CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	Better Care Fund Quarter 2 Update
Date of meeting:	28/01/2020
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Health & Wellbeing Board Lead:	Cllr. Laura Jeuda (Adults Social Care and Health)

Executive Summary

Is this report for:	Information ☐	Discussion ☐	Decision x
Why is the report being brought to the board?	The purpose of this paper is to provide the Health & Wellbeing Board (HWB) with a summary of progress made during Quarter 2 2019//20 of the Better Care Fund.		
Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?	Starting and Developing Well ☐ Living and Working Well ☐ Ageing Well x All of the above ☐		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness ☐ Accessibility ☐ Integration ☐ Quality ☐ Sustainability ☐ Safeguarding ☐ All of the above x		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	The Health and Wellbeing Board (HWB) is asked to note the progress made during quarter 2.		
Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	The following report has separately been distributed to the Better Care Fund Governance Group.		

Has public, service user, patient feedback/consultation informed the recommendations of this report?	No
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	N/A

1 Report Summary

1.1 The purpose of this paper is to provide the Health & Wellbeing Board (HWB) with a summary of progress made during Quarter 2. A range of activities have taken place over the course of quarter 2 which includes the production and deployment of a winter plan, the commissioning of two interim trusted assessor services and the establishment of task and finish groups to provide greater focus on reducing delayed transfers of care which are attributable to social care.

2 Recommendations

2.1 The Board is asked to note Better Care Fund performance in Quarter 2 2019/20.

3 Reasons for Recommendations

3.1 The Cheshire East Health and Wellbeing Board is central to the Governance of the BCF, this report and recommendations form part of this ongoing governance.

4 Impact on Health and Wellbeing Strategy Priorities

4.1 This report supports the Health and Wellbeing Priority of Ageing Well.

5 Background and Options

5.1 The following sections aim to describe: the progress made during quarter 2, the performance information used to judge effectiveness, the expected planned performance and explain the actual performance.

5.2 **Programme progress during Quarter 2**

5.2.1 As part of the Cheshire East BCF programme 21 schemes were included for 2019/20. These are a combination of BCF and iBCF funded elements and winter pressures schemes. The council along with partners undertook a number of activities in Quarter 2 and Quarter 3 to ensure effective metric performance, these activities included: producing and implementing winter plan, commissioning interim trusted assessor services and establishing a number of task and finish groups

5.2.2 The council has developed a winter plan; the plan has a particular focus on delayed transfers of care which are attributable to social care. The schemes have been selected to reflect those specific areas and causes of delays (assessment completion, awaiting residential home placement, awaiting nursing home placement and awaiting care package in own home). The schemes which are included within the plan include:

001 Assessment and care management to support winter schemes - a dedicated social worker (x1) and dedicated social care assistants (x2) are being deployed to provide additional assessment and care management capacity to support a range of winter schemes. The workers will work across the following schemes: rapid response (002), homecare coverage (003), and block booked beds (005), spot purchase beds (006) and Reablement (Better Care Fund scheme).

002 Rapid Response - the Rapid Response service will facilitate the safe and effective discharge of service users from hospital who have been declared as medically fit for discharge but who may have still have care needs that can be met in the service users own home.   The service will seek to prevent readmission to hospital by ensuring wrap around services are in place in the first 48 hours following hospital discharge. The service will also provide support to service users with complex health needs and end of life support needs.

003 Homecare coverage - due to the geography of Cheshire East is it often difficult to source care at home services for people living in rural areas. This increases their risk of hospital admissions and can result in people being placed in short term residential care or requiring in house Reablement services reducing capacity of these services for people who are medically fit for Hospital Discharge. The Council is offering, at its discretion, an enhanced payment to Prime and Framework care providers of up to £2 on their tendered price for people living in designated rural areas only where it has proven difficult to source care.

004 Social worker (Station House) - this scheme would see an additional social worker (x1) deployed to provide additional assessment and care management capacity to support the discharge to assess beds at Station House in Crewe.

005 Block booked beds - In order to facilitate hospital discharges and prevent unnecessary hospital admissions, 10 beds in the community have been commissioned. Providing residential and residential dementia beds to support winter pressures to facilitate the timely discharge of residents from hospital.

006 Additional Winter Pressure beds - winter pressure funds will be used to purchase additional nursing and residential care home beds as and when needed to facilitate timely hospital discharges and prevent unnecessary hospital admissions. These beds will purchased from care home providers who have successfully applied to the joint Council/CCG Accommodation with Care Dynamic Purchasing System Framework.

5.3 The plan has been developed in conjunction with commissioning and operational colleagues, the Better Care Fund Governance group approved the winter plan.

5.4 **Commissioning interim trusted assessor services**

5.4.1 Two interim trusted assessment services have been commissioned in conjunction with health partners to add additional capacity within the hospital setting to undertake assessments on behalf of nursing and residential care providers to help reduce delays associated with residential/nursing home placements.

5.5 **Establishing a number of task and finish groups with a focus on reducing delayed transfers of care**

5.5.1 We have established a strategic delayed transfer of care group with the aim of reducing

5.5.2 strategic issues which contribute to delayed transfers of care which are attributable to social care. This group is comprised of staff from commissioning as well as operations. It has focused on establishing appropriate processes and sign-off procedures for delayed transfers of care occurring outside of Cheshire East amongst other things. In addition to this we have established a task and finish group to review the waiting list of service users who have been reviewed for a package of care. The aim of this group has been to reduce the wait from referral to package commencement.

5.6 **Performance information**

5.6.1 The performance recorded presents the totality of health and social care performance for the Cheshire East Health and Wellbeing footprint area A breakdown of performance against these four metrics is shown in the main body of the report. In order to further improve performance a continued focus on the metrics has been built into the forward plan for the Better Care Fund Governance Group.

5.6.2 In addition to this each scheme which comprises the BCF/iBCF in Cheshire East has a scheme descriptor which describes what the scheme is, what its due to achieve and in turn how this will impact on the four metrics outlined previously.

5.6.3 New nationally set targets have been introduced for the Delayed Transfers of Care (DTOC). The DTOC target for Cheshire East will be 733 and within this 498 delayed days will be attributable to the NHS and 235 delayed days will be attributable to Social Care. On a daily basis the DTOC expectation is that there will be a total of 24 delayed days, this is made up of 17 delayed days attributable to the NHS and 8 days attributable to Social Care.

5.6.4 There was also a new national ambition to reduce bed occupancy by reducing the number of long stay patients (and long stay bed days) in acute hospitals by 25%. The baseline accompanying the new target sets out that that beds occupied with long stay patients in Cheshire East was 165 , the ambition set which is the maximum number of beds to be occupied with long stay patients would be 122, this represents a local long stay reduction of 26.2%. As yet local information relating to actual performance hasn't been accessible from the Social Care Dashboard.

5.7 **Expected planned performance**

5.7.1   The following tables provide an overview of the expected monthly performance of the Better Care Fund in relation to the key metrics, definitions of key metrics are shown in Appendix   one and Appendix two shows local performance in relation to the region and nationally, the Better Care Fund metrics cover the following areas:

• Delayed transfers of care
• Residential admissions
• Reablement
• Non-elective admissions

A summary of performance is as follows:

• Delayed transfers of care - Delayed transfers of care in September 2019 were 11.1% higher than delayed transfers of care in 2018. This is seen against a rise of 16.7% in the North West region. To improve performance partners have implemented winter plans with a number of schemes aimed at improving delayed transfer of care performance.
• Residential admissions - the number of residential admissions in quarter 2 (319.6) were lower than the planned admissions of 325.2. This actual performance was lower than the planned performance for the region.
• Reablement - the % of service users still at home 91 days following Reablement in quarter 2 was 75.6% against a plan of 77.5%. The Reablement service is being re-focused to target a greater proportion of hospital discharges and the eligibility criteria are being reviewed to improve performance.
• Non-elective admissions - The plan for quarter 2 performance was 22,417 admissions the actual performance was 23,151. We have a number of schemes aimed at reducing non elective admissions; we also have a number of projects which we are piloting in care homes these include: trial of an app in care homes to reduce falls, information and advice for care homes, the use and adoption of a nursing and residential triage tool.

BCF Measures	Summary of performance	Actions next steps
Delayed Transfers of Care - Rate per 100,000 popn aged 18+	In Cheshire East, DTOC beds in September 2019 were 11.1% higher than at September 2018 (+59.6% for social care; and -1.0% for NHS delays). At September 2019, in Cheshire East, the top 3 reasons for all delays were: Awaiting care package in own home (30.4%); Awaiting further non-acute NHS care (23.4%); and Awaiting nursing home placement or availability (19.2%)	In Cheshire East partner's implemented winter plans a key focus of which was to reduce Delayed transfers of care. As part of the Cheshire East efforts to reduce DTOC a rapid response service is due to be in place from 1/10/2019, this will provide packages for between 600-969 people, if each of these packages conservatively reduces the delays associated with awaiting a care package in own home by at least one day, then the total number of delays associated with this reason would reduce from 2013 to between 1044-1413. This would reduce the monthly delay from the average of 167.75 to 87-118. It should be noted that this is the planned performance and the actual performance will be tracked.
Residential admissions - Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes (per 100,000)	The plan for quarter 2 was 325.2 admissions the actual performance was 319.6 admissions this represents actual performance which was 1.7% lower than plan. The Cheshire East estimated 2019/20 end year position is 639.2 admissions.	In 2018/19 Cheshire East saw reducing rates of admission to residential and nursing homes for people over the age of 65. More recently the homecare service has been re-commissioned we also have a number of homefirst schemes as well as extracare provision. The target set locally is based on a number of admissions in the year rather than a rate. 18/19 actual performance was considerably lower than the plan figure.
Reablement - Proportion of older people (65 and over) who are still at home 91 days after discharge	The data for this performance measure is submitted at year-end. This performance measure looks at the effectiveness of Reablement services. The measure looks at the % of Reablement service users who remain at home following a package of Reablement. The plan for 2019/20 performance of 83.3% at Q2 the actual performance achieved was 77.5% this compares against actual	In order to meet the Reablement performance metric two activities are going to be undertaken: 1.The Reablement service will be re-focused to increase the number of referrals accepted from hospital discharge and 2. The eligibility criteria will be reviewed to re-target the service as those best placed to benefit from a spell of Reablement. The service will focus on

	performance of 75.6% in 2018/19. Of the service users accessing the service 52.5% were aged 85+ years old.	referrals from hospital discharge as opposed to those in the community; eligibility will include a requirement that the service user has the potential benefit from Reablement, a number of service users have not completed homecare Reablement as a result of unfortunately passing away or being admitted into residential care. In line with research the service will be more focused on accepting 75% of referrals from the hospital, this would see the number of Reablement packages accepted from hospital discharge increasing. Currently the service is made up of approximately 80% of referrals from the community and 20% of referrals from the hospital. Secondly the eligibility criteria for the service will be reviewed, it is hoped that the number of people not completing a Reablement package (approximately 22.2%) will be reduced to national benchmarks of those not completing a Reablement episode 10%. This change will bring about a 12.2% increase in the number of people completing a Reablement package. These two changes will bring about improved numerator and the denominator performance which form part of the metric.
Non-elective admissions - Emergency Admissions (All Age Groups)	The plan for quarter 2 performance was 22,417 admissions the actual performance was 23,151* this represents a 3.3% increase. This 3.3% increase can be seen against national increases of 6%. * Combined figures for Eastern Cheshire CCG and South Cheshire CCG	As part of our plan we have 19 schemes which cover a number of funding streams (winter, bcf, ibcf) of these 19 schemes 14 of them will have an impact on Non Elective Admission data. A number of the schemes seek to ensure that where possible individuals are helped to remain as independent as possible and in their own homes. In addition to this a number of the schemes can be characterised as assisting with market

		management and ensuring that demand for services can be dealt with in as efficient manner as possible. We have a number of services such as combined Reablement and British Red Cross which seeks to provide 'step up' and 'step down' support to individuals in the community and from hospital discharge. We are piloting in care homes these include: trial of an app in care homes to reduce falls, information and advice for care homes, the use and adoption of a nursing and residential triage tool.

5.8 **Next steps**

5.8.1 The BCF programme will continue to improve performance of both individual schemes and performance of against the national metrics.

6   Access to Information

6.1 The background papers relating to this report can be inspected by contacting the report writer:

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Appendix one – definitions of key metrics

Delayed transfers of care

- Description: Delayed transfers of care from hospital per 100,000 population

- Data definition: Total number of DToCs (delayed days) per 100,000 population (attributable to either NHS, social care or both)* A DToC occurs when a patient is ready for transfer from a hospital bed, but is still occupying such a bed. A patient is ready for transfer when:

    - a clinical decision has been made that the patient is ready for transfer AND
    - a multi-disciplinary team decision has been made that the patient is ready for transfer AND
    - the patient is safe to discharge/transfer.

- Rationale: This is an important marker of the effective joint working of local partners, and is a measure of the effectiveness of the interface between health and social care services. Minimising delayed transfers of care (DToCs) and enabling people to live independently at home is one of the desired outcomes of social care. The DToC metric reflects the system wide rate of delayed transfers and activity to address it will involve efforts within and outside of the BCF.

- Outcome sought: Effective joint working of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults.

Residential admissions

- Description: Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population

- Data definition: Annual rate of older people whose long-term support needs are best met by admission to residential and nursing care homes.

- Rationale: Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency, and the inclusion of this measure in the framework supports local health and social care services to work together to reduce avoidable admissions. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care. However, it is acknowledged that for some client groups that admission to residential or nursing care homes can represent an improvement in their situation.

- Outcome sought: Reducing inappropriate admissions of older people (65+) in to residential care

Reablement

- Description: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into Reablement / rehabilitation services

- Data definition: The proportion of older people aged 65 and over discharged from hospital to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting), who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital.

- Rationale: Improving the effectiveness of these services is a good measure of delaying dependency, and the inclusion of this measure in the scheme supports local health and social care services to work together to reduce avoidable admissions. Ensuring that the rate at which these services are offered is also maintained or increased also supports this goal.

- Outcome sought: Increase in effectiveness of these services whilst ensuring that those offered service does not decrease.

Non-elective admissions

- Description: Total number of specific acute (replaces General & Acute) non-elective spells per 100,000 population.

- Data definition: A Non-Elective Admission is one that has not been arranged in advance. Specific Acute Non-Elective Admissions may be an emergency admission or a transfer from a Hospital Bed in another Health Care Provider other than in an emergency.

- Rationale: Effective prevention and risk management of vulnerable people through effective, integrated Out-of-Hospital services will improve outcomes for people with care needs and reduce costs by avoiding preventable acute interventions and keeping people in non-acute settings.

- Outcome sought: A reduction in the number of unplanned acute admissions to hospital.

Appendix two - BCF Metrics – National, Regional and Local Data Context for Quarter 2 (2019/20) Report

BCF metric	National context	Regional context	Local context
Delayed Transfers of Care - Rate per 100,000 popn aged 18	Nationally, DTOC beds in September 2019 were 3.3% higher than at September 2018 (+5.2% for social care; and –1.1% for NHS). At September 2019, nationally, the top 3 reasons for all delays were: Awaiting care package in own home (21.4%); Awaiting further non-acute NHS care (16.5%); and Awaiting nursing home placement or availability (13.2%) At September 2019, nationally, the top 3 reasons for NHS delays were awaiting further non-acute NHS care (27.6%); Patient/family choice (18.9%); and Awaiting nursing home placement or availability (11.5%) At September 2019, nationally, the top 3 reasons for Social Care delays were awaiting care package in own home (34.0%); Awaiting residential home placement or availability (24.2%); and Awaiting completion of assessment (17.7%)	In the North West region, DTOC beds in September 2019 were 16.7% higher than at September 2018 (+23.3% for social care; and +11.7% for NHS). At September 2019, regionally, the top 3 reasons for all delays were awaiting care package in own home (20.7%); Awaiting completion of assessment (17.8%); and Awaiting further non-acute NHS care (14.5%) At September 2019, regionally, the top 3 reasons for NHS delays were awaiting further non-acute NHS care (27.7%); Patient/family choice (16.7%); and Awaiting nursing home placement or availability (15.5%) At September 2019, regionally, the top 3 reasons for Social Care delays were awaiting care package in own home (37.6%); Awaiting completion of assessment (25.3%); and Awaiting residential home placement or availability (14.2%)	In Cheshire East, DTOC beds in September 2019 were 11.1% higher than at September 2018 (+59.6% for social care; and -1.0% for NHS delays). At September 2019, in Cheshire East, the top 3 reasons for all delays were: Awaiting care package in own home (30.4%); Awaiting further non-acute NHS care (23.4%); and Awaiting nursing home placement or availability (19.2%) At September 2019, in Cheshire East, the top 3 reasons for NHS delays were: Awaiting further non-acute NHS care (37.4%); Awaiting nursing home placement or availability (23.3%); and Awaiting care package in own home (11.0%) At September 2019, in Cheshire East, the top 3 reasons for Social Care delays were: Awaiting care package in own home (62.7%); Awaiting residential home placement or availability (21.7%); and Awaiting nursing home placement or availability (12.4%)
Residential admissions - Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes (per 100,000)	In 2018/19, the year-end rate nationally was 580.0	In 2018/19, the year-end rate for the North West region was 723.5	Qtr 2: 319.6 Qtr 2 Plan: 325.2 -1.7% Cheshire East estimated 2019/20 end year position is 639.2

BCF metric	National context	Regional context	Local context
Reablement - Proportion of older people (65 and over) who are still at home 91 days after discharge	National data is only collected annually and not in-year. Please note that national performance is only measured for those people who were discharged from hospital between 1st October and 31st December. The national percentage achieved in 2018/19 was 82.4%. For the 85+ age group it was 80.0%. 44.6% of the cohort for this measure, nationally, was aged 85+.	National data is only collected annually and not in-year. Please note that national performance is only measured for those people who were discharged from hospital between 1st October and 31st December. The regional percentage achieved in 2018/19 was 84.0%. For the 85+ age group it was 81.5%. 41.5% of the cohort for this measure, regionally, was aged 85+.	Please note that local performance for 2018/19, quoted in brackets, is measured as per the timeframe for the national data. Qtr 2 2019/20 percentage achieved is 77.5% (75.6% in 2018/19). At Qtr 2, for the 85+ age group it was 65.3% (69.6% in 2018/19). 52.5% of the cohort for this measure, in Cheshire East, was aged 85+.
Non-elective admissions - Emergency Admissions (All Age Groups)	Non-elective admissions for year to date at September 2019 increased by 3.8% compared to September 2018	Commissioners in the NHS North West region saw non-elective admissions for year to date at September 2019 increase by 6.9% compared to year to date at September 2018. Within the NHS North West region, the year to date change at September 2019 compared to September 2018 was: Cheshire and Merseyside: +4.1% Greater Manchester: -0.9% Lancashire and South Cumbria: +35.4%	Non-elective admissions for YTD at September 2019 increased by 6.0% compared to year to date at September 2018 Qtr 2: 23,151* Qtr 2 Plan: 22,417* +3.3% * Combined figures for Eastern Cheshire CCG and South Cheshire CCG