CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	Better Care Fund End of Year report 2021 - 2022
Date of meeting:	22 March 2022
Written by:	Alex Jones
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Health & Wellbeing Board Lead:	Helen Charlesworth-May, Executive Director – Adults, Health and Integration

Executive Summary

Is this report for:	Information ☐	Discussion ☐	Decision ☐
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 2021-22 of the Better Care Fund.		
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 ☐ Improving the mental health and wellbeing of people living and working in Cheshire East ☐ Enable more people to live well for longer 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 2021/22 of the Better Care Fund.		
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 To highlight the performance of the Better Care Fund including the Improved Better Care Fund in Cheshire East in 2021/22.

2 Recommendations

2.1 That the Health and Wellbeing Board notes the Better Care Fund programme performance in 2021/22. Within this, that the Health and Wellbeing Board considers: Better Care Fund scheme overview, metric performance, the financial income and expenditure of the plan and individual scheme performance noted in Appendix one.

3 Reasons for Recommendations

3.1 This end of year report forms part of the monitoring arrangements for the Better Care Fund.

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 BCF 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 iBCF. 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. 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 There were four National Conditions, in line with the BCF policy framework:

- 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).

5.4 Beyond this, areas had flexibility in how the Fund was spent over health, care and housing schemes or services. Since June 2018, local health systems have been tasked with reducing the number of extended stays in hospital.

5.5 **How is BCF funded activity supporting safe, timely and effective discharge**

5.6 The system has deployed a winter plan to help increase flow and support effective discharge, a number of the schemes encompassed within the plan are intended to improve outcomes for people being discharged from hospital. The plan notes the importance of discharge planning; "If an admission is necessary, once admitted for treatment, discharge preparation should start immediately, so that the most appropriate discharge pathway is identified and is ready for actioning once the patient no longer meets the criteria to reside in hospital." A range of services are identified within the plan and supporting hospital discharge and home first. To support safe, timely and effective discharge there are a number of BCF funded schemes:

5.7 Scheme 1 - Block booked beds - 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.

5.8 Scheme 2 - Spot purchase beds - In order to facilitate hospital discharges and prevent unnecessary hospital admissions spot purchase care home beds are deployed. 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.

5.9 Scheme 3 - Care at Home Hospital Retainer - 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.

5.10 Scheme 4 - Rapid response - The Rapid Response Service facilitates 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 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.

5.11 Scheme 15 - British Red Cross 'Support at Home' service - 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). The commissioning responsibility for the British Red Cross services has transferred from the CCG to the local authority.

5.12 Scheme 16 - Combined Reablement service - The current service has three specialist elements delivered across two teams (North and South): 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. 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. 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.

5.13 Scheme 21 - Homefirst schemes - These 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.

5.14 Scheme 22 -Trusted assessor service - 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.

5.15 **Current schemes**

5.16 There were 30 Schemes funded through Winter pressures, iBCF and BCF during 2021-22.

5.17 The amounts shown in the table below are the agreed projects sums at the time of writing. The actuals will be available in the early part of the summer. Lead commissioners are responsible for the schemes financial performance including funding any overspends and that any underspends will be carried forward and invested in the new financial year in support of the delivery of the BCF metrics.

Scheme ID	Scheme Name	Source of Funding	Expenditure (£)
1	ibcf Block booked beds	iBCF	£363,297
2	ibcf Spot purchase beds	iBCF	£520,465

3	ibcf care at home hospital retainer	iBCF	£40,000
4	ibcf rapid response	iBCF	£797,473
5	ibcf social work support	iBCF	£112,000
6	ibcf Cheshire people helping people	iBCF	£0
7	ibcf flu vaccinations	iBCF	£0
8	ibcf Winter Additional Social Care staff to prevent people from being delayed in hospital	iBCF	£301,124
9	iBCF 'Winter Schemes	iBCF	£500,000
10	iBCF Enhanced Care Sourcing Team (8am-8pm)	iBCF	£407,000
11	iBCF Improved access to and sustainability of the local Care Market (Home Care and Accommodation with Care)	iBCF	£5,210,107
12	iBCF Social Work Team over Bank Holiday weekends	iBCF	£165,000
13	BCF Disabled Facilities Grant	DFG	£2,342,241
14	BCF Assistive technology	Minimum CCG Contribution	£757,000
15	BCF British Red Cross 'Support at Home' service	Minimum CCG Contribution	£297,570
16	BCF Combined Reablement service	Minimum CCG Contribution	£4,771,325
17	BCF Safeguarding Adults Board (SAB)	Minimum CCG Contribution	£422,380
18	BCF Carers hub	Minimum CCG Contribution	£398,000
19	BCF Programme management and infrastructure	Minimum CCG Contribution	£432,184
20	BCF Winter schemes CCG	Minimum CCG Contribution	£527,800
21	BCF Homefirst schemes CCG	Minimum CCG Contribution	£18,693,933
22	BCF Trusted assessor service	Minimum CCG Contribution	£94,000
23	BCF General Nursing assistant	Minimum CCG Contribution	£300,000
24	BCF British Red Cross	Minimum CCG Contribution	£65,000
25	BCF One You falls prevention business case	Minimum CCG Contribution	£20,000
26	iBCF Community brokerage	iBCF	£33,463
27	BCF Third Sector	Minimum CCG Contribution	£75,000
28	BCF British Red Cross	Minimum CCG Contribution	£30,000
29	BCF Carers hub	Minimum CCG Contribution	£324,000

5.18 **Metric performance**

5.19 The table below includes the BCF metrics and the performance for the 2021/22 period.

8.1 Avoidable admissions

Latest Data as at: **March 2020 (from February 2021 Release)**

Data source: NHS Digital - NHS Outcomes Framework Indicators - February 2021 Release	19-20 Actual	20-21 Actual	21-22 Plan	21-22 Actual	Comments
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	776.9	*770.3 (estimated)*	**765.5**	See comments	The results for this metric are published annually. The next publication is due to be in February 2022 but this will be for the figures for 2020/21. 2021/22 figures will not be published until February 2023. NHS England are looking into accessing more recent data for local authorities.

8.2 Length of Stay

Latest Data as at: **October 2021**

Data source: NHS England SUS time series data (via Better Care Exchange)

		21-22 Q3 Plan	21-22 Q4 Plan	Latest Month	Previous Month	Comments
Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more As a percentage of all inpatients (SUS data - available on the Better Care Exchange)	Proportion of inpatients resident for 14 days or more	**15.8%**	**16.5%**	13.1%	14.6%	14+ LOS is 1.5 percentage points lower than last month and is 2.7 percentage points below the Qtr 3 Plan. It is, however, 1.5 percentage points higher than the England figure.
	Proportion of inpatients resident for 21 days or more	**7.7%**	**8.0%**	8.4%	9.1%	21+ LOS is 0.7 percentage points lower than last month but is 0.7 percentage points higher than the Qtr 3 Plan. It is also 2.2 percentage points higher than the England figure.

8.3 Discharge to normal place of residence

Latest Data as at: **October 2021**

Data source: NHS England SUS time series data (via Better Care Exchange)

	21-22 Plan	Latest Month	Previous Month	Comments
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	**89.0%**	89.9%	89.2%	The latest month is 0.7 percentage points higher than last month and is 0.9 percentage points higher than the 21-22 plan. This month, however, is 2.9 percentage points lower than the England figure.

8.4 Residential Admissions

Latest Data as at: **October 2021**

Data source: Cheshire East Council Adults case management system

		19-20 Plan	19-20 Actual	20-21 Actual	21-22 Plan	Latest Month (Plan)	Latest Month (Actual)	Comments
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	600.9	761.2	496.9	**580.7**	**338.9**	381.3	The annual rate, as at the latest month, is 42.4 higher than the planned rate. This equates to 39 more admissions than expected at this point in the year. 48% of admissions were admissions to nursing care. N.B. In year figures are provisional and may change following data validation for annual data returns
	Numerator	530	672	443	**530**	**309**	348	
	Denominator	88,205	88,280	89,148	91,265	91,265	91,265	

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:

8.5 Reablement / Rehabilitation

		19-20 Plan	19-20 Actual	21-22 Plan	Latest Month	Previous Month	Comments
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	83.3%	74.6%		See Comments		Due to the Coronavirus, hospital staff involved in the data collection and processing for this metric were diverted to other tasks and, therefore, the necessary data to derive this metric was not submitted in 2020/21. This meant that we could not submit this data as part of our 2020/21 annual returns to NHS Digital. This is also the case in 2021/22 to date. Discussions with NHS Trusts have taken place to identify new staffing resource to support this in the new year and recommence reporting.
	Numerator	320	182	0			
	Denominator	384	244	0			

5.12 **Income and Expenditure**

5.21 The following table describes the budget for the Better Care Fund the actual spend, the variance between the budget and the actual spend.

Running Balances	Income	Expenditure	Balance
DFG	£2,342,241	£2,342,241	£0
Minimum CCG Contribution	£27,208,192	£27,208,192	£0
iBCF	£8,449,929	£8,449,929	£0
Additional LA Contribution	£0	£0	£0
Additional CCG Contribution	£0	£0	£0
Total	**£38,000,362**	**£38,000,362**	**£0**

	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£7,731,796	£19,317,933	£0
Adult Social Care services spend from the minimum CCG allocations	£7,830,695	£7,966,459	£0

6 Access to Information

6.1 The background papers relating to this report can be inspected by contacting the report writer:
Name: Alex Jones
Designation: Better Care Fund Programme Manager
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Appendix one – Aim of schemes

Scheme ID	Scheme Name	Brief Description of Scheme	Expenditure (£)	New/ Existing Scheme
1	ibcf Block booked beds	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.	£363,297	Existing
2	ibcf Spot purchase beds	In order to facilitate hospital discharges and prevent unnecessary hospital admissions spot purchase care home beds are deployed. 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.	£520,465	Existing
3	ibcf care at home hospital retainer	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.	£40,000	Existing
4	ibcf 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.	£797,473	Existing

		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	ibcf social work support	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).	£112,000	Existing
6	ibcf Cheshire people helping people	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	£0	Existing
7	ibcf flu vaccinations	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. 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. 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.	£0	Existing
8	ibcf Winter Additional	Funding of additional staff to support a 'Discharge to assess' model. Funding is continuing to provide a team manager,	£301,124	Existing

	Social Care staff to prevent people from being delayed in hospital	social worker and occupational therapist.		
9	iBCF 'Winter Schemes	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.	£500,000	Existing
10	iBCF Enhanced Care Sourcing Team (8am-8pm)	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.	£407,000	Existing
11	iBCF Improved access to and sustainability of the local Care Market (Home Care and Accommodation with Care)	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.	£5,210,107	Existing
12	iBCF Social Work Team over Bank Holiday weekends	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.	£165,000	Existing
13	BCF Disabled Facilities Grant	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	£2,342,241	Existing

		Cheshire East Council and is delivered across the whole of Cheshire East.		
14	BCF Assistive technology	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).	£757,000	Existing
15	BCF British Red Cross 'Support at Home' service	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). The commissioning responsibility for the British Red Cross services has transferred from the CCG to the local authority.	£297,570	Existing
16	BCF Combined Reablement service	The current service has three specialist elements delivered across two teams (North and South): 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. 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. 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.	£4,771,325	Existing
17	BCF Safeguarding Adults Board (SAB)	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.	£422,380	Existing

18	BCF Carers hub	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. 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.	£398,000	Existing
19	BCF Programme management and infrastructure	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.	£432,184	Existing
20	BCF Winter schemes CCG	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. Each of the partners will be developing winter plans which will then form part of a place-based plan.	£527,800	Existing
21	BCF Homefirst schemes CCG	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.	£18,693,933	Existing
22	BCF Trusted assessor service	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. 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.	£94,000	Existing
23	BCF	Provide an additional 7 GNA staff within the CCICP IPOCH	£300,000	New

	General Nursing assistant	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. 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.		
24	BCF British Red Cross	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.	£65,000	New
25	BCF One You falls prevention business case	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. 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.	£20,000	New
26	iBCF Community brokerage	To prevent hospital admission and support hospital discharge at weekends, without compromise to the service provisions and resource during the week.	£33,463	New
27	BCF Third Sector	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.	£75,000	New
28	BCF British Red Cross	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.	£30,000	New
29	BCF Carers hub	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	£324,000	Existing

		carers. 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.		

Appendix two – Individual scheme performance

<table>
<tr><th>Scheme ID</th><th>Scheme Name</th><th>Brief Description of Scheme</th><th>Expenditure (£)</th><th>New / Existing Scheme</th></tr>
<tr><td>1</td><td>ibcf Block booked beds</td><td>The following tables provide a breakdown of the block booked beds and the average occupancy.

<table>
<tr><th colspan="14">WINTER PRESSURE BEDS</th></tr>
<tr><th></th><th>Jan-21</th><th>Feb-21</th><th>Mar-21</th><th>Apr-21</th><th>May-21</th><th>Jun-21</th><th>Jul-21</th><th>Aug-21</th><th>Sep-21</th><th>Oct-21</th><th>Nov-21</th><th>Dec-21</th><th>Average</th><th>Average (Apr-Dec)</th></tr>
<tr><td>Bentley Manor</td><td>96.77%</td><td>25%</td><td>100%</td><td>50%</td><td>100%</td><td>73.33%</td><td>90.32%</td><td>0%</td><td>100%</td><td>77.42%</td><td>5%</td><td>89.60%</td><td>67.29%</td><td>65%</td></tr>
<tr><td>Elm House - 2 Beds</td><td>77.41%</td><td>94.64%</td><td>90.32%</td><td>100%</td><td>64.51%</td><td>95%</td><td>69.35%</td><td>51.61%</td><td>41.66%</td><td>88.71%</td><td>70%</td><td>91.90%</td><td>77.93%</td><td>75%</td></tr>
<tr><td>Leycester House - 2 Beds</td><td>74.19%</td><td>76.78%</td><td>87.09%</td><td>61.66%</td><td>54.83%</td><td>100%</td><td>67.74%</td><td>87.09%</td><td>91.66%</td><td>100%</td><td>45%</td><td>61.20%</td><td>75.60%</td><td>74%</td></tr>
<tr><td>Mayfield House</td><td>35.48%</td><td>0%</td><td>77.41%</td><td>90%</td><td>83.87%</td><td>23.33%</td><td>100%</td><td>100%</td><td>96.66%</td><td>96.66%</td><td>94.10%</td><td>54.80%</td><td>71.03%</td><td>82%</td></tr>
<tr><td>Turnpike Court - 2 Beds</td><td>67.74%</td><td>35.71%</td><td>87.09%</td><td>60%</td><td>83.87%</td><td>76.66%</td><td>64.51%</td><td>95.16%</td><td>80%</td><td>33.87%</td><td>98.30%</td><td>88.70%</td><td>72.63%</td><td>76%</td></tr>
</table>
</td><td>£363,297</td><td>Existing</td></tr>
<tr><td>2</td><td>ibcf Spot purchase beds</td><td>The following tables provide a breakdown of the spot purchased beds and the average occupancy.

<table>
<tr><th colspan="14">CAH STEP DOWN BEDS</th></tr>
<tr><th></th><th>Jan-21</th><th>Feb-21</th><th>Mar-21</th><th>Apr-21</th><th>May-21</th><th>Jun-21</th><th>Jul-21</th><th>Aug-21</th><th>Sep-21</th><th>Oct-21</th><th>Nov-21</th><th>Dec-21</th><th>Average</th><th>Average (Apr-Dec)</th></tr>
<tr><td>Cypress Court - 3 Beds</td><td></td><td></td><td></td><td></td><td>0%</td><td>85.50%</td><td>82.70%</td><td>83.80%</td><td>44.40%</td><td>62.40%</td><td>84.40%</td><td>93.50%</td><td>67%</td><td>67%</td></tr>
<tr><td>Elm House - 2 Beds</td><td></td><td></td><td></td><td></td><td>50%</td><td>91.60%</td><td>100%</td><td>54.50%</td><td>88.30%</td><td>71.00%</td><td>61.70%</td><td>30.60%</td><td>68%</td><td>68%</td></tr>
<tr><td>The Elms - 3 Beds</td><td></td><td></td><td></td><td></td><td>0%</td><td>90%</td><td>90%</td><td>87%</td><td>71.10%</td><td>66.70%</td><td>100%</td><td>93.50%</td><td>75%</td><td>75%</td></tr>
<tr><td>Tunrpike Court - 2 Beds</td><td></td><td></td><td></td><td></td><td>0%</td><td>55%</td><td>93.50%</td><td>80.60%</td><td>80%</td><td>100%</td><td>100%</td><td>80.60%</td><td>74%</td><td>74%</td></tr>
<tr><td>Leycester House - 2 Beds</td><td></td><td></td><td></td><td></td><td>0%</td><td>1.60%</td><td>50%</td><td>64.50%</td><td>33.30%</td><td>67.70%</td><td>38.30%</td><td>54.80%</td><td>39%</td><td>39%</td></tr>
<tr><td>Corbook Park - 3 Beds</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>91%</td><td>80.60%</td><td>53.80%</td><td>85.50%</td><td>66.70%</td><td>76%</td><td>76%</td></tr>
<tr><td>Twyford House - 5 Beds</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>59%</td><td>71.70%</td><td>63.90%</td><td>80.70%</td><td>90.10%</td><td>73%</td><td>73%</td></tr>
<tr><td>Brookfield House - 8 Beds</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>40.90%</td><td>45%</td><td>50%</td><td>52.50%</td><td>70.50%</td><td>52%</td><td>52%</td></tr>
</table>
</td><td>£520,463</td><td>Existing</td></tr>
<tr><td>3</td><td>ibcf care at home hospital retainer</td><td>The hospital retainer was utilised 21 times for a total of 191 days across 14 care providers. The Operational/Ward staff re-instate care for packages retained within the 14 days.</td><td>£40,000</td><td>Existing</td></tr>
<tr><td>4</td><td>ibcf rapid response</td><td>Connected Health:

Connected Health was a new provider to the area at contract start date. The provider started well and was able to increase their capacity to meet growing demand during winter pressures 2020/21.

The provider was rated inadequate by CQC and referrals suspended in September. Provider continued to support existing service users, most of whom live in areas where care sourcing is difficult at present. Provider has worked with all local authorities and CQC to improve quality and have recently been reinspected and are awaiting the outcome. Suspension of referrals correlates with the sudden decline in hours delivered each month.

<table>
<tr><th>Month</th><th>Block Hours per week</th><th>Total hours delivered</th><th>Average number of days under Rapid Response</th><th>Number of people supported under Rapid Response</th></tr>
<tr><td>April (2021)</td><td>300</td><td>1,093.50</td><td>17.18</td><td>49</td></tr>
<tr><td>May (2021)</td><td>300</td><td>1,029</td><td>16.11</td><td>44</td></tr>
<tr><td>June (2021)</td><td>300</td><td>840.25</td><td>15.64</td><td>36</td></tr>
<tr><td>July (2021)</td><td>300</td><td>806.25</td><td>23.13</td><td>30</td></tr>
<tr><td>August (2021)</td><td>300</td><td>558</td><td>27.18</td><td>17</td></tr>
</table>
</td><td>£797,473</td><td>Existing</td></tr>
</table>

September (2021)	300 (reduced to 180 from 25.09.21)	479.25	27.46	15
October (2021)	180	386.5	21.36	11
November (2021)	180	201.5	23.09	9
December (2021)	180	170.5	31	6
Total		**5564.75**	**19.86**	**217**

Extra Mile:

The provider was awarded contract as the 'next best' after original successful provider withdrew. The provider from May 21 onwards had started to experience difficulties linked to recruitment and retention and as well as isolation periods due to COVID. The provider was exited at the contract end date as a result of some issues being raised.

Month	Block Hours per week	Total hours delivered	Average number of days under Rapid Response	Number of people supported under Rapid Response
May (2021)	100	235	12.43	14
June (2021)	100	225.25	15.8	10
July (2021)	100	104.5	14.44	7
August (2021)	100	145.5	24	6
September (2021)	100	53.75	15.5	2
October (2021)	100	8.75	5	1
Total		**772.25**	**15.32**	**40**

Evolving Care:

The provider delivered consistent performance across the winter period. The reopening of previously closed sectors also had an impact as people returned to jobs in sectors that had previously been closed. Recruitment was steady and usage increased in October 2021. However, provider is encountering difficulties linked to recruitment and retention and staff testing positive for covid in early 2022.

Month	Block Hours per week	Total hours delivered	Average number of days under Rapid Response	Number of people supported under Rapid Response
April (2021)	330	1,094.00	12.62	50
May (2021)	330	1,446	20.21	35
June (2021)	330	977.25	15.71	34
July (2021)	330	761.75	18.08	26
August (2021)	330	819.25	23.28	23
September (2021)	330	853.5	22.33	21
October (2021)	330	1,140.75	19.62	29

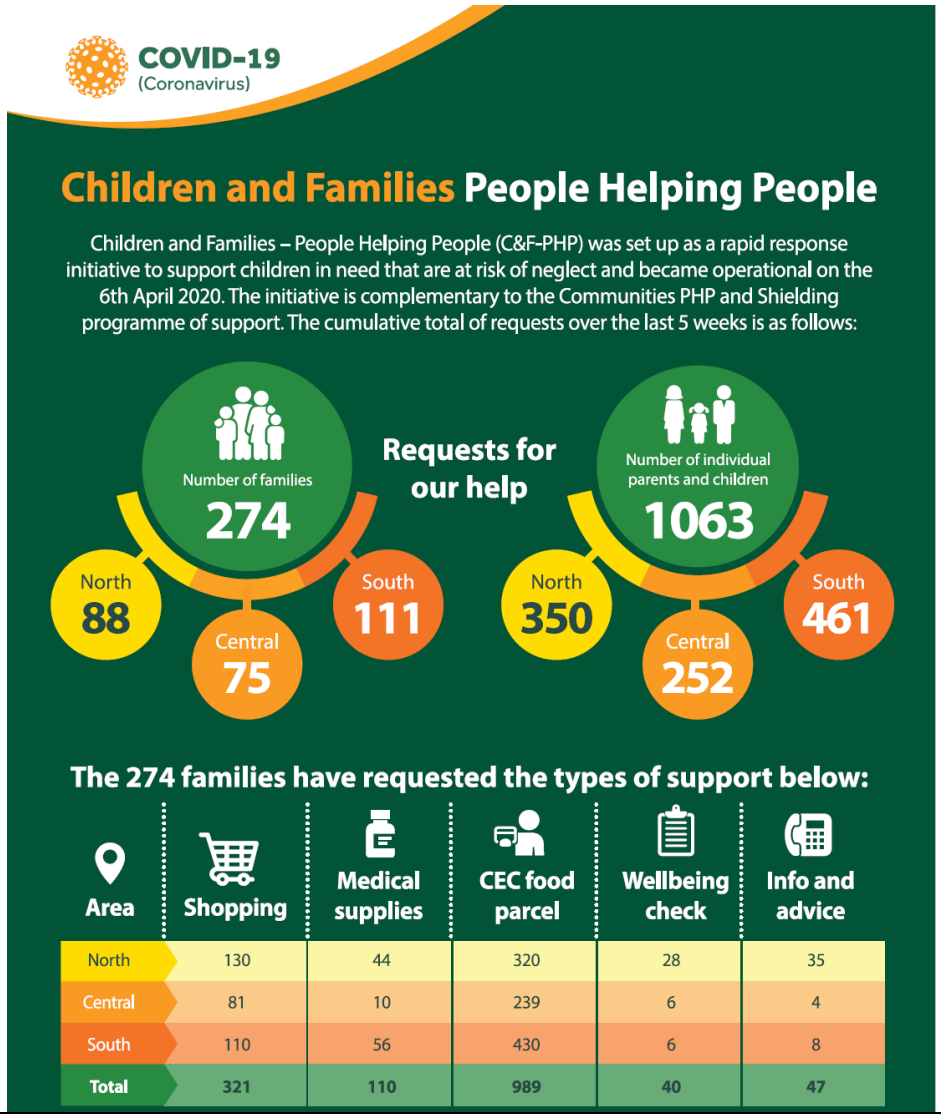
		November (2021)	330	1,100.75	20.62	26		
		December (2021)	330	929.25	20.45	22		
		Total		**9122**	**18.42**	**266**		

Total usage April 1st – December 31st 2021:

Month	Block Hours per week	Total hours delivered	Average number of days under Rapid Response	Number of people supported under Rapid Response
April (2021)	730	2,524.75	16.19	104
May (2021)	730	2,709	17.03	93
June (2021)	730	2,042.75	15.68	80
July (2021)	730	1672.5	20	63
August (2021)	730	1522.75	24.78	46
September (2021)	730 (reduced to 610 on 25.09.21)	1386.5	19	48
October (2021)	610	1536	21.41	41
November (2021)	610	1302.25	21.45	35
December (2021)	610	1,099.75	22.71	28
Total		**15796.25**	**18.77**	**538**

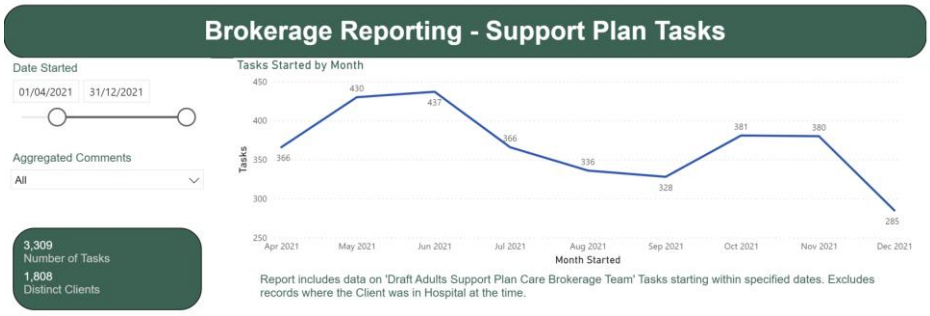
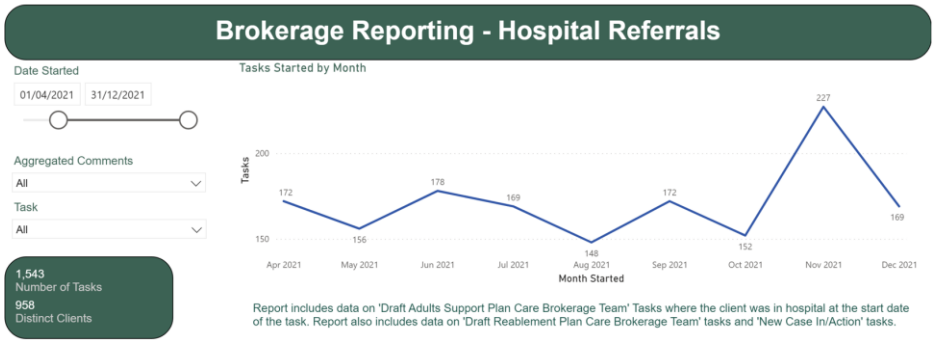
5	ibcf social work support	The two Social Care Assessors (SCAs) work closely with the reablement service to determine with them the longer term support needs of people following a period of reablement and to put those arrangements in place. Although the focus of the reablement service has been on hospital discharge from Macclesfield hospital, this has been somewhat compromised in recent months by the challenges in the home care market and the requirement on the reablement service to respond to market failure. Securing long term home care for people following a period of reablement has also been problematic. However, the role of the two SCAs remains a key one in supporting the work of the reablement service and hopefully the current home care capacity issues will ease.	£112,000	Existing
6	ibcf Cheshire people helping people	The following flyers provides an overview of the support provided by the People Helping People service:	£0	Existing

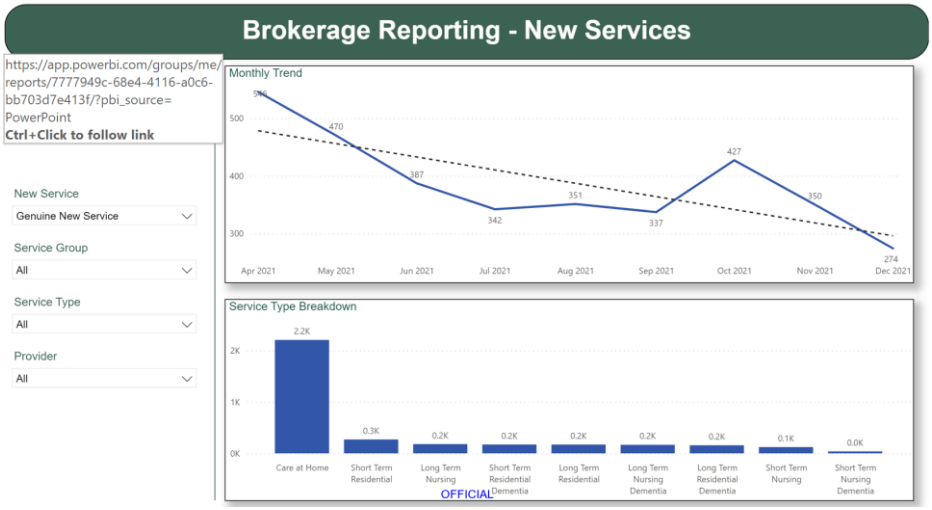
COVID-19
(Coronavirus)
Who we Helped
3366
Number of people supported/ matched with a volunteer
0
Number of people awaiting urgent requests (48 hours)
62
Number of people awaiting support (triaged & deemed not urgent)
2
Number of people awaiting support (contacted awaiting volunteer)
3436
Overall total number of people registered for support
968
Number of those people who are known as shielded residents
1498
Number of those people known to Adult Social Care
How those requesting help have been supported
761 Receiving ongoing support from a Volunteer
626 Receiving ongoing support from Volunteer Coordination Network
115 Receiving ongoing support from other Voluntary Organisation
105 Receiving one-off support from a Volunteer
20 Receiving one-off support from other Voluntary Organisation (Van Driver, Emergency Assistance etc)
54 Referral to CEC internal team i.e. Emergency Assistance, shared lives, Care4ce team.
15 Referral to commissioned provider i.e. carers hub, AgeUK, Alzheimer's Society
200 Doesn't need further help (started to receive a government food parcel)
893 Doesn't need further help (Phone Info and advice sufficient)
291 Duplicates (or re-entered system)
46 Refused Support and closed
123 Couldn't contact after 3 attempts and closed



Area	Shopping	Medical supplies	CEC food parcel	Wellbeing check	Info and advice
North	130	44	320	28	35
Central	81	10	239	6	4
South	110	56	430	6	8
Total	321	110	989	40	47

7	ibcf flu vaccinations	Flu vaccinations as at week ending 21/01/2022 across 95 providers: **Staff** / **Residents** **Total Vaccinated** — **31%** / **89%** COVID-19 vaccination uptake as at 21/01/2022: **Staff** / **Residents** **Total Vaccinated 1st Dose** — **99%** / **98%** **Total Vaccinated 2nd Dose** — **98%** / **98%** **Total Vaccinated Both Doses** — **98%** / **98%** **Total Received Booster Vaccination** — **56%** / **91%**	£0	Existing

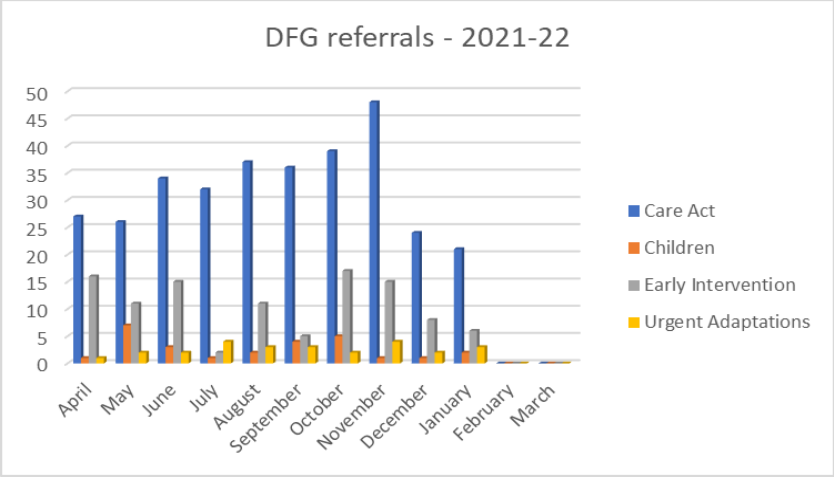
8	ibcf Winter Additional Social Care staff to prevent people from being delayed in hospital	Feedback from the local authority indicated that these continue to be key roles in the team focussed on delivering a discharge to assess model.	£301,124	Existing
9	iBCF 'Winter Schemes	Additional capacity to support 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.	£500,000	Existing
10	iBCF Enhanced Care Sourcing Team (8am-8pm)	The following graphs demonstrate the level of work undertaken by the care sourcing team: • Support Plan Actions: 3309 for 1808 service users • Hospital Referrals: 1543 for 1951 service users • Total referrals: 4852 for 2759 service users  	£407,000	Existing



11	iBCF Improved access to and sustainability of the local Care Market (Home Care and Accommodation with Care)	The following tables provides an overview of the quality of the cae market:	£5,210,107	Existing

Measure	Polarity	Year end 2020-2021	Quarter 1	Quarter 2	Quarter 3	Quarter 4	21-22 yr to date	RAG
% of dom care rated good or outstanding with CQC		87.7%	86.3%	86.1%			86.1%	
% of care homes rated good or outstanding with CQC		82.3%	84.4%	84.4%			84.4%	
% of complex care providers rated good or outstanding with CQC				50% (89%)				
Sexual Health – % of LARCs (excluding injectables) prescribed as a			62.0%	47.0%				
Number of people awaiting a placement or package of care (short or long		8	38	71				
Number of people awaiting a placement or package of care (short or long		46	99	154				
Percentage of domiciliary care hours delivered by Prime Providers (this				35.0%				

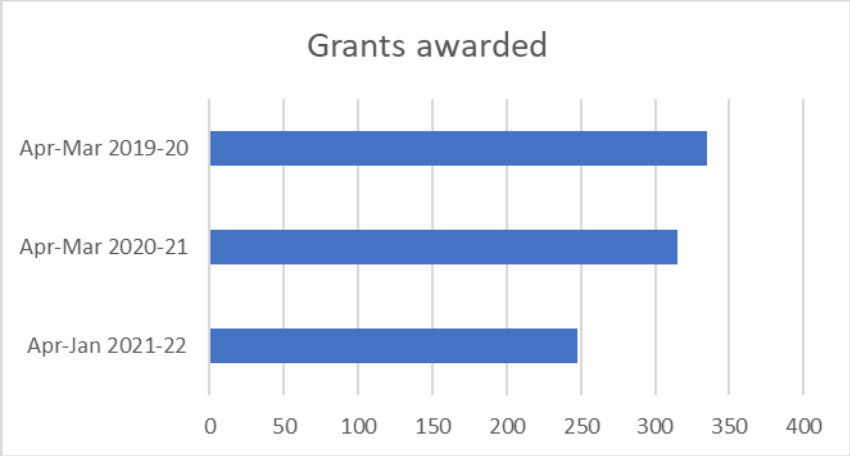
12	iBCF Social Work Team over Bank Holiday weekends	The local authority notes that Social Care staff continue to provide weekend and Bank Holiday cover (6 hour daily shifts in Macclesfield and 5 hour daily shifts at Leighton) and do so on a voluntary basis. Although there is further work to be done in respect of better coordination of services that are available at the weekend focussed on increasing weekend discharges, having a Social Care presence undertaking identified work at the weekends has a significant positive impact on work flow and reduces the demand on a Monday morning specifically.	£165,000	Existing
13	BCF Disabled Facilities Grant (DFG)	The following graphs provide an overview of the performance of the DFG in Cheshire East, it gives an overview of referrals, grants awarded, grants completed, average grant award value and the number of cancelled grants.	£2,342,241	Existing

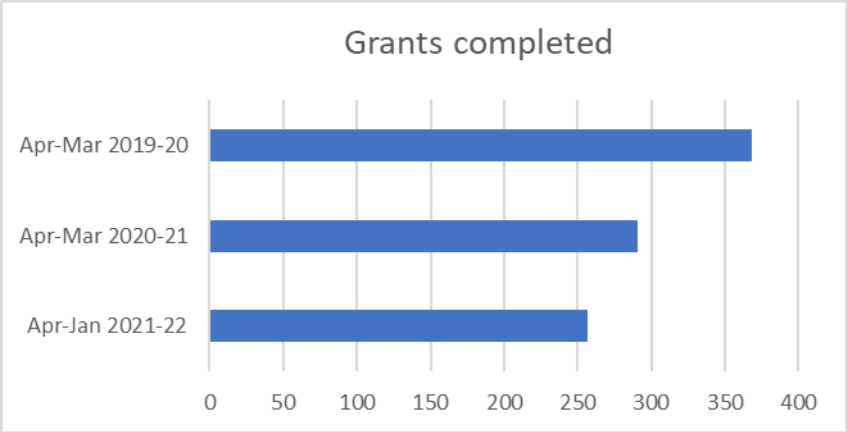


Referrals are received into the Disabled Facilities Grant programme following a functional assessment by an Occupational Therapist / Social Care Assessor of how the disabled person manages activities of

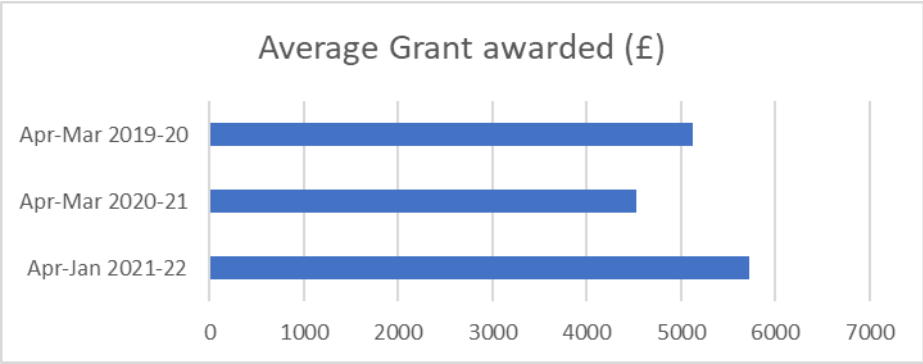
daily living in the home environment.

Referrals are at a similar level to 2020-21. There is a backlog of around 150-200 assessments to be completed by the Occupational Therapy team; arrangements have been made to appoint a third party to undertake these on behalf of the Council. This will increase the number of referrals in the next 3 months and reduce waiting times for OT assessments, but will create a pressure in another part of the system.



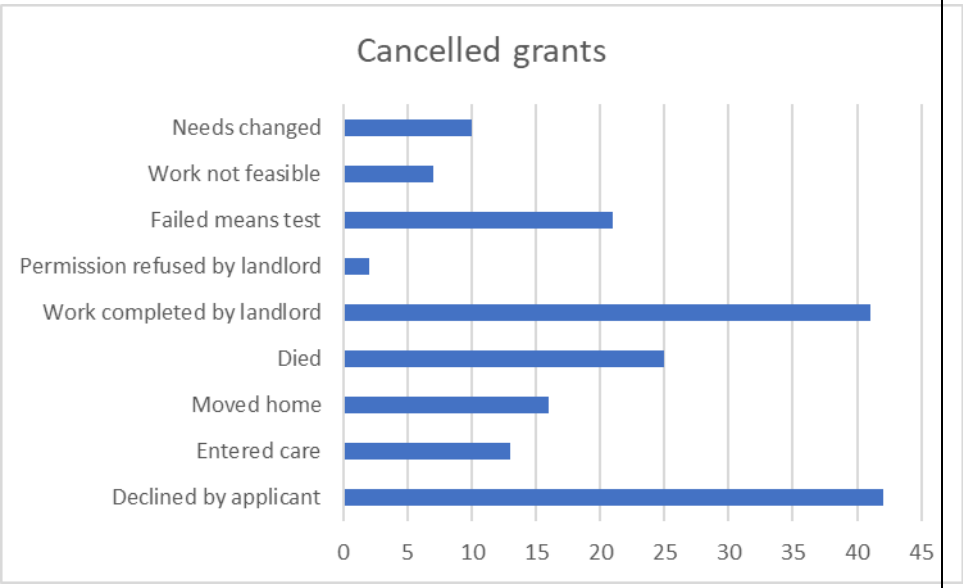


The performance for the number of grants that have been awarded in the last three years is comparable. However, the number of grants completed was lower in 2020-21 because of the pandemic, and recovery has been affected by poor performance by the contractor for the Level Access Shower contract in 2021-22. The contract was terminated for non-performance in the summer, and an alternative contractor was appointed on a temporary basis pending appointment of a new supplier. The failure of the contract with Novus meant that there was a backlog of over 100 cases which the temporary contractor has endeavoured to complete, enabling us to recover slowly. A new contractor has been appointed, with the contract to start on 1 April 2022.



The average grant awarded to date in 2021-22 is £5,723, compared to £5,118 in 2019-20 and £4,524 in 2020-21.

The increase is a direct result of rising materials and labour costs, which is being attributed across the building industry to the impact of Covid and Brexit.



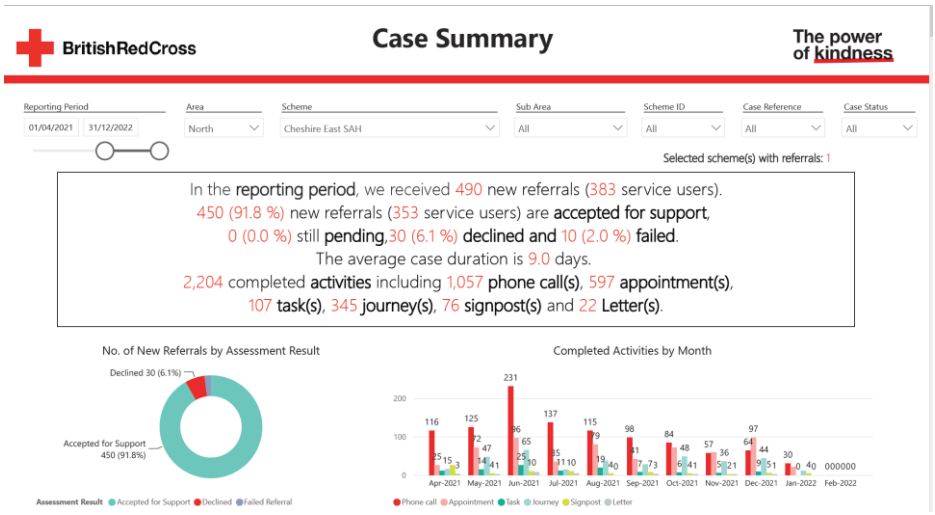
18.4% of referrals have led to cancellation. This could be reduced by improving information at an early stage (at the front door or in the OT assessment), however it should be recognised that the information received through the process will help to inform applicant's decisions, for example to move to a more suitable home as an alternative to adapting their home.

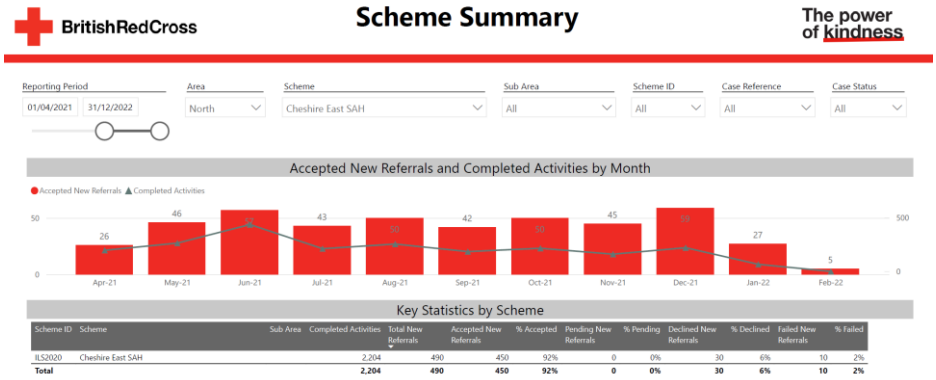
14	BCF Assistive technology	The following tables provides an overview of the monthly performance of the Assistive Technology service: If Service Levels consistently fall below the targets (IN RED) then pricing may (ie adjusted in line with the terms of the contract.	£757,000	Existing

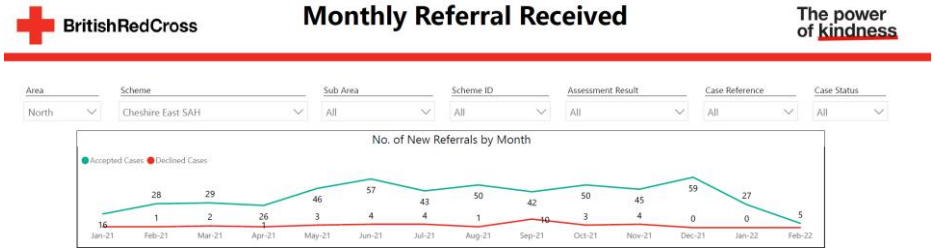
Service	Response Times	Target	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
1.2	Installations - URGENT to completed within 24 hours ie Hospital discharges	100% 90%	100% 34/40 delay by client	100% 23/27 delay by client	100% 23/29 delay by client	80% 19/24 delay by client	80% 24/29 delay by client	100% 14/16 delay by client	37.5% 23/31 delay by client	100% 22/27 delay by client	100% 21/22 delay by client
1.3	Installations - STANDARD to be completed within 5 working days	99% 85%	96.97% 44/77 delay by client	100% 42/51 delay by client	91.89% 84/121 delay by client	100% 80/93 delay by client	94.44% 71/80 delay by client	69.23% 55/81 delay by client	90% 75/105 delay by client	90.70% 50/93 delay by client	73.17% 48/89 delay by client
1.5	Maintenance/Faults – CRITICAL within 24hours	100% 90%	100% 21/41 delay by client	100% 11/27 delay by client	100% 17/29 delay by client	100% 13/21 delay by client	100% 24/36 delay by client	100% 12/29 delay by client	100% 13/15 delay by client	100% 12/25 delay by client	100% 11/22 delay by client
1.6	Maintenance/Faults – NON-CRITICAL within 7 working days	100% 85%	95.65% 69/115 delay by client	95.65% 46/79 delay by client	95.74% 55/102 delay by client	94.87% 61/100 delay by client	98.32% 24/143 delay by client	98.67% 37/112 delay by client	100% 35/137 delay by client	100% 41/166 delay by client	100% 33/136 delay by client
1.7	Maintenance - ANNUAL CHECKS or in line with manufacturers guidelines	100% 90%									
1.9	Withdrawals - STANDARD within 7 working days	100% 90%	55.36% 40/96 delay by client	73.68% 12/50 delay by client	64.58% 38/86 delay by client	100% 58/98 delay by client	45.83% 3/99 delay by client	96.67% 72/132 delay by client	100% 96/134 delay by client	98.70% 121/198 delay by client	98.15% 154/208 delay by client
1.11	Response – Calls answered within 60 seconds	97.5%	86.37% 9507 calls	93.45% 15366 calls	94.03% 12001 calls	94.36% 9573 calls	93.75% 9583 calls	95.93% 9898 calls	95.20% 10684 calls	95.28% 9156 calls	95.92% 9037 calls
	Response – Calls answered within 30 seconds	90%	80.23%	85.66%	86.03%	85.09%	83.03%	86.35%	84.63%	85.28%	86.17%
1.12	Response – When a mobile response is required it will be within 45 minutes of the initial call. Also captured from July response within 60 minutes of the initial call.	100% 90%	No Data	Limited data available	Limited data available	Limited data available	Limited data available	Limited data available	Limited data available	92.55% 174/188 delayed	95.50% 234/245 delayed
										100%	100%
1.13	Customer and staff satisfaction survey response level	65% 50%									

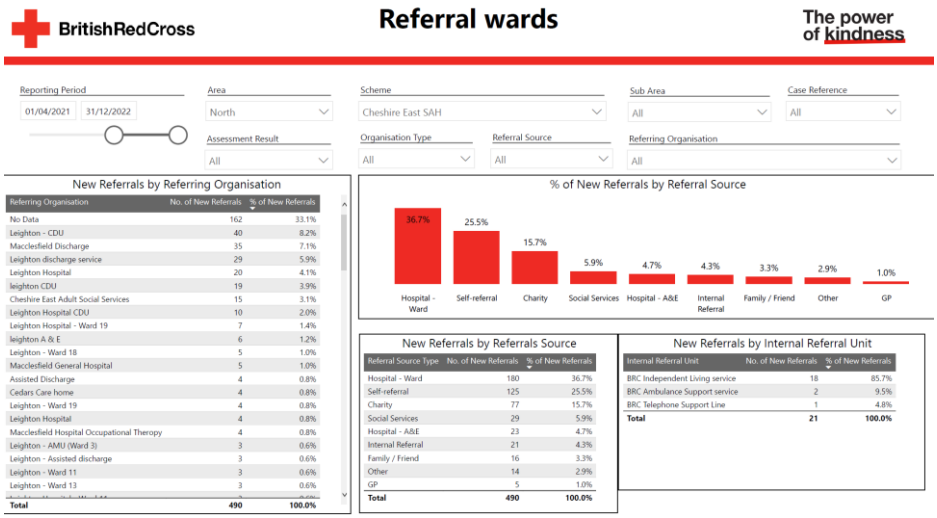
15	BCF British	The following information provides an overview of the performance of	£297,570	Exist

	Red Cross 'Support at Home' service	the British Red Cross 'Support at Home' service.		ing
16	BCF Combined Reablement service	The following tables provide an overview of the performance of the mental health service, dementia reablement service and community reablement service.	£4,771,325	Existing









Mental Health Reablement Summary

Number of packages delivered	April	May	June	July	August	September	October	November	December
No. Referrals in the month	245	235	254	236	211	244	211	217	181
No. Closed in the month	186	215	238	451	170	240	231	214	320

Dementia Reablement Summary

Number of packages delivered	April	May	June	July	August	September	October	November	December
No. Referrals in the month	71	96	107	100	91	77	100	102	62
No. Closed in the month	49	39	36	60	65	42	72	52	35

On Liquidlogic, Reablement Plans should be recorded for Community Reablement and Reablement services will be loaded on the plan. As discussed previously Market Failure is currently recorded as Reablement. Also Reablement plans have been used to record other services such as short-term residential which complicates it.

The following table shows all Reablement Plans completed between 01/04/2021 and 31/12/2021 regardless of what services are recorded on the plan. Data is broken down by Sequel (Outcome). One client can have multiple plans.

Reablement Sequel	Count
No services provided - No identified needs	188
Long-Term support (Community)	112
Short-Term support (other)	71
No services provided - Needs identified but self-funding	63
Early Cessation of Service (not leading to long-term support) - 100% NHS Funded care/end of life/deceased	54
No change in Long Term Support	50
On-going low level support	33
Long-Term support (Residential)	32
No services provided - Needs identified but support declined	21
No services provided - Universal services / signposted to other services	21
Early Cessation of Service (not returning to long-term support) - Other reason	19
Early cessation of service (not leading to long-term support)	18
Level of Long Term Support increased	16
ALL Long Term Support Ended no ongoing eligible needs	10
Early Cessation of Service (not returning to long-term support) - NHS Funded care/end of life/deceased (existing client)	10
Move to Community (existing client)	8
Move to Residential Care (from Community)	8
Long-Term support (Nursing)	7
Early cessation of service (leading to long-term support) (Community)	5
Early Cessation of Service (return to long-term support) - No change in setting	5
Move to Nursing Care (from Community)	4
Early cessation of service (leading to long-term support) (Nursing)	3
Early cessation of service (leading to long-term support) (Residential)	2
Early Cessation of Service (return to long-term support) - Move to Nursing from community	1
Level of Long Term Support Decreased	1
	762

The following table shows Reablement plans ending between the same dates where a specific Reablement service has been recorded on the plan.

Reablement Sequel	Count
No services provided - No identified needs	116
Early Cessation of Service (not leading to long-term support) - 100% NHS Funded care/end of life/deceased	36
On-going low level support	24
Long-Term support (Community)	23
No change in Long Term Support	23
Early Cessation of Service (not returning to long-term support) - Other reason	7
No services provided - Needs identified but support declined	7
No services provided - Universal services / signposted to other services	7
Early Cessation of Service (not returning to long-term support) - NHS Funded care/end of life/deceased (existing client)	5
ALL Long Term Support Ended no ongoing eligible needs	4
Early cessation of service (not leading to long-term support)	3
Early Cessation of Service (return to long-term support) - No change in setting	3
No services provided - Needs identified but self-funding	3
Move to Community (existing client)	2
Early cessation of service (leading to long-term support) (Community)	1
Early cessation of service (leading to long-term support) (Nursing)	1
Long-Term support (Residential)	1
Move to Residential Care (from Community)	1
Short-Term support (other)	1
	268

Reablement service provisions on Liquidlogic regardless of whether they are on a Reablement plan. In total, 305 distinct clients had a Reablement service between 01/04/2021 and 31/12/2021.

17	BCF Safeguarding Adults Board (SAB)	The following performance information shows the safeguarding concerns by type per month.	£422,380	Existing

Concern	April	May	June	July	August	September	October	November	December	January
Discriminatory	2	0	1	4	3	4	3	5	1	2
Domestic Abuse	21	20	27	27	24	23	28	23	30	25
Emotional/Psychological	70	52	62	75	66	79	70	76	60	70
Financial	42	43	61	46	44	50	56	51	45	40
Modern Slavery	0	0	2	0	0	0	0	3	1	1
Neglect	135	167	2	164	163	176	157	152	159	169
Organisational	8	17	144	7	13	14	9	9	5	8
Physical	72	76	11	84	94	109	80	71	90	91
Self-Neglect	64	74	93	99	57	93	66	57	56	72
Sexual	22	13	71	13	11	23	11	27	12	17
Sexual Exploitation	3	0	15	0	0	3	2	2	2	4

18 | BCF Carers hub | £398,000 | Existing

The following tables provide an overview of the performance of the carers hub, it shows the assessment and outcomes for adult and young carers:

Assessments - Adult Carers

Please report on what you have delivered under this contract

Measure	Q1 April	Q1 May	Q1 June	Q1 Target	Q1 Total	Q2 July	Q2 Aug	Q2 Sept	Q2 Target	Q2 Tota	Q3 Oct	Q3 Nov	Q3 Dec	Q3 Target	Q3 Tota
New Assessments															
Number of statutory Carers Assessments completed	65	69	68		202	75	60	69		204	65	59	40		164
Number of support plans completed	65	69	68		202	75	60	69		204	65	59	40		164
Number of statutory Carers Assessments completed face to face	3	2	4		9	4	5	7		16	14	21	10		45
Annual Reviews - not due until Q4															
Number of statutory Carers Assessments who's annual review falls due within the reporting period	13	20	29		62	31	47	65		143					0
Number of Carers attempted to make contact with to undertake their annual review	2	2	1		5	0	0	0		0	0	0	0		0
Number of non contactable Carers to undertake their annual review	2	2	1		5					0					0
Number of Carers undertaken an Annual Review who's review falls due within the reporting period	0	0	0		0					0					0
Total number of reviews completed within the reporting period	6	9	6		21					0					0
Number of annual reviews completed face to face	0	0	0		0										
Cancelled Assessments															
Number of statutory Carers Assessments cancelled with CEC within the reporting period	0	0	0		0					0					0

Outcomes - Adult Carers

No.	Outcome measure	Evidence What evaluation tools have been used to gather this evidence, for example surveys, individual interviews etc.	Q1 Outcome	Q2 Outcome	Q3 Outcome
1	Increased identification of Carers	Referral rate	431	419	252
2	Improved quality of life and opportunities for Carers	GMTool - total score	50.00%	56%	53%
3	Improved physical health of Carers	GMTool- Health and Fitness section	100.00%	100%	100%
4	Improved emotional wellbeing of Carers	SWEMWEBS	100.00%	99%	100%
5	Increased choice, control and independence for Carers	section	100.00%	100%	100%
6	Improved ability to manage a Carers caring role	GMTool - Ability to manage Caring Role section	100.00%	100%	98%
7	Enable carers to maintain employment, education, or return to work or education	GMTool-Employment, volunteering and training	93.00%	100%	100%
8	Carers feel engaged, involved and have a voice	GMTool - Community Groups and involvement section	100.00%	99%	98%
9	Carers feel safe	GMTool - Safety section	100.00%	97%	100%

Assessments - Young Carers

Please report on what you have delivered under this contract

Measure	Q1 April	Q1 May	Q1 June	Q1 Target	Q1 Total	Q2 July	Q2 Aug	Q2 Sept	Q2 Target	Q2 Tota	Q3 Oct	Q3 Nov	Q3 Dec	Q3 Target	Q3 Tota
New Assessments															
Number of statutory Young Carers Assessments completed	10	4	8		22	12	10	5		27	6	10	4		20
Number of support plans completed	10	4	8		22	12	10	5		27	6	10	4		20
Number of statutory Young Carers Assessments completed face to face	6	3	6		15	8	8	3		19	4	9	2		15
Annual Reviews - not due until Q4															
Number of statutory Young Carers Assessments who's annual review review falls due within the reporting period	6	13	4		23	1	8	8		17					0
Number of Young Carers attempted to make contact with to undertake their annual review	6	12	0		18	0	0	0		0					0
Number of non contactable Young Carers to undertake their annual review	1	1	0		2					0					0
Number of Young Carers undertaken an Annual Review who's review falls due within the reporting period	2	8	6		16					0					0
Total number of reviews completed within the reporting period	2	8	6		16					0					0
Number of annual reviews completed face to face	0	0	0		0										
Cancelled Assessments															
Number of statutory Young Carers Assessments cancelled with CEC within the reporting period	0	0	0		0					0					0

Outcomes - Young Carers

No.	Outcome measure	Evidence What evaluation tools have been used to gather this evidence, for example surveys, individual interviews etc.	Q1 Outcome	Q2 Outcome	Q3 Outcome
1	Increased identification of Carers	Referral rate	41	48	38
2	Young Carers' positive outlook is improved	PANOC 1, 2, 19 & 20	71.42%	100%	86%
3	Young Carer has improved relationships	PANOC 3 & 8	78.57%	100%	80%
4	Young Carer has improved self esteem	PANOC 4 & 15	92.85%	100%	73%
5	Young Carer has improved resilience	PANOC 7 & 18	17.42%	100%	67%
6	The emotional impact on the Young Carers' caring role has been reduced	PANOC 5, 6, 9, 10, 11, 13 & 16	50.00%	50%	86%

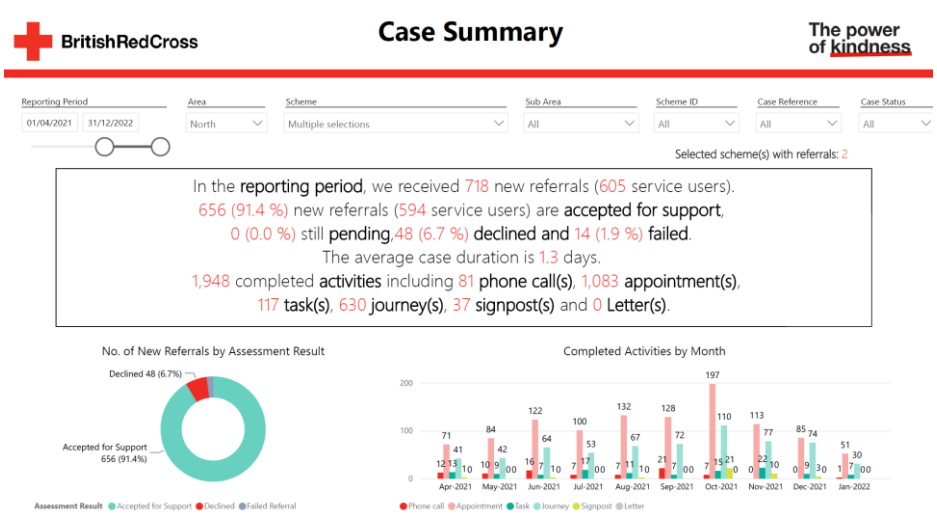
19 | BCF Programme | £411,558 | Existing

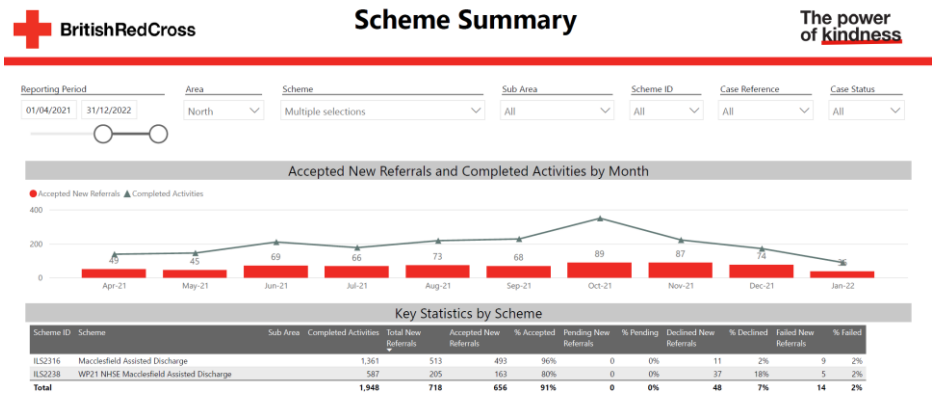
In respect of this scheme the programme manager coordinated the production of adult social care winter plan, bcf plan for 21/22 as well as

	management and infrastructure	end of year plan for 21/22. In addition to this a position paper in respect of 7-day working was produced. This scheme also includes an allocation of funding (£252,229) for the use of a number of beds at Elmhurst. The purchase of the beds is a longstanding arrangement, the only recent change to funding is that they are to be funded from the Better Care Fund as opposed to the Adults Service normal revenue budget.		
20	BCF Winter schemes CCG	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.	£527,800	Existing
21	BCF Homefirst schemes CCG		£18,693,933	Existing

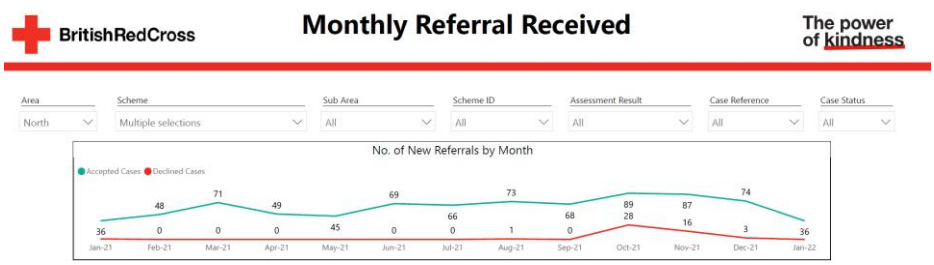
Home First Memo:	**Cheshire CCG**
MCHFT – Elmhurst	1,287,819
MCHFT - Intermediate Care	1,389,960
CCICP - Intermediate Care	1,585,818
CCICP - Integrated Community Teams	1,548,963
Cheshire and Wirral Partnership NHS Foundation Trust	540,189
CCICP - Community Beds - Therapies	346,437
Community Equipment	387,504
Community Beds	1,499,508
Community Stroke Rehabilitation service	518,076
Cardiac Rehabilitation	197,545
Discharge Liaison Officer	61,250
Frailty Service	764,325
Homecare Medicines Support	32,779
Musculo Skeletal Follow-up	0
Night Service	76,113
Hospital at Home	187,164
Palliative Care - community services	46,755
Intermediate Care	35,360
Chronic Pain Services	281,146
Continence services	275,900
Community Dietetics	598,468
Community Epilepsy	61,812
Community - Heart Failure	163,815
Community - Intermediate Care Liaison	173,312
Community - Intermediate Care Rapid Response	123,662
Community - Intermediate Care Rehabilitation	66,630
Comm - Intermediate Care Team	300,955
Comm - LT CARE TEAM	0
Comm - MACMILLAN	387,434
Comm - MACMILLAN THERAPY	19,449
Comm - MARIE CURIE	34,192
Comm - MATRON	688,104
Comm - NURS MGT	0
COMM REHAB SUPPORT	1,298,564

		COMPLEX CARE 713,588 Intermediate Respite Service 594,097 INTERMEDIATE CARE - ADDITIONAL SUPPORT (Escalation Beds) 1,528,651 NUTRITION AND DIETETIC SUPPORT 134,012 TISSUE VIABILITY 151,824 To be allocated 592,755 **TOTAL 18,693,933**		
22	BCF Trusted assessor service	The Macclesfield IToCC distributed some feedback questionnaires to colleagues from both teams she has worked with and has had positive returns. In LH discharges fell as the results of the Christmas socialising hit the nation. Many people were coming into the hospital, but not many were leaving. The IToCC completed many assessments which were then shelved as the patients COVID tests came back positive. Many of these patients then required a second assessment due to their health deteriorating in the two weeks they were in isolation. During this time, the role changed and the IToCC became more of a source of information for the ASCT, Providers and family. The wards were very busy and answering the phone was difficult for them. The IToCC became the eyes for those needing confirmation that someone was as mobile as their notes suggested, chasing test results, keeping providers up to speed on the progress of their residents and reassuring families who contacted her. Some of the ASCT who had not been aware of her role found it very helpful to have her first-hand feedback especially when cases were complex. The requests for her assessments remain steady from IDT but fluctuate from the ASCT. The IToCC has distributed questionnaires to colleagues to gain a better understanding of their thoughts and opinions. She has had replies from three Social Care Assessors who have been very positive and said her role was a real asset in aiding their decision- making process.	£94,000	Existing
23	BCF General Nursing assistant	At the time of writing the service hasn't been mobilised for a long period of time. The commissioner reports that the service is working well with high levels of usage.	£300,000	New
24	BCF British Red Cross	The following information provides an overview of the performance of the British Red Cross service:	£65,000	New





Scheme ID	Scheme	Sub Area	Completed Activities	Total New Referrals	Accepted New Referrals	% Accepted	Pending New Referrals	% Pending	Declined New Referrals	% Declined	Failed New Referrals	% Failed
ILS2316	Macclesfield Assisted Discharge		1,361	513	493	96%	0	0%	11	2%	9	2%
ILS2238	WP21 NHSE Macclesfield Assisted Discharge		587	205	163	80%	0	0%	37	18%	5	2%
Total			**1,948**	**718**	**656**	**91%**	**0**	**0%**	**48**	**7%**	**14**	**2%**



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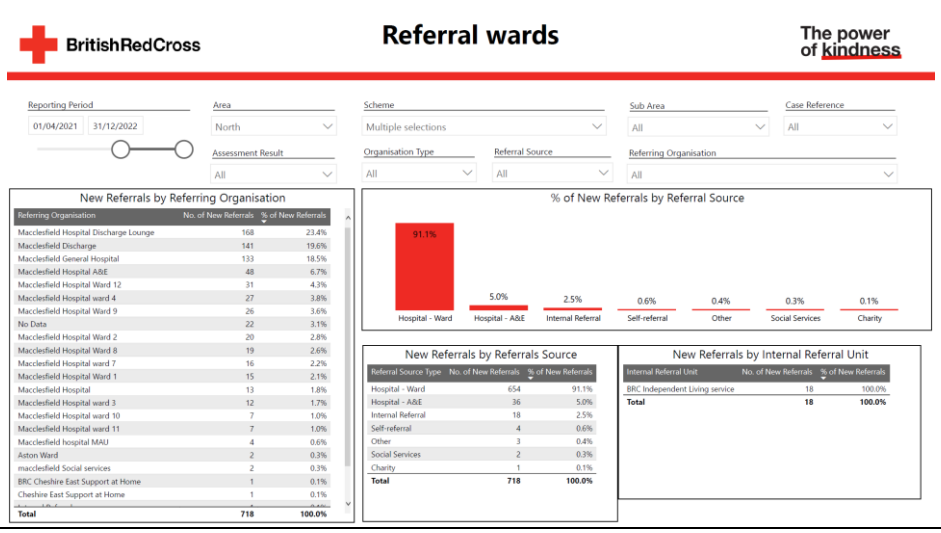

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<tr><td>25</td><td>BCF One You falls prevention business case</td><td>

One You Cheshire East KPI – 2021/22

Stand Strong (Falls Prevention)

KPI	Target	Q1	Q2	Q3	Q4
Record the number of participants booked to the service	Information Only	17	56	110	
% of bookings converting to a service start	50%	65%	91%	91%	
Number of participants starting the service	570 annually	11	51	97	
Number of participants completing the service	Information Only	4 (remote service)	1 (remote service)	2 (most completers will feature in Jan-Mar 2022 report given when they started and due to the length of the programme)	
Number of participants achieving increased stability	Baseline	4	1	2	
% of completers with improved strength & balance	60%	100%	100%	100%	
% of completers showing improvement in wellbeing	Baseline	100%	100%	100%	
Completer Satisfaction Score	8.5	N/A	8.5	8.5	

</td><td>£20,000</td><td>New</td></tr>
<tr><td>26</td><td>iBCF Community brokerage</td><td>The update has been provided on scheme number 10.</td><td>£33,465</td><td>New</td></tr>
<tr><td>27</td><td>BCF Third Sector</td><td>At the time of writing the scheme is still in the process of mobilising.</td><td>£75,000</td><td>New</td></tr>
<tr><td>28</td><td>BCF British Red Cross</td><td>At the time of writing the scheme is still in the process of mobilising.</td><td>£30,000</td><td>New</td></tr>
<tr><td>29</td><td>BCF Carers hub</td><td>The update has been provided on scheme number 18.</td><td>£324,000</td><td>Existing</td></tr>
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