

Cheshire East Health and Wellbeing Board

Date of Meeting: 24 September 2019

Report Title: Better Care Fund end of year report 2018/19

Portfolio Holder: Cllr. Laura Jeuda (Adults Social Care and Health)

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

1. Report Summary

- 1.1. To highlight the performance of the Better Care Fund including the Improved Better Care Fund in Cheshire East in 2018/19.

2. Recommendations

- 2.1. That the Health and Wellbeing Board notes the Better Care Fund programme performance in 2018/19.

3. Reasons for Recommendations

- 3.1. This end of year report forms part of the monitoring arrangements for the Better Care Fund. The report includes Better Care Fund scheme overview, patient stories, the financial income and expenditure of the plan, Better Care Fund metrics and next steps.

4. Other Options Considered

- 4.1. Not applicable.

5. Background

- 5.1. The Better Care Fund provides a mechanism for joint health and social care planning and commissioning, bringing together ring-fenced budgets from Clinical Commissioning Group allocations, the Disabled Facilities Grant and the Improved Better Care Fund.
- 5.2. Local Better Care Fund plans are subject to national conditions and guidance. Local plans are monitored through NHS England and there are strict timelines regarding submission of plans for both regional and national assurance of plans to take place.

- 5.3. National Conditions for 2017-19: In 2017-19, NHS England required that Better Care Fund plans demonstrated how the area will meet the following national conditions:
- Plans to be jointly agreed
 - NHS contribution to adult social care is maintained in line with inflation
 - Agreement to invest in NHS commissioned out-of-hospital services, which may include 7 day services and adult social care
 - Managing Transfers of Care (Delayed Transfers of Care)
- 5.4. Detailed Implementation Plans were developed as part of the 'Delivering the Better Care Fund in Cheshire East 2017-19,' which was fully assured by NHS England on 21st December 2017. The progress against the delivery of these plans are shared and monitored by the Better Care Fund Governance Board and presented to the Cheshire East Health and Wellbeing Board on a quarterly basis.

6.0 **Better Care Fund scheme overview**

- 6.1 The following patient stories highlight the difference which reablement services made to people's lives across Cheshire East. The amount of funding for reablement services provided through the Better Care Fund is £4,485m.

6.2 **Patient story 1**

6.2.1 *X had been in hospital for several months due to reduced mobility and deterioration in her ongoing Parkinson's condition. Reablement were asked to support X and work alongside intermediate care staff to try and improve X's mobility. Intermediate care supported with intense physio and reablement provided support with personal care needs. Initially, X was hoisted by two staff on each visit. Reablement worked alongside OT's, physio's, intermediate care staff and with family members during their visits to X.*

6.2.2 *Working closely with other health professionals enabled X over time to transfer at lunch and tea firstly using a stand aid and the hoist for morning and bed calls only. This reduced the need for two care workers.*

6.2.3 *At the end of Reablement X was being supported and transferred using a stand aid and was fully supported by her family who had learnt from all staff involved how to transfer correctly. This enabled X to live at home without traditional care going in and being supported at home by her family.*

6.3 **Patient story 2**

6.3.1 *Y is in her late 60's and was very much lacking in confidence and was also malnourished; she had not left her home for over 2 years. She had received a period of Mental Health Reablement involvement, but had not engaged with the services. Her Care Manager therefore requested that we visit on a daily basis, as all other avenues had been exhausted.*

6.3.2 *Because of her general nervousness, I decided on a “softly-softly” approach; that is to try and get to know her first, talking about anything but the goals that we had been set. By taking time to listen to the customer, I was able to gradually build up her confidence and she started to eat and her weight increased; she became stronger both emotionally and physically.*

6.3.3 *Also, I worked in tandem with Age UK’s “Money Matters” division regarding her well-being, during a period of stringent and painful restructuring of her finances. The customer’s finances were successfully restructured and her well-being was vastly improved.*

6.3.4 *As a result of our input, from being socially isolated, our customer started out by standing at the open front door, then graduated to going into the garden and eventually, at the end of the Reablement period, she was walking the dog and going out with her son; she also started to de-clutter and to clean the kitchen. An added bonus of these improvements was that she had an improved relationship with her son. The service user was genuinely a different person at the end of the period of Reablement than she was at the start.*

6.4 Patient story 3

6.4.1 *Z was in a very much neglected condition when Reablement went into him. He had self-neglected his personal care and his medication; his home was in a dreadful condition and he had no clean laundry. His medication was all over the place and there was no indication that he was taking it correctly. He was suffering from depression and was incontinent, especially at night time.*

6.4.2 *Z’s son does not live locally and he was struggling to get down every week to do his father’s shopping. Carers tackled the main issues first, food, medication, domestic cleaning and laundry. They worked with both Z and his son and established regular shopping arrangements. I arranged incontinence wear for Z and his son brought water proof bottom sheets and new bedding. Z’s son fitted new floor in the kitchen and brought a food trolley so that his dad could transfer from kitchen to living room. The carers ensured that the home was cleaned and laundry washed and put away.*

6.4.3 *On finishing Z wanted us to stay, as he’d got used to the carers and the company. He was a different man to when I first met him and his home was comfortable, clean and tidy.*

7.0 The financial income and expenditure of the plan

7.1 The table below shows the final outturn for 2018/19. 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 £236k underspent in respect of the

BCF and £820k underspent in respect of the IBCF, making a total of £1056k. The majority of schemes report a nil variance as the BCF investment represents a contribution towards larger costs incurred by the commissioning host, for example, being part of the NHS block contracting arrangements.

- 7.2 The main reason for the BCF underspend is a result of ongoing recruitment and retention issues within the Council's Reablement service which has been reported consistently through the financial year. The underspend has been taken forward to 2019/20 and will be re-invested into relevant BCF priorities through the appropriate governance structures. In terms of the IBCF the full impact of the fee's review undertaken to maintain ongoing sustainability and stability within the care market is still being worked through across all types of fees. The underspend has therefore been carried forward to address these financial implications which will be felt in 2019/20.

Scheme	Total BCF Expenditure	Total Variance from Budget
Assistive Technology (AT)	£757,000	0
British Red Cross 'Support at Home Service'	£219,000	£46,000
Combined Reablement Service	£4,485,000	(£233,000)
Care Act (incl. Safeguarding Adults Board)	£397,000	0
Disabled Facilities Grant (DFG)	£2,118,000	0
Carers' hub	£708,000	(£81,000)
'Home First' Schemes ECCG	£8,592,000	0
'Home First' Schemes SCCC	£7,624,000	0
Programme Management and Infrastructure	£212,000	£32,000
'Winter' Schemes ECCG	£260,000	0
'Winter' Schemes SCCC	£240,000	0
Home Care (domiciliary care) Package Retention for 7 days	£100,000	0
Increased capacity in the Social Work Team over Bank Holiday weekends	£159,000	0
Enhanced Care Sourcing Team (8am-8pm)	£215,000	£22,000
Live Well Cheshire East	£106,000	(£96,000)
Additional Social Care staff to prevent people from being delayed in hospital	£290,000	0
Improved access to and sustainability of the local Care Market ('Home Care' and 'Accommodation with Care')	£4,210,000	(£729,000)
Electronic Call Monitoring (ECM)	£389,000	0
Care Home assessments at the weekend	£17,000	(£17,000)
Demand capacity work	£38,000	0
End of Life Partnership Website/ e-Paige	£20,000	0

Total	£31,156,000	(£1,056,000)
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7.3 **Better Care Fund metrics**

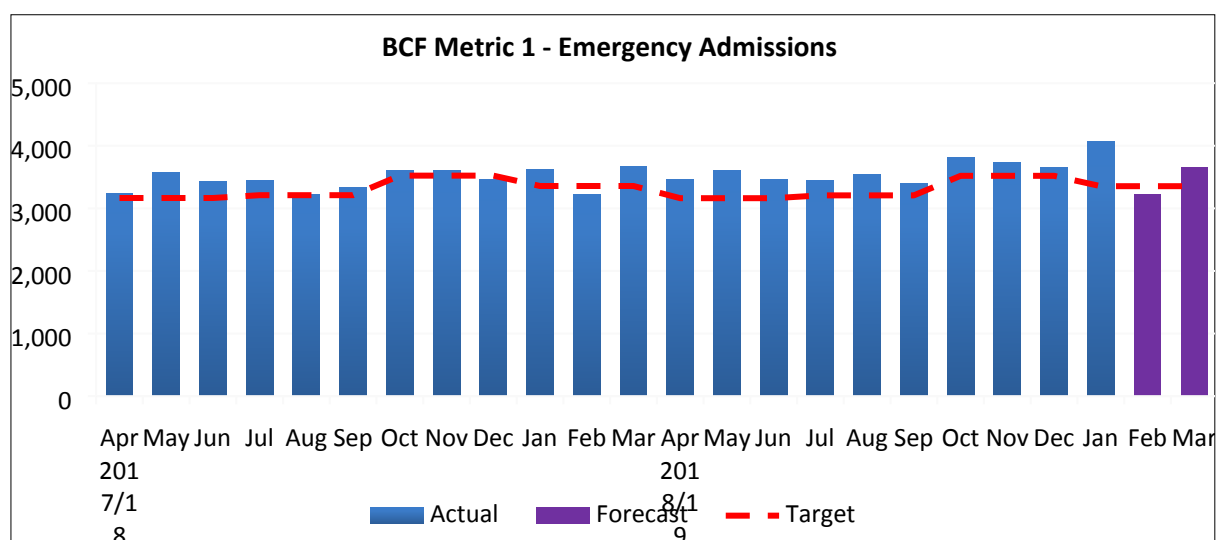
7.4 The BCF policy framework establishes the national metrics for measuring progress of integration through the BCF. Information on all four metrics is collected nationally. In summary these are:

- a. Non-elective admissions (General and Acute);
- b. Admissions to residential and care homes
- c. Effectiveness of Reablement; and
- d. Delayed transfers of care;

7.5 The following graphs show the performance across the Cheshire East HWB footprint against the national metrics for both 2017/18 and 2018/19.

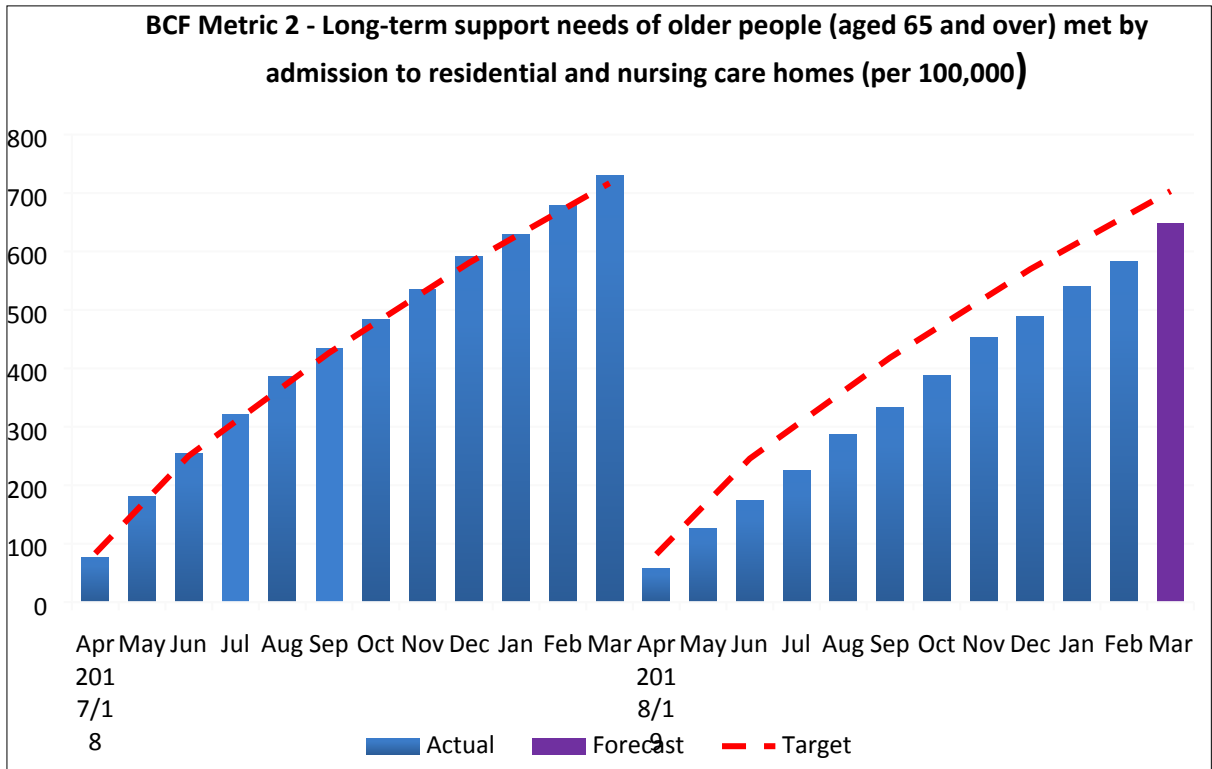
7.6 **Graph 1 - Non-elective admissions (General and Acute); 2017/18 vs 2018/19**

During Quarter 3 we saw a rise of 5.6% in Non-Elective Admissions; this is compared against a national average increase of 6%.



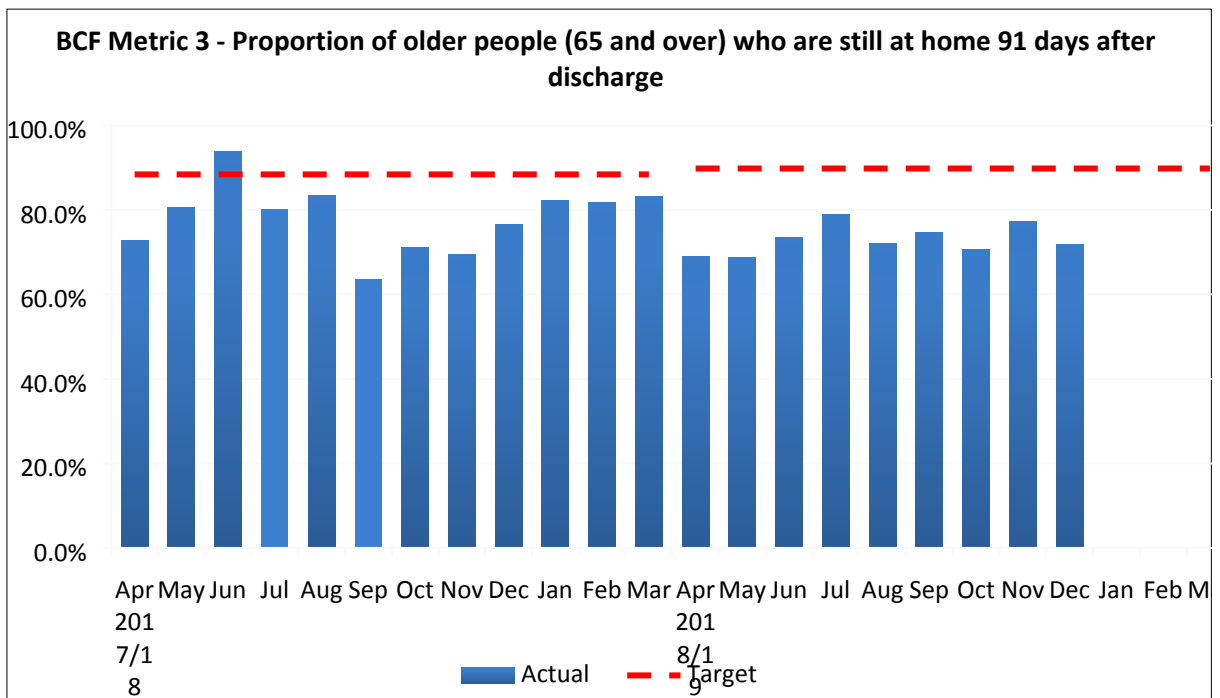
7.7 **Graph 2 - Admissions to residential and care homes; 2017/18 vs 2018/19**

7.8 Performance throughout the year has been lower than forecast as shown in the graph.



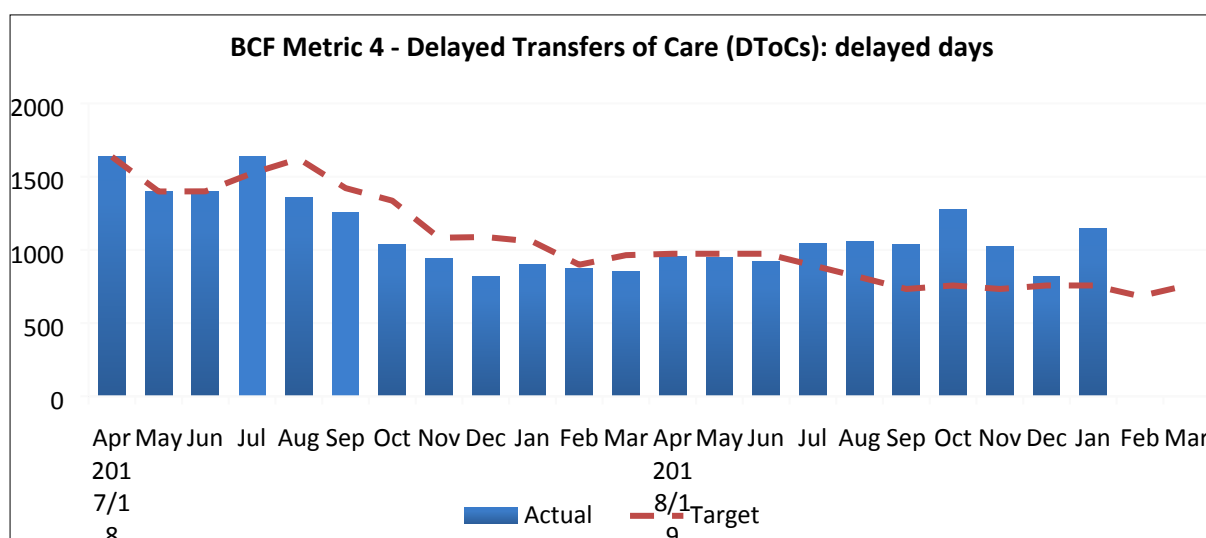
7.9 Graph 3 - Effectiveness of Reablement; 2017/18 vs 2018/19

7.10 Quarter 3 performances is below the national target, supplementary information collected shows a higher proportion of service users are from the 85+ cohort (53%) than those in seen in the national average performance (45%). Further work is required to understand whether the services should be re-focused to provide reablement for younger cohorts of service users/patients.



7.11 Graph 4 - Delayed transfers of care; 2017/18 vs 2018/19

- 7.12 Significant progress has been made to reduce DTOC in the two years since the last review (June 2017) with monthly DTOC's reducing from approximately 2,000 days per month to approximately 1,000 days per month. However further effort and focus is required to reduce this further. Operational meetings between assessment and care management as well as care sourcing have been held to reduce waiting lists and delays experienced by people awaiting a care package in their own home. In addition a number of winter funding schemes are being deployed which have the aim of reducing Delayed Transfers of Care. We have also held a number of strategic meetings to further reduce delays, these have identified that we need to establish processes for hospitals outside of Cheshire to sign-off on DTOC data which relates to the Cheshire East HWB footprint.



7.13 Next steps

- 7.14 The 2019-20 Better Care Fund Policy Framework has been published; the plan for 2019/20 has been in development for a number of months and will continue to focus on meeting the national conditions for Better Care Fund as well as ensuring effective performance against the Better Care Fund national metrics for 2019/20.

8.0 Implications of the Recommendations

8.1 Legal Implications

- 8.1.1 The Care Act 2014 (s. 121) amended the National Health Service Act 2006 to provide the legislative basis for the BCF. It allows for the Mandate to NHS England to include specific requirements to instruct NHS England over the BCF, and NHS England to direct Clinical Commissioning Groups to pool the necessary funding.
- 8.1.2 The BCF requires every clinical commissioning group ("CCG") to hold a pooled budget with a local authority and agree a joint plan to commission

services which are more joined up and person centred. Section 75 of the National Health Service Act 2006 provides the legislative basis to allow NHS bodies to enter into arrangements with local authorities in relation to NHS functions and the health functions of local authorities.

8.1.3 NHS England also set the following requirements, which local areas need to meet to access the CCG elements of the funding:

- A requirement that the BCF is transferred into one or more pooled funds established under section 75 of the NHS Act 2006; and
- A requirement that Health and Wellbeing Boards jointly agree plans for how the money will be spent, with plans signed-off by the relevant local authority and Clinical Commissioning Group(s).
- The Better Care Fund Governance Group continues to have oversight and responsibility for reviewing the delivery of the agreement.

8.2 Finance Implications

8.2.1 Financial implications are stated in the body of the report.

8.3 Policy Implications

8.3.1 The ageing population in Cheshire East and associated pressures on the home care market is central to the planning behind the iBCF schemes and core Better Care Fund schemes which have been developed for Cheshire East Better Care Fund.

8.4 Equality Implications

8.4.1 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.

8.5 Human Resources Implications

8.5.1 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 Council's 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.

8.6 Risk Management Implications

8.6.1 Risk of the consequence of failing to achieve proposed changes in activity levels and a plan to mitigate these with respect to the BCF in 2018-19.

8.7 Rural Communities Implications

8.7.1 There are no direct implications for rural communities.

8.8 Implications for Children & Young People/Cared for Children

8.8.1 There are no direct implications for children and young people.

8.9 Public Health Implications

8.9.1 There are no direct implications for public health.

8.10 Climate Change Implications

8.10.1 One of the key aims of the national Better Care Fund is to bring about closer integration between health and social care services, this means coordinating services around the needs of individuals and populations, this will ensure that duplication of effort and services is reduced which in turn would see a reduced carbon footprint.

9.0 Ward Members Affected

9.1.1 The implications are borough wide.

10.0 Consultation & Engagement

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

11.0 Access to Information

11.1.1 2017-19 Integration and Better Care Fund Policy Framework (DoH, DCLG 2017)

11.1.2 Delivering the Better Care Fund in Cheshire East 2017-19

11.1.3 Integration and Better Care Fund planning requirements for 2017-19

12.0 Contact Information

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

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