

CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	Better Care Fund Plan 2021-22
Date of meeting:	23/11/2021
Written by:	Alex Jones
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Health & Wellbeing Board Lead:	Jill Broomhall Director of Adult Social Care

Executive Summary

Is this report for:	Information <input type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input type="checkbox"/>
Why is the report being brought to the board?	This report describes the areas of activity and the proposed expenditure for the Better Care Fund covering Cheshire in 2021/22. 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 in Cheshire East.		
Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?	Creating a place that supports health and wellbeing for everyone living in Cheshire East <input type="checkbox"/> Improving the mental health and wellbeing of people living and working in Cheshire East <input type="checkbox"/> Enable more people to live well for longer x All of the above <input type="checkbox"/>		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness <input type="checkbox"/> Accessibility <input type="checkbox"/> Integration <input type="checkbox"/> Quality <input type="checkbox"/> Sustainability <input type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above x		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	That the Health and Wellbeing Board notes and endorses the BCF schemes and associated expenditure which is outlined in this report.		

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 This report describes the areas of activity and the proposed expenditure for the Better Care Fund covering Cheshire East in 2021/22. 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 in Cheshire East. The report also provides an update on the impact that COVID-19 has had on existing schemes and plans to implement a number of 7 day working projects.

2 Recommendations

- 2.1 That Health and Wellbeing Board endorses the BCF schemes (1-33) and associated expenditure which is outlined in paragraphs 5.11-5.94 of this report.

3 Reasons for Recommendations

- 3.1 For 2021-22, there continue to be four National Conditions, in line with previous iterations of the Better Care Fund policy framework, one of these conditions is that plans are jointly agreed. The Better Care Fund governance group which is responsible for the oversight and the delivery of schemes has agreed the proposals noted in this report.

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 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 funding paid directly to local government for adult social care services – the Improved Better Care Fund. Since 2015, the Government's aims around integrating health, social care and housing, through the Better Care Fund (BCF), have played a key role in the journey towards person-centred integrated care. This is because these aims have provided a context in which the NHS and local authorities work together, as equal partners, with shared objectives.

5.2 Local BCF plans are subject to national conditions and guidance. At the time of writing the BCF planning and policy guidance for 2021/22 hasn't been released, historically there have been four National Conditions:

- Plans to be jointly agreed
- NHS contribution to adult social care to be maintained in line with the uplift to CCG Minimum Contribution
- Agreement to invest in NHS commissioned out-of-hospital services, which may include 7-day services and adult social care
- Managing Transfers of Care: A clear plan for improved integrated services at the interface between health and social care that reduces Delayed Transfers of Care (DToC).

5.3 Beyond this, areas had flexibility in how the Fund was spent over health, care and housing schemes or services.

5.4 **Better Care Fund metrics**

5.5 Better Care Fund guidance noted that for the period 2020 to 2021 Health and Wellbeing Board areas are not expected to submit local trajectories for the BCF national metrics but should consider working as a system to make progress against them. As a result of the pandemic a number of the Better Care Fund metrics for quarter one were suspended. There are four Better Care Fund metrics which are as follows:

5.6 Non-elective admissions – for the period of 2021 to 2022 a published target for Non-elective admissions hasn't been released.

5.7 Permanent residential and nursing admissions – as a result of population figure changes the rate is lower for 2021/22 than compared to 2020/21.

5.8 Reablement /Rehabilitation – due to incomplete data a target for 2021/22 hasn't been set.

5.9 Delayed transfers of care – the collection of delayed transfers of care information was suspended as a result of COVID-19. A published target for 2021/22 hasn't been released.

5.10 **Overview of schemes and spending for 2021/22**

5.11 **Improved Better Care Fund & Winter pressures**

5.12 **Scheme 1 - Block booked beds £363,297**

- 5.13 Direct award of short-term contracts for 8 winter pressure beds to support Covid-19 pressures, winter pressures, supporting hospital discharges or preventing admission. The rationale for completing a direct award was as follows: an anticipated second wave of Covid-19, non Covid-19 related elective surgery and procedures which were cancelled/postponed are currently being reinstated in hospitals which will increase demand, residents have avoided accessing primary care services and we anticipate a surge in demand on these beds due to people's conditions deteriorating due to lack of treatment, we are now seeing the demand on A & E services in our hospitals rapidly increasing, Covid-19 is likely to be with us for the foreseeable future, we will need to access these beds to prevent hospital admissions as well as support hospital discharges and Care home providers do not have available capacity and would not be inclined to complete a standard tendering process due to the short term nature of these contracts during normal circumstances. We know the enormous pressures that care homes are under at present due to Covid-19, therefore, there is an even great need to award these contracts via a direct award.
- 5.14 **Scheme 2 - Spot purchase beds £520,463**
- 5.15 In order to facilitate hospital discharges and prevent unnecessary hospital admissions spot purchase care home beds are deployed.
- 5.16 All current long-term provision is commissioned on a 'spot purchase' basis. Providers are signed up to standard terms and conditions called a 'Pre Placement Agreement' and receive individual placement agreements for each resident placed by Cheshire East Council. The accommodation with care market in Cheshire East is composed of a good mix of small and medium sized providers (SMEs) as well as a number of large, national organisations.
- 5.17 **Scheme 3 - Care at Home Hospital Retainer £40,000**
- 5.18 Since the implementation of the new Care at Home contract in November 2018 the Council does not pay a retainer fee for the first 7 days for hospital admission or respite; however, the provider is contractually obligated to hold open the care packages for this time. In order to assist with service continuity there may be instances upon agreement from the Contracts Manager where a retainer fee will be paid for up to the following 7 days. (i.e. day 8 to 14). In certain circumstances there may be cases where a Service User is only a few days from being discharged from hospital and so to support a smooth transition a retainer fee may be paid for a nominal number of days. This is only in exceptional cases and needs authorising in partnership with Contracts and Operational Locality Managers.
- 5.19 **Scheme 4 - Rapid response £797,473**
- 5.20 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 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 at a level.

Through the provision of 7 day working, the service will ensure a timely response to hospital discharge to reduce delayed transfers of care and create capacity and throughput for non-elective admissions.

5.21 Scheme 5 - Social worker support £112,000

5.22 Social Worker (x1) dedicated to the Discharge to assess beds at Station House, Crewe. Social Care Assistants (x2) additional assessment and care management capacity to support the revised processes around hospital discharge using reablement exclusively for this purpose (East locality).

5.23 Scheme 6 - Cheshire East People Helping People £0

5.24 We recognise this is still a challenging time for everyone, so we want to continue to help local people to support one another by harnessing and supporting the fantastic work already being done in communities across the borough. We are working collaboratively with our partners and local volunteers to channel community-based support to meet the needs of our residents who find themselves isolated without family, friends or a support network. Our service is delivered for the local community, by the local community, with options including:

- Telephone support, advice and reassurance
- Signposting to local and national services equipped to meet specific support needs
- Access to essential food and medical supplies
- Access to priority online shopping slots
- A regular friendly phone call to lift your spirits
- Transportation from hospital to home

5.25 Scheme 7 - Flu vaccinations for Care Homes, Domiciliary providers, Complex provider and Extra Care Housing staff £0

5.26 For older people or those with long-term health conditions, the effects of flu can be much more serious, and in some cases even fatal. For those working in a care home or health and care environment where there are many vulnerable people, it is incredibly important to have the flu vaccine. This not only helps to protect the staff themselves and their immediate families, but also helps to protect very vulnerable residents who might not respond well to vaccination. As well as keeping staff and residents safe and well, reducing the threat of flu also helps you to ensure business continuity; reducing the likelihood of staff being ill and off work and the associated costs of providing bank or agency cover for them.

5.27 Vaccination is also of benefit as it helps to reduce transmission to the wider public and in times of increased pressure on health and social care services, helps to reduce the burden of ill health, and therefore demand on the wider health system at a time when services are already under pressure.

- 5.28 To ensure social care services to take up the offer of free flu vaccinations, CEC contracts team will work with home and care provider managers to identify a Flu champions in their organisations to highlight the immunize programme and encourage colleagues to participate in the voluntary programme to be immunised. The flu champion will work alongside the aligned GP surgery to get either the District Nurse in for a full day to immunise the work force during their shift. Alternatively, the flu champion can book a day with the Community Pharmacy to have this done on site.
- 5.29 **Scheme 8 - Winter Additional Social Care staff to prevent people from being delayed in hospital £301,124**
- 5.30 Funding of additional staff to support a 'Discharge to assess' model. Funding is continuing to provide a team manager, social worker and occupational therapist.
- 5.31 **Scheme 9 - iBCF 'Winter Schemes Cheshire CCG £500,000**
- 5.32 Additional capacity to support the local health and social care system to manage increased demand over the winter period. Evidence-based interventions designed to keep people at home (or in their usual place of residence) following an escalation in their needs and/or to support people to return home as quickly as possible with support following an admission to a hospital bed.
- 5.33 **Scheme 10 - iBCF Enhanced Care Sourcing Team (8am-8pm) £407,000**
- 5.34 The scheme sees the continuation of funding for the Care Sourcing Team following on from a successful 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 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. 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.
- 5.35 **Scheme 11 - iBCF Improved access to and sustainability of the local Care Market (Home Care and Accommodation with Care) £5,817,764**
- 5.36 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. This scheme contributes towards the cost of care home and home care fees as well as supporting the delivery of additional care packages within the marketplace.
- 5.37 **Scheme 12 - iBCF Social Work Team over Bank Holiday weekends £165,000**

5.38 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. This support would be 124 days for the weekends and another 8 days for bank holidays giving 132 days each per year.

5.39 **Better Care Fund projects 2021/22**

5.40 **Scheme 13 - Disabled Facilities Grant £2,342,241**

5.41 The Disabled Facilities Grant provides financial contributions, either in full or in part, to enable disabled people to make modifications to their home in order to eliminate disabling environments and continue living independently and/or receive care in the home of their choice. Disabled Facilities Grants are mandatory grants under the Housing Grants, Construction and Regeneration Act 1996 (as amended). The scheme is administered by Cheshire East Council and is delivered across the whole of Cheshire East.

5.42 **Scheme 14 - Assistive technology £757,000**

5.43 Assistive technologies are considered as part of the assessment for all adults who are eligible for social care under the Care Act where it provides greater independence, choice and control and is cost-effective for individuals. The provision of assistive technology is personalised to each individual and is integrated within the overall support plan. The scheme will continue to support the existing assistive technology services. The scheme also involves piloting assistive technology support for adults with a learning disability (both living in supported tenancies and living in their own homes).

5.44 **Scheme 15 - British Red Cross 'Support at Home' service £297,570**

5.45 Cheshire East 'Support At Home' Service is a 2-week intensive support service with up to 6 Interventions delivered within a 2-week period for each individual. The aim is to support people who are assessed as 'vulnerable' or 'isolated' and who are at risk of admission to hospital or becoming a delay in hospital. Service users have been identified as requiring additional support that will enable them to remain independent at home, or to return home more rapidly following a hospital admission. The interventions may include: A 'safe and well' phone call. A 'follow-up visit' within 1 working day. Help with shopping. Signposting and referring to other agencies for specialist support. The main focus of the service is on supporting people to remain at home (preventing unnecessary hospital admissions by increasing intensive support at home).

5.46 The commissioning responsibility for the British Red Cross services has transferred from the CCG to the local authority.

5.47 **Scheme 16 - Combined Reablement service £4,771,325**

5.48 The current service has three specialist elements delivered across two teams (North and South):

- 5.49 1. Community Support Reablement (CQC-registered) - provides a time-limited intervention supporting adults with physical, mental health, learning disabilities, dementia and frailty, from the age of 18 to end of life, offering personal care and daily living skills to achieve maximum independence, or to complete an assessment of ongoing needs.
- 5.50 2. Dementia Reablement - provides up to 12-weeks of personalised, post-diagnostic support for people living with dementia and their carers. The service is focused on prevention and early intervention following a diagnosis of dementia.
- 5.51 3. Mental Health Reablement - supports adults age 18 and over with a range of mental health issues and associated physical health and social care needs, focusing on coping strategies, self-help, promoting social inclusion and goal-orientated plans.
- 5.52 **Scheme 17 - Safeguarding Adults Board (SAB) £422,380**
- 5.53 The overarching objective of a SAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who: have needs for care and support (whether or not the local authority is meeting any of those needs) and; are experiencing, or at risk of, abuse or neglect; and as a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect.
- 5.54 **Scheme 18 - Carers hub £711,895**
- 5.55 The Cheshire East Carers Hub provides a single point of access for carers, families and professionals. The Hub ensures that carers have access to information, advice and a wide range of support services to help them continue in their caring role and to reduce the impact of caring on their own health and wellbeing. Carers can registered directly with the Hub or referrals can be made by professionals, any agency or organisation, relatives or friends. The Hub offers groups and activities which carers will be familiar with along with introducing new support opportunities co-produced with local carers.
- 5.56 Through the period of 2021/22 the carers service is being recommissioned as part of the developments a carers apprentice has been recruited to support the work being carried out.
- 5.57 **Scheme 19 - Programme management and infrastructure £358,448**
- 5.58 The delivery of the Better Care Fund relies on joint commissioning plans already developed across the health and social care economy. The scheme covers the following: Programme management, Governance and finance support to develop s75 agreements; cost schemes and cost benefit analysis, Financial support, and amongst other things additional commissioning capacity might be required to support the review of existing contract and schemes and the procurement of alternative services.
- 5.59 **Scheme 20 - Winter schemes CCG £527,800**
- 5.60 The proposed schemes specifically support the achievement and maintenance of the four-hour access standard, admission avoidance, care closer to home and a continued compliance with the DTOC standard. Schemes cover: discharge to assess, British Red

Cross transport, non-emergency transport, additional acute escalation ward and additional ED staffing amongst others.

5.61 Each of the partners will be developing winter plans which will then form part of a place-based plan.

5.62 **Scheme 21 - Homefirst schemes CCG £18,693,933**

5.63 They are evidence-based interventions designed to keep people at home (or in their usual place of residence) following an escalation in their needs and/or to support people to return home as quickly as possible with support following an admission to a hospital bed. The Home First schemes mainly support older people living with frailty and complex needs to remain independent, or to regain their independence following deterioration in their medical, social, functional or cognitive needs.

5.64 **Scheme 22 -Trusted assessor service £94,000**

5.65 Delays are caused in the hospital by service users/patients waiting for nursing & residential homes to assess their needs. This scheme deploys a trusted assessor model by commissioning an external organisation to employ Independent Transfer of Care Co-ordinator's (IToCC's) to reduce hospital delays. The trusted assessment model is a key element of the eight High Impact Changes in order to support the timely transfer of patients to the most appropriate care setting and to effect a reduction in the number of delayed transfers of care. The model is being supported nationally by the emergency Care Improvement Programme.

5.66 Through the period 2021/22 the trusted assessor service is being recommissioned with the aim that the new provider is in place for 1st January 2022.

5.67 **Headroom projects 2021/22**

5.68 **Scheme 23 - General Nursing assistant business case £300,000**

5.69 Provide an additional 7 GNA staff within the CCICP IPOCH team for a period of 12 months. An evaluation of effectiveness will be undertaken during this period subsequent to discussion and agreement regarding permanent funding.

5.70 These additional staff would be utilised across South Cheshire and the Congleton area of East Cheshire to support patients requiring domiciliary care that would normally be delivered by Local authority. It is expected that whilst this proposal will reduce the current pressure it is not expected to eliminate the pressure and further work would be required in order to ensure sufficient and timely access to pathway 1 care.

5.71 **Scheme 24 - British Red Cross £65,000**

5.72 Funding for the assisted discharge service provided by the British Red Cross at Macclesfield hospital, the service was previously funded nationally by the NHSE with the funding due to expire at 31/07/2021. The total cost of the service from 01/08/2021 – 31/01/2022 is £65,000. The expected performance of the service across 26 weeks would be to support 520 discharges operating Monday to Friday.

5.73 **Scheme 25 - Carers apprentice business case £20,626**

5.74 An apprentice will be recruited to support the work undertaken as part of the carers programme.

5.75 **Scheme 26 - One You falls prevention business case £20,000**

5.76 The aim of the project is to work with 150-180 individuals to reduce the risk of falls, as a result of the pandemic, there is a backlog of individuals waiting to access the One You Cheshire East strength and balance classes. The aim is to use the money currently allocated to Safe Steps to support this additional capacity instead. The One You programme takes an evidenced based approach to the prevention of falls which is aligned to the national fall's consensus statement.

5.77 This has been shown to reduce risk of falling by 35-54%. As such, the methodology used has also been found to offer a substantial return on investment by Public Health England, for instance in comparison to costs for hospital admission and treatment. Furthermore, classes offer the additional benefit to older people of reduced social isolation. This has been identified as a particularly significant problem recently due to the pandemic.

5.78 **Proposed 7 day working projects 2021/22**

5.79 **Scheme 27 - Community brokerage business case £33,465**

5.80 To prevent hospital admission and support hospital discharge at weekends, without compromise to the service provisions and resource during the week.

5.81 **Scheme 28 - Third Sector £75,000**

5.82 To alleviate pressure on increasing demands for Care at Home support. We would fund £5,000 to each of the established 15 Volunteer Coordination Points to step up weekend provision.

5.83 **Scheme 29 – British Red Cross £30,413**

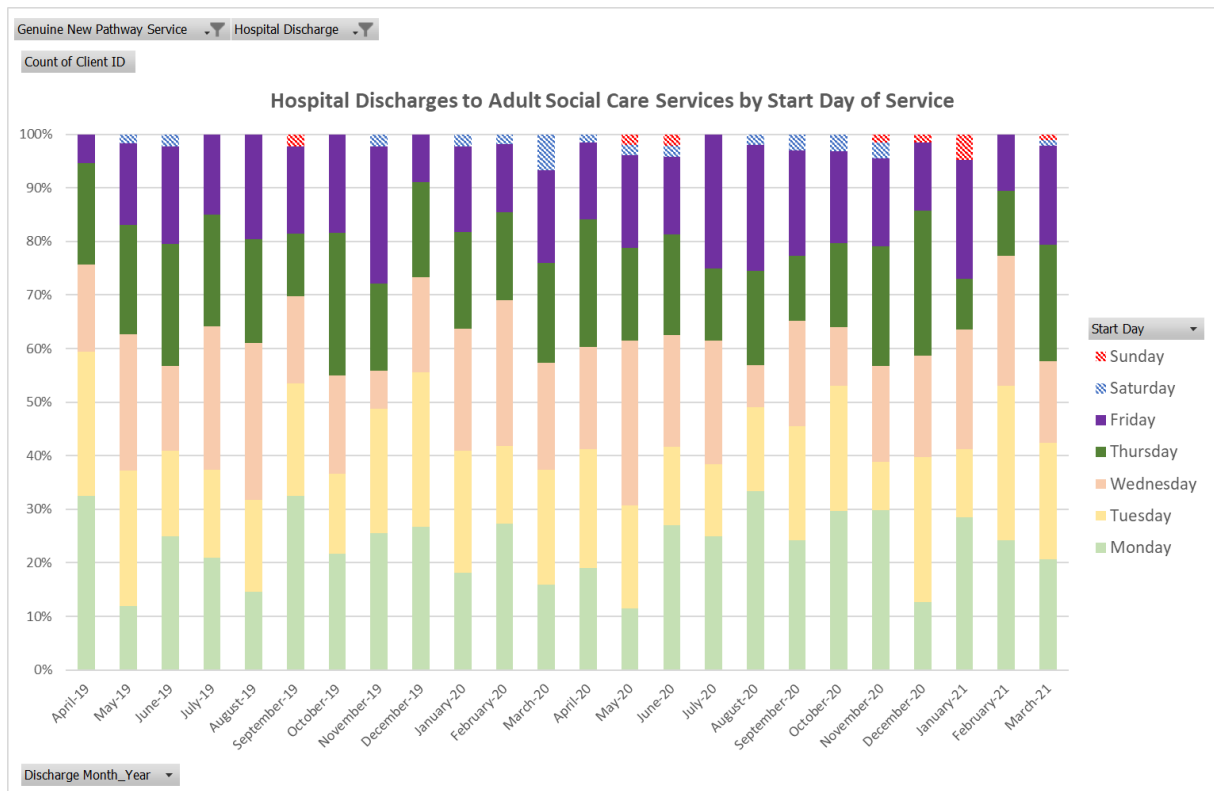
5.84 The following scheme will see the extension of the Cheshire East Council contracted support at home service which is delivered by the British Red Cross. The service will be extended to operate over the weekend. In addition to this the Macclesfield Assisted Discharge service would also be delivered over the weekend.

5.85 **COVID-19 impact**

5.86 We surveyed a range of providers who formed part of the Winter Pressures, improved Better Care Fund and Better Care Fund to better understand what impact COVID-19 has had on our commissioned services.

5.87 In the first 6-7 months of the global pandemic there were occasions where demand for commissioned services which formed part of the Better Care Fund fell. However, as hospitals and acute settings in Cheshire East began to see more people for non-Covid related issues then the demand for the service began to increase.

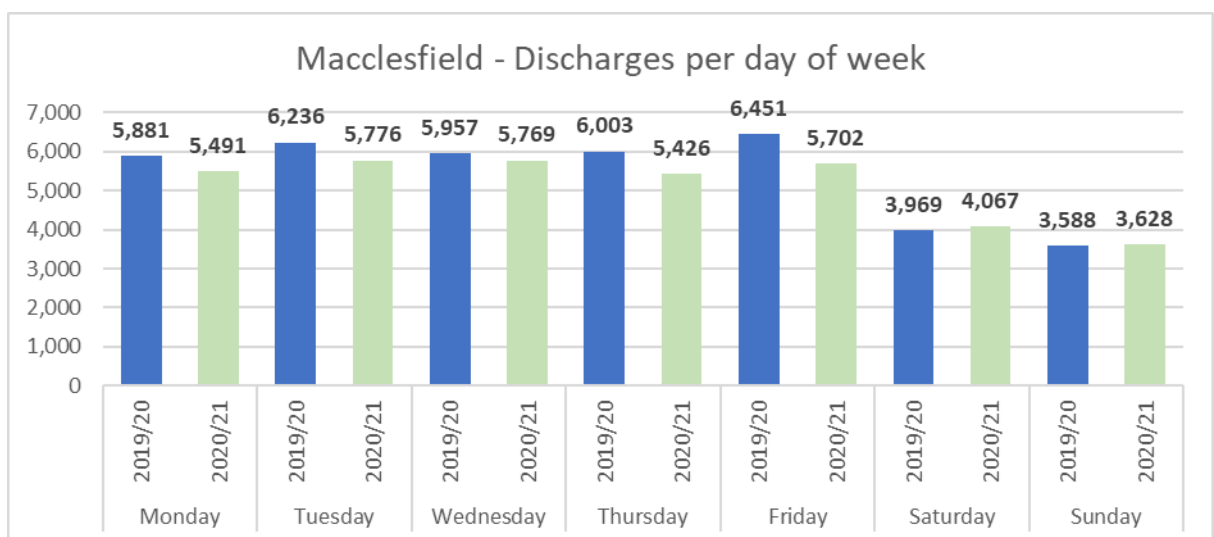
- 5.88 In response to COVID-19 services were also increased to better meet the increased demand one such example was Rapid Response. The service was recommissioned during the pandemic and initially provided some 530 hours of weekly support. The service was increased to provide up to 730 hours per week and has been designed to be more flexible.
- 5.89 Those providers surveyed also noted challenges in relation to staffing and were unable to fulfil the capacity required of contracts. Commissioning colleagues noted that these capacity issues were faced by care at home providers. A cause of these capacity issues was the requirement for staff to self-isolate as a result of a positive COVID test. Colleagues went on to note that more general trend occurring through the pandemic was a rise in demand for non-bed based services.
- 5.90 In relation to staff colleagues highlighted that an issue observed during the pandemic was staff fatigue and wellbeing. Staff had worked a high volume of hours dealing with increased pressure. At the same time the council deployed a number of support offers for providers. There was a number of national interventions with increased funding to the social care sector during the pandemic with the aim of resolving issues and reducing pressure within the system.
- 5.91 The service offer and scope provided during the pandemic for many services also changed. For example the Disabled Facilities Grant noted that during the first and subsequent lockdowns Occupational Therapy staff prioritised urgent and critical referrals only. The Occupational Therapy staff then addressed non urgent cases when lockdowns and restrictions were lifted. The service utilised telephone assessments where possible throughout the period.
- 5.92 Feedback by commissioning colleagues also noted that a number of day services ceased operating which in turn increased the use of direct payments.
- 5.93 **7-day services**
- 5.94 The Cheshire East Better Care Fund intends to implement a 7-day working plan to increase 7-day working across health and social care across the Cheshire Health and Wellbeing footprint for the over 65 population. The aim of services would in part to help increase the number of hospital discharges for this population over the weekend. The Cheshire East Better Care Fund allocated £700,000 to support a range of projects from health and social care partners.
- 5.95 **Graph one - Hospital Discharges to Adult Social Care Services by Start Day of Service**
- 5.96 The following graph shows the total number of people discharged from hospital to Adult Social Care Services by the start date of the service. The graph shows that the fewest number of adult social care services start on the weekend from hospital discharge.



5.97 **Graph two – hospital discharges from Macclesfield Hospital by day of the week**

5.98 The following graph shows the total number of hospital discharges from Macclesfield Hospital by day of the week. It compares and contrasts the data across 2019/20 and 2020/21 in order to show discharges by day pre-pandemic and during the pandemic.

5.99 The graph shows that the fewest number of hospital discharges take place on Saturday and Sunday.



5.100 The refreshed national high impact change model notes in relation to seven-day working it can deliver improved flow of people through the system. For the seven-day working approach to be successful the model notes that it should consider the systems demand, capacity, and bottlenecks, it should be pragmatic it doesn't need to be 24/7 across all services. It should include engagement with partners and practitioners.

Finally, that the approach should consider the patient and those staff that could be asked to work the weekend.

- 5.101 A workshop with partners was held on 15/07/2021 to look at the schemes and proposals which had been developed to date, the next steps identified were as follows: Send out the summary of discussion from the workshop, gather the views of other stakeholders: ICP, primary care, patients, refine schemes/proposals to reflect views of stakeholders and the workshop, finalise the plan and get a decision from governance groups to implement the plan.

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 – Overview of schemes

<u>improved Better Care and winter pressure projects 2021/22</u>			
Scheme 1 - Block booked beds	£363,297		
Scheme 2 - Spot purchase beds	£520,463		
Scheme 3 - Care at Home Hospital Retainer	£40,000		
Scheme 4 - Rapid response	£797,473		
Scheme 5 - Social worker support	£112,000		
Scheme 6 - Cheshire East People Helping People	£0		
Scheme 7 - Flu vaccinations for Care Homes, Domiciliary providers			
Scheme 8 - Winter Additional Social Care staff to prevent people			
Scheme 9 - iBCF 'Winter Schemes Cheshire CCG	£500,000		
Scheme 10 - iBCF Enhanced Care Sourcing Team (8am-8pm)	£		
Scheme 11 - iBCF Improved access to and sustainability of the I			
Scheme 12 - iBCF Social Work Team over Bank Holiday weeks			
<u>BCF projects 2021/22</u>			
Scheme 13 - Disabled Facilities Grant	£2,342,241		
Scheme 14 - Assistive technology	£757,000		
Scheme 15 - British Red Cross 'Support at Home' service	£297,		
Scheme 16 - Combined Reablement service	£4 771 325		