system changes which will have the greatest impact on reducing delayed discharge. The following is an assessment of progress against the eight system changes.

System change	Maturity assessment Q1 18/19	Rationale to support assessment if 'Mature'
1. Early discharge planning	Mature	<p>Home First/Discharge to Assess model: short term action group set up to implement model working jointly across health and social care with joint procurement of associated assessment beds.</p> <p>BCF partners have implemented the Discharge to Assess model working not only to change the way staff assess in the hospital but also ensuring the right support is available to discharge to in particular focussing on patients returning home.</p>
2. Systems to monitor patient flow	Established	n/a
3. Multi-disciplinary /multi-agency discharge teams	Mature	Well established health and social care integrated discharge team (IDT). Work with care homes commenced to introduce the trusted assessor concept so IDT can place directly.
4. Home first/discharge to assess	Mature	<p>Referrals from wards using single assessment forms into integrated discharge team. Single Point of Access Continuing healthcare scheme in place.</p> <p>Frailty approach working on a 'Support to Assess' model which avoids admissions Funding of additional social care staff to support 'Discharge to Assess' initiatives: Social workers to support three week discharge out of community beds to ensure flow.</p>
5. Seven-day service	Mature	Frailty work across 7 days, including single point of access. Current services provided over 7 days include community nursing, intermediate care, community rehab to support falls, hospital at home, GP out of hours. People with existing care packages that are admitted to acute care, have the packages held for 7 days, Care Home Assessments at the Weekend: KPI discharge 2 patients each day Sat/Sun
6. Trusted assessors	Established	n/a
7. Focus on choice	Mature	Patients and relatives planning for discharge from point of admission. All staff understand choice and can discuss discharge proactively Voluntary sector fully integrated as part of health and social care team in acute and community
8. Enhancing health in care homes	Established	n/a

## 6. Narrative

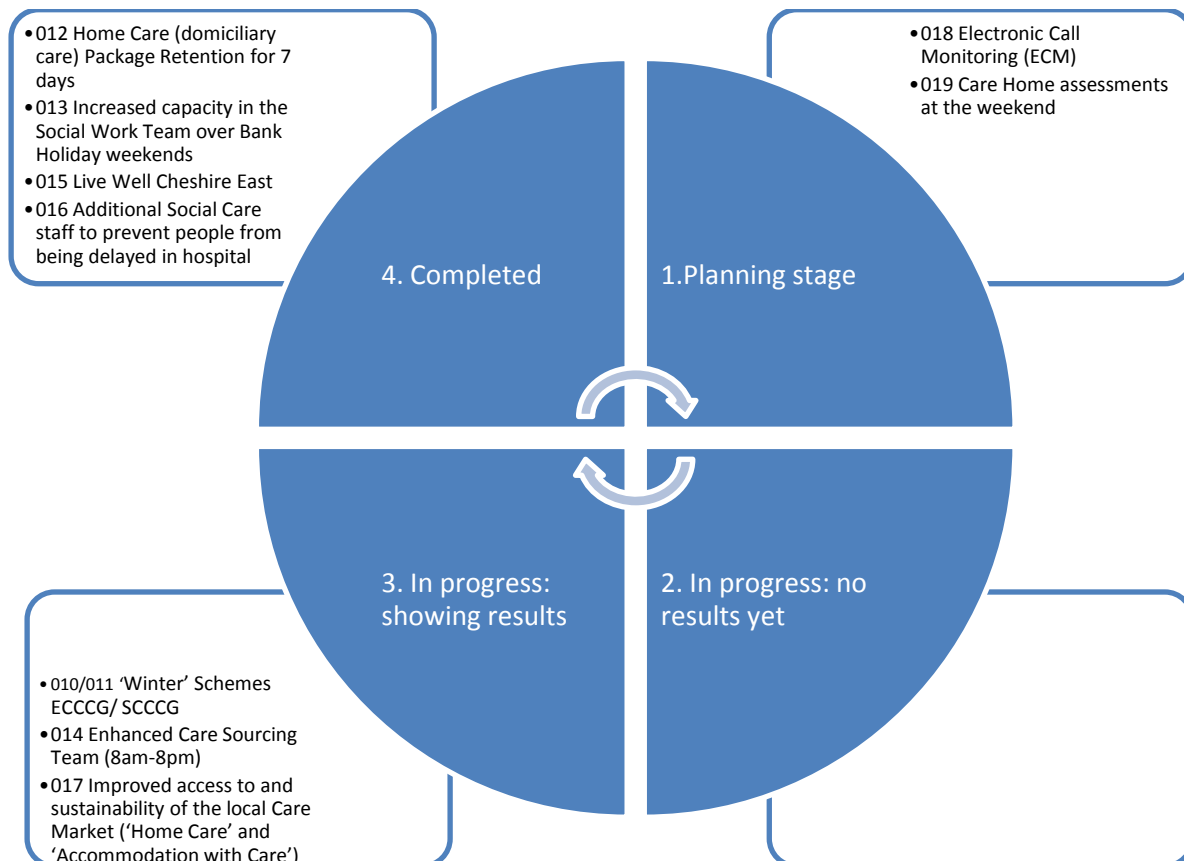
6.1. The following table shows the schemes funded by the Better Care Fund and the Improved Better Care Fund and the number of people supported:

Scheme number	Scheme name	Fund	The number of people supported
001	Assistive Technology (AT)	Better Care Fund	2358
002	British Red Cross 'Support at Home Service'	Better Care Fund	700
003	Combined Reablement Service	Better Care Fund	4468
004	Safeguarding Adults Board	Better Care Fund	n/a
005	Disabled Facilities Grant (DFG)	Better Care Fund	350
006	Carers hub	Better Care Fund	1,100
007	'Home First' Schemes ECCG	Better Care Fund	n/a
008	'Home First' Schemes SCCC	Better Care Fund	n/a
009	Programme Management and Infrastructure	Better Care Fund	n/a
010	'Winter' Schemes ECCG	Better Care Fund & Improved Better Care Fund	n/a
011	'Winter' Schemes SCCC	Better Care Fund & Improved Better Care Fund	n/a
012	Home Care (domiciliary care) Package Retention for 7 days	Improved Better Care Fund	394
013	Increased capacity in the Social Work Team over Bank Holiday weekends	Improved Better Care Fund	n/a
014	Enhanced Care Sourcing Team (8am-8pm)	Improved Better Care Fund	2100
015	Live Well Cheshire East	Improved Better Care Fund	48,000
016	Additional Social Care staff to prevent people from being delayed in hospital	Improved Better Care Fund	n/a
017	Improved access to and sustainability of the local Care Market ('Home Care' and 'Accommodation with Care')	Improved Better Care Fund	n/a
018	Electronic Call Monitoring (ECM)	Improved Better Care Fund	n/a
019	Care Home assessments at the weekend	Improved Better Care Fund	n/a

## 7. iBCF Part 1

The following diagram shows the progress to date of the schemes which are funded through the Improved Better Care Fund. The diagram is comprised of four stages:

1. Planning stage
2. In progress: no results yet
3. In progress: showing results
4. Completed



## 8. Next steps

8.1. Performance against the national metrics is variable with two metrics performing as Green (Residential admissions and Delayed Transfers of Care) and two metrics as red (Non-Elective admissions and Reablement). The following actions are recommended:

Metric	Action
1. NEA - Reduction in non-elective admissions:	A review of NEA CCG Operating Plans to take place.
2. Residential admissions - Rate of permanent admissions to residential care per 100,000 populations (65+):	In line with Care at Home, for work to be carried out with operations to validate the position with respect to the growth over the last 12 months.
3. Reablement - Proportion of older people (65 and over) who	A review of operating practice to be completed. With a regular meeting to consider data quality

	were still at home 91 days after discharge from hospital into reablement / rehabilitation services:	issues.
4.	Delayed Transfers of Care (delayed days):	An up-to-date self-assessment of 7 day working and the High Impact Change Model to assess current performance and areas for improvement.

## 9. Reasons for Recommendation/s

- 9.1. In order for the HWB to review performance of the BCF and consider future work, it would need to have the appropriate information reported to it which includes this Quarterly Performance Report.

## 10. Background

- 10.1. Following requests from local areas to combine quarterly reporting templates for the Better Care Fund (BCF) and Improved Better Care Fund (iBCF), the Ministry of Housing, Communities and Local Government (MHCLG) and the BCF's national partners have agreed to merge them into one template.
- 10.2. The primary purpose of the Better Care Fund quarterly reporting is to provide national partners with a clear and accurate account of compliance with the key requirements and conditions of the fund as set out in the Policy and the Planning Requirements. The secondary purpose is to inform policy making and the national support offer by providing a fuller insight, based on narrative feedback from systems, on local progress, issues and highlights on implementation of the BCF plans
- 10.3. In order for the HWB to review performance of the BCF and consider future work, it would need to have the appropriate information reported to it.

## 11. Implications of the Recommendations

### 11.1. Legal Implications

- 11.1.1. If an area is not compliant with any of the standard conditions of the BCF, or if the funds are not being spent in accordance with the agreed plan resulting in a risk to meeting the national conditions, the BCST, in consultation with national partners, may make a recommendation to NHS England to initiate an escalation process. Any intervention will be appropriate to the risk or issue identified. Further detail regarding this were set out in the report received by the Board on 22<sup>nd</sup> May and approved at the Cheshire East Cabinet Meeting on 12th June 2018.

### 11.2. Finance Implications

- 11.2.1. Section 151 Officers (Chief Finance Officers) in local authorities are required to certify that the additional iBCF (the 2017 Spring Budget money) is being used

exclusively on adult social care in 2018-19. The BCF funding allocations from the CCGs to the BCF will pass from NHS England to CCGs through 2017-19 allocations, and then from CCGs to pooled budgets (via s.75 agreements). Further detail regarding this were set out in the report received by the Board on 22nd May and approved at the Cheshire East Cabinet Meeting on 12<sup>th</sup> June 2018.

### **11.3. Policy Implications**

11.4. Recent Better Care Fund guidance published 18<sup>th</sup> July 2018 stated the requirement to achieve a reduction in long stay in hospitals. The ambition is for long stays in hospital to be reduced by 25%. This is to be achieved in part through the continuing focus on delivery of the local DTOC expectations; this could have a policy implication on how resources are targeted to meet this ambition.

### **11.5. Equality Implications**

11.6. All BCF partners in Cheshire East are conversant and compliant with the Equality Act 2010.

### **11.7. Human Resources Implications**

11.8. Poor performance against national metrics could see intervention and escalation process implemented which in turn could see funds directed differently, which in turn could bring with it human resource implications.

### **11.9. Risk Management Implications**

11.10. Ongoing performance monitoring and management to ensure improving performance against the national metrics.

### **11.11. Rural Communities Implications**

11.12. Where possible the national metrics are reported across Cheshire East Council footprint as well as Eastern Cheshire CCG footprint and Southern Cheshire CCG footprint. No specific impact across rural communities has been found across the national metrics.

### **11.13. Implications for Children & Young People**

11.14. 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

### **11.15. Public Health Implications**

11.15.1. 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.

11.15.2. Health and care that supports better health and wellbeing for all, and a closing of health inequalities. There are no direct implications for public health.

## **12. Ward Members Affected**

12.1. The implications will be borough wide.

## **13. Consultation & Engagement**

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

## **14. Access to Information**

14.1. The Integration and Better Care Fund Operating Guidance For 2017-19  
Published 18 July 2018

## **15. Contact Information**

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

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