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Cheshire East Health and Wellbeing Board

Agenda

Date:	**Tuesday, 23rd November, 2021**
Time:	**2.00 pm**
Venue:	**Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ**

PLEASE NOTE – This meeting is open to the public and anyone attending this meeting will need to wear a face covering upon entering and leaving the venue. This may only be removed when seated.

The importance of undertaking a lateral flow test in advance of attending any committee meeting. Anyone attending is asked to undertake a lateral flow test on the day of any meeting before embarking upon the journey to the venue. Please note that it can take up to 30 minutes for the true result to show on a lateral flow test. If your test shows a positive result, then you must not attend the meeting, and must follow the advice which can be found here:
https://www.cheshireeast.gov.uk/council_and_democracy/council_information/coronavirus/testing-for-covid-19.aspx

The agenda is divided into 2 parts. Part 1 is taken in the presence of the public and press. Part 2 items will be considered in the absence of the public and press for the reasons indicated on the agenda and at the top of each report.

It should be noted that Part 1 items of Cheshire East Council decision making meetings are audio recorded and the recordings will be uploaded to the Council's website.

PART 1 – MATTERS TO BE CONSIDERED WITH THE PUBLIC AND PRESS PRESENT

1. **Apologies for Absence**

To receive any apologies for absence.

For requests for further information
Contact: Karen Shuker
Tel: 01270 686459
E-Mail: karen.shuker@cheshireeast.gov.uk with any apologies

2. **Declarations of Interest**

To provide an opportunity for Members and Officers to declare any disclosable pecuniary and non-pecuniary interests in any item on the agenda.

3. **Minutes of Previous meeting** (Pages 5 - 10)

To approve the minutes of the meeting held on 7 September 2021.

4. **Public Speaking Time/Open Session**

In accordance with paragraph 2.24 of the Council's Committee Procedure Rules and Appendix on Public Speaking, set out in the Constitution, a total period of 15 minutes is allocated for members of the public to put questions to the committee on any matter relating to this agenda. Each member of the public will be allowed up to two minutes each to speak, and the Chair will have discretion to vary this where they consider it appropriate.

Members of the public wishing to speak are required to provide notice of this at least three clear working days' in advance of the meeting.

5. **The Mental Health Community Transformation Programme** (Pages 11 - 14)

To receive an overview of The Mental Health Community Transformation Programme.

6. **Pharmaceutical Needs Assessment Update**

To consider a report on the statutory requirement to publish a new Pharmaceutical Needs Assessment (PNA) by 1st October 2022 and to formalise the process for development and endorsement of the PNA.

7. **Better Care Fund end of year report 2020-2021** (Pages 15 - 38)

To receive an update of the progress made during 2020-21 of the Better Care Fund.

8. **Better Care Fund Plan 2021-2022** (Pages 39 - 52)

To receive a report summarising the areas of activity and the proposed expenditure for the Better Care Fund covering Cheshire in 2021/22.

9. **Rural Health Inequalities**

To receive a presentation in respect of Rural Health Inequalities.

10. **Cheshire and Merseyside ICS Marmot Community Programme** (Pages 53 - 68)

To receive an update on the Cheshire and Merseyside ICS Marmot Community Programme.

11. **Test, Trace, Contain, Enable update**

To receive a verbal update on Test, Trace, Contain, Enable.

12. **Cheshire East Place Partnership update**

To receive a verbal update on the work of the Cheshire East Place Partnership.

13. **Cheshire East Integrated Care Partnership Update**

To receive a verbal update on the Cheshire East Integrated Care Partnership.

Membership: L Barry, Councillor C Bulman, H Charlesworth-May, Councillor S Corcoran (Chair), Dr P Kearns, T Knight, S Michael, Dr L O'Donnell, Councillor J Rhodes, Dr M Tyrer, C Watson, J Wilbraham, Dr A Wilson (Vice-Chair), Councillor J Clowes (Associate Non-Voting Member), P Crowcroft (Associate Non-Voting Member), C Hart (Associate Non-Voting Member), J Traverse (Associate Non-Voting Member), C Whitney (Associate Non-Voting Member) and D Woodcock (Associate Non-Voting Member)

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CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board** held on Tuesday, 7th September, 2021 at The Ballroom, Sandbach Town Hall, High Street, Sandbach, CW11 1AX

PRESENT

Voting Members

Councillor S Corcoran (Chair), Cheshire East Council
Councillor Carol Bulman, Cheshire East Council
Councillor Jill Rhodes, Cheshire East Council
Dr Andrew Wilson (Vice-Chair), NHS Cheshire CCG
Jill Broomhall, Cheshire East Council
Louise Barry, Healthwatch Cheshire
Steven Michael, Cheshire East Health and Care Partnership
John Wilbraham, Cheshire East Integrated Care Partnership
Dr Matt Tyrer, Director of Public Health

Non-Voting Members
Lorraine O'Donnell, Cheshire East Council

Associate Non-Voting Members
Councillor Janet Clowes, Cheshire East Council
Superintendent Peter Crowcroft, Cheshire Constabulary

Cheshire East Officers and Others
Guy Kilminster, Corporate Manager Health Improvement
Deborah Nickson, Senior Lawyer
Karen Shuker, Democratic Services Officer

14 **APPOINTMENT OF CHAIR**

It was moved and seconded that Councillor Sam Corcoran be appointed the Chairman.

RESOLVED:

That Councillor Sam Corcoran be appointed as Chairman.

15 **APPOINTMENT OF VICE CHAIR**

It was moved and seconded that Dr Andrew Wilson be appointed as the Vice Chairman.

RESOLVED:

That Dr Andrew Wilson be appointed as Vice Chairman.

16 **APOLOGIES FOR ABSENCE**

Apologies were received from Chris Hart (Cheshire East Social Action Partnership), Dr Patrick Kearns (Cheshire East Integrated Care Partnership), Ged Rowney (Cheshire East Council), Clare Watson (NHS Cheshire CCG), Caroline Whitney (CVS Cheshire East).

17 **DECLARATIONS OF INTEREST**

There were no declarations of interest.

18 **MINUTES OF PREVIOUS MEETINGS**

RESOLVED:

That the minutes of the meeting held on 23 March 2021 be approved as a correct record.

That the minutes from the informal virtual meeting held on 26 July 2021 be noted.

19 **PUBLIC SPEAKING TIME/OPEN SESSION**

There were no public speakers.

20 **APPOINTMENT OF NON-VOTING ASSOCIATE MEMBERS**

RESOLVED

(1) That the current appointments for Non-Voting Associate Members be agreed for a further year, with the exception of Frank Jordan who left the local authority.
(2) That the newly appointed Executive Director of Place for Cheshire East Council be appointed as a Non-Voting Associate Member.

21 **LONG COVID UPDATE**

Dr Andrew Wilson gave an update on the development of Long Covid Services which detailed the wide-ranging variety of symptoms associated with long covid and the difficulty in dealing with these. Following the guidance published by NHSE/I in April 2021, national funding had helped support a proposal for a new pathway consisting of four tiers covering self-care, primary care, community, and specialist management services.

Comments and questions were made in respect of

- Any indication of the impact on the primary, secondary and tertiary care services of those within Cheshire who have long covid;

- The numbers who have had COVID who go on to develop long covid;
- Why there were so few referrals to Cheshire and Merseyside ICS post covid assessment service;
- Would tier 3 services be managed through Care Communities?

RESOLVED

That the update be noted.

22 **WINTER PRESSURES UPDATE**

John Wilbraham (Cheshire East Integrated Care Partnership) and Councillor Carol Bulman joined the meeting during this item.

Dr Andrew Wilson and Jill Broomhall provided a verbal update on the expected winter pressures. These included an increase in flu levels, Respiratory Syncytial virus (RSV) in younger children, running alongside the current covid pressures.

The A&E Delivery Board had addressed a number of risks across the system which included

- The insufficient community health and social care capacity to support discharges;
- High numbers of those waiting in A&E;
- Failure to meet ambulance handover timescales;
- Staffing shortages across the whole system;
- Increase in pressures on mental health services;
- Increase in admissions due to RSV in those younger children.

Following identification of these risks the A&E Delivery Board had developed a number of actions which would be agreed at the A&E delivery board meeting on the 15th September. These would then be reported back to the next Health & Wellbeing Board.

The A&E Delivery Board identified that local system awareness, development of hot hubs and media communication would be key to supporting the increase in winter pressures.

RESOLVED

(1) That the update be noted;
(2) That the actions agreed at the A&E Delivery Board be reported back to the next Health and Wellbeing Board.

23 **TEST, TRACE, CONTAIN, ENABLE' UPDATE**

Matt Tyrer gave an update on the Test, Track, Contain and Enable system in Cheshire East.

There had been a slight increase in numbers within Cheshire which was now up to 344, per 100,000. There had been a general increase in numbers across the North West and North East. The South West had recently seen a spike in numbers associated with younger people mixing at a surfing event although these had now reduced significantly. There were concerns that there could be an increase in rates following the return of schools, but with the proactive approach to testing and high uptake of vaccinations it was hoped that any increase would be small in comparison to the increase that had been seen in Scotland.

The highest rate of numbers was in the 10-19 age year group but there had been an increase in numbers in the over 60s which was associated with greater mobility and testing over summer, alongside caring responsibilities for grandchildren.

There had been a good uptake in the vaccination programme which had seen Cheshire East identified as the highest performing of the nine authorities across Cheshire East and Merseyside. The uptake rate for those over 60s getting their second vaccination was over 95% and there had been a generally been a good uptake in the younger generation.

There had been a slight increase in hospital occupancy, but the number of deaths remained low.

Information on the development of the national strategy for the Test and Trace system is still awaited. In the meantime, lots of innovative work had been undertaken by the team to help support this and examples of good practice had been fed back to the Department of Health.

The Swab Squad had been proactive throughout the pandemic and recognition of their work had resulted in the team recently being shortlisted for an Association of Public Sector Excellence award.

RESOLVED

That the update be noted.

24 **CHESHIRE EAST PLACE PARTNERSHIP UPDATE**

This item and the Cheshire East Integrated Care Partnership update were considered together.

Steven Michael provided a verbal update on the Cheshire East Place Partnership and the Cheshire East Integrated Care Partnership.

A series of lock in sessions had been held with key accountable officers supported by him as the Independent Chair. The purpose of the sessions was to discuss the following:

1) To seek agreement around the strategic vision for health and social care in Cheshire East;
2) To identify the skills and capacity required to deliver the vision;
3) To create the delivery plan for the coming years;
4) To review the options in relation to the governance for it to work and agree a way forward.

There was a genuine shared ambition for service improvement and development within Cheshire East Place which was acknowledged as a significant step in the process.

The strategic vision for the population-based model for health delivery and service change, which had previously been presented to the Health and Wellbeing Board (HWBB) was agreed by all present.

Dr Lorraine O'Donnell explained that the work conducted in the lock-ins was focussed on those changes that would have the biggest impact on outcomes for its residents. This focus on ambition for change and shared understanding of the way forward was creating considerable momentum for change. She noted that each officer had taken away specific actions from the lock in sessions to help drive the agenda forward. As an example, on behalf of the Council she was leading the work to:

- Complete a review of the governance arrangements that would be required, including consideration of the role of the ICP Board and the Health and Wellbeing Board in the future model.
- Establish an Integrated Care Board.
- Progress the appointment of a Place Lead.

The data requirements of a 'population-health' led approach were referenced and Dr Tyrer advised that Dr Susie Roberts had been appointed as a new Public Health Consultant with the lead for Health Intelligence. The Chair welcomed Dr Susie Roberts to the board and invited Dr Roberts to introduce herself to board members.

The Chair thanked the Board members for their comments. The Board endorsed the strategic vision and suggested that it would be helpful to have further discussion around the structure and governance at a subsequent Health and Wellbeing Board. He stressed the need for primacy of place within its ICS developments.

Dr Andrew Wilson gave an update on the work that would be required before and after April 2022 in relation to the disestablishment of Cheshire Clinical Commissioning Group. A Bill going through parliament was expected to dissolve CCGs on the 1 April 2022 and the Integrated Care Board would take on the CCG responsibilities. Cheshire CCG covered Cheshire East and Cheshire West and Chester and as a **temporary** measure pre-April 2022, the governing body would be considering the proposal to have two 'Borough Place based' committees at its October meeting. These would include additional local authority representatives.

Discussions were ongoing to finalise these arrangements. It was noted that these would not be the place-based committee post April 2022. Dr Wilson echoed the summary of the lock-in work given by Dr Michael and Dr O'Donnell and felt that more had been achieved in recent months than over recent years.

RESOLVED That:-

1) To note the progress of the Executive Group of the Cheshire East Place Board in developing the vision for health and social care in Cheshire East.
2) To receive a further update on governance implications for place at a forthcoming Health and Wellbeing Board.

The meeting commenced at 2.00pm and concluded at 3.10pm

Councillor S Corcoran (Chair)

Cheshire and Wirral Partnership NHS Foundation Trust

Community Mental Health Transformation Programme

Programme Overview

Community mental health services are at the heart of the NHS England Long Term Plan for Mental Health Services, with one of the key objectives being to develop "new and integrated models of primary and community mental health care [which] will support adults and older adults with severe mental illnesses".

Community mental health services have long played a crucial, yet sometimes under-recognised role in the delivery of mental health care, providing vital support to people with mental health problems closer to their homes and communities since the establishment of generic community mental health teams (CMHTs) for adults 30 years ago. However, the model of care is now in need of fundamental transformation and modernisation.

The key aims of the Community Mental Health Framework (2019)[1] are to:

1. Promote mental and physical health and prevent ill health.
2. Treat mental health problems effectively through evidence-based psychological and/ or pharmacological approaches that maximise benefits and minimise the likelihood of inflicting harm, and use a collaborative approach that: - builds on strengths and supports choice; and- is underpinned by a single care plan accessible to all involved in the person's care.
3. Improve quality of life, including supporting individuals to contribute to and participate in their communities as fully as possible, connect with meaningful activities, and create or fulfil hopes and aspirations in line with their individual wishes.
4. Maximise continuity of care and ensure no "cliff-edge" of lost care and support by moving away from a system based on referrals, arbitrary thresholds, unsupported transitions and discharge to little or no support. Instead, move towards a flexible system that proactively responds to ongoing care needs.
5. Work collaboratively across statutory and non-statutory commissioners and providers within a local health and care system to address health inequalities and social determinants of mental ill health.
6. Build a model of care based on inclusivity, particularly for people with coexisting needs, with the highest levels of complexity and who experience marginalisation.

The Community Mental Health Transformation Programme is a national programme to support local areas to implement these aims. In line with the aims of the NHS Long Term Plan, a series of engagement phases have commenced to co-produce new local models of community mental health services, including:

- integrated primary and community care for adults and older adults with SMI, incorporating care for people with eating disorders;

- mental health rehabilitation needs and complex mental health difficulties associated with a diagnosis of a personality disorder;

The aspiration is for services to span core community provision and specialist services, and built around Primary Care Networks (PCN) ensuring that people have access to care within their communities.

Co-production and programme partners include Clinical Commissioning Groups (CCG's), Local Authorities, General Practice (GP) and Primary Care Networks (PCN) and the voluntary sector (VCSE). CWP have commissioned Rethink to support co-production through Experts by Experience, service user and carer engagement and general public engagement. They will also be leading on asset mapping and the development of VSCE networks and alliance building across the Cheshire and Wirral footprint.

[1] https://www.england.nhs.uk/wp-content/uploads/2019/09/community-mental-health-framework-for-adults-and-older-adults.pdf

Community Transformation Funding 2021/2022

CWP Partnership NHS Foundation Trust has received an allocation for 2021/22 for Community Transformation and is using this 12 month funding in 4 main areas, in addition to an allocation of funding for VCSE sector via a grant funding process for innovation in relation to reducing health inequalities.

1. Personality disorder services

In line with the Long Term Plan aspirations, the transformation funding will improve the provision of support for people with a diagnosis of personality disorder. This will include staff who will provide a range of evidence based psychological interventions to those people with the most complex personality disorder needs. The existing complex care service in Wirral will have its capacity increased and equivalent services will be set up in Cheshire West and Cheshire East. In all areas some resources will be focused on providing support and supervision for other CWP services, partner agencies and VCSE organisations that interact with or support people with personality disorders.

2. Eating disorder services

The transformation funding will be used to roll out FREED (First episode Rapid Early intervention for Eating Disorders) across the Trust. This is an innovative, evidence-based, specialist care package for 16 to 25-year-olds with a first episode eating disorder of less than 3 years duration in line with NICE recommendations. Implementation of FREED in other areas has reduced waiting times for assessment and treatment, reduced the proportion of patients who needed day-patient or inpatient provision, improved treatment outcomes, helping more people with a diagnosis of Anorexia Nervosa patients reach a healthy weight within 12 months of starting treatment, compared to non-FREED treatment pathways.

The transformation funding will also be utilised to commission Beat (a national mental health charity) to deliver NICE recommended treatment for up to 50 people with binge eating disorder through their “Momentum” programme.

3. Enhancing pharmacy support to medication clinics and community mental health teams

The transformation funding will be utilised to develop additional mental health pharmacist support for people who are receiving care in community teams. Specialist mental health pharmacists will be allocated to each locality and will support with individualising treatments, structured medication reviews, optimising treatments and reducing side effects for patients who are prescribed Lithium, Clozapine, High Dose Antipsychotic Treatment (HDAT), with co-morbid physical health problems, provide patient counselling and facilitate seamless, joined up care and minimise shared care prescribing issues. Optimising treatment using a holistic approach will support in improving life expectancy of those people with a serious mental illness and support our ambition to reduce health inequalities.

4. Rehabilitation services

In line with Long Term Plan aspirations and a National focus on the importance of providing a local rehabilitation care pathway to minimise the use of out of area placements, support to individuals with rehabilitation needs will be improved. A new Mental Health Intensive Support Team (MHIST) in Wirral and Cheshire will provide 12-24 month intensive support in the community to individuals as they are discharged from our rehabilitation inpatient units or community placements (in or out of area) to support them to independent living. This team is also able to provide intensive support to individuals in community placements if they have a change in need, as a step up and step down service. The service works with current community teams as an enhanced care offer, to enable people to be cared for in the most appropriate environment within their community; maximising an individual’s quality of life and social inclusion by encouraging their skills, promoting independence and autonomy in order to achieve successful community living.

Cheshire and Wirral Partnership Trust (CWP), on behalf of the Community Mental Health Transformation Programme partners, has recently launched the Community Asset Funding process to facilitate access to community asset funding for groups and organisations within the Voluntary, Community, Faith and Social Enterprise (VCFSE) Sector.

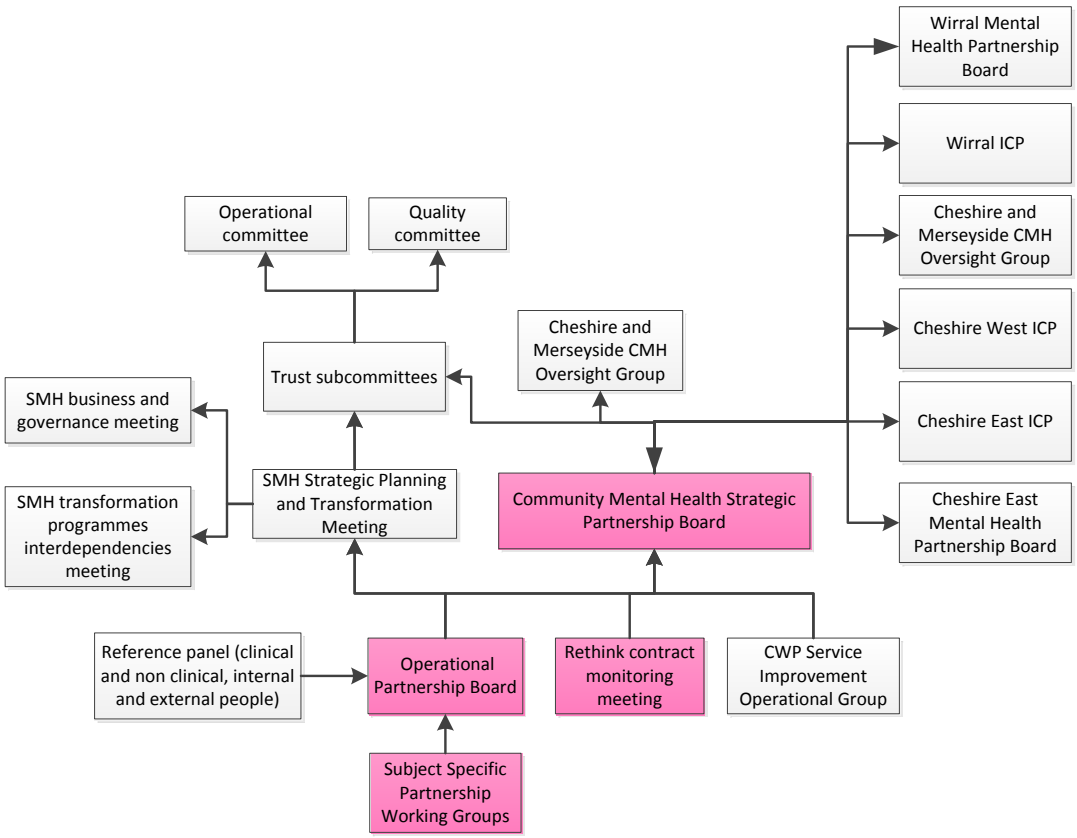
Applications are invited from VCFSE organisations who can provide access and mental health support to people living in Cheshire and Wirral, specifically focusing on supporting the following population areas:

- People from BAME communities
- People from economically disadvantaged areas or who are unemployed
- People from rural communities
- People who have experienced domestic violence

Our vision is to further develop accessible and responsive community services which support people with their mental health and facilitate access to opportunities, helping people feel connected, included and able to live healthy and fulfilling lives. We hope that this funding will enable VCFSE organisations to continue to deliver services that support people with mental ill health within the community. The deadline for applications is midnight of Friday 3rd December 2021 and awards will be made by a representative panel of health and social care partners by December 10th.

Governance

Governance structures for the Community Mental Health Transformation Programme:



The requirement from the national programme is that the local mental health trust leads the programme, however we believe that to achieve the outcomes and ambitions set out in the Long Term Plan this will require place based partnerships to play an important and significant part in the tramsformaiton.

For more information about the CMH Transformation Programme contact: Siobhan Chadwick, Strategic Programme Lead (siobhan.chadwick1@nhs.net) or Clinical Lead, Gagandeep Singh (gagandeep.singh2@nhs.net).

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Agenda Item 7

CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	Better Care Fund End of Year report 2020 - 2021
Date of meeting:	23 November 2021
Written by:	Alex Jones
Contact details:	Alex.T.Jones@Cheshireeast.gov.uk
Health & Wellbeing Board Lead:	Jill Broomhall Director of Adult Social Care

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 2020-21 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 2020/21 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 2020/21.

2 Recommendations

2.1 That the Health and Wellbeing Board notes the Better Care Fund programme performance in 2020/21. 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 For 2020-21, 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 **Current schemes**

5.6 There were 26 Schemes funded through Winter pressures, iBCF and BCF during 2020-21:

Scheme number	Scheme name	Fund	Value
001	Winter Pressure Beds	Winter pressures	£195,684
002	Winter Rapid response	Winter pressures	£283,025
003	Winter Spot short stay beds	Winter pressures	£518,625
004	Winter Care at home hospital retainer	Winter pressures	£40,000
005	Winter Social work support (station house)	Winter pressures	£112,000
006	Winter Additional Social Care staff to prevent people from being delayed in hospital	Winter pressures	£301,124
007	Winter Cheshire east people helping people	Winter pressures	£0
008	Winter Care home flu vaccination scheme	Winter pressures	£0
009	iBCF 'Winter Schemes Cheshire CCG	iBCF	£500,000
010	iBCF Enhanced Care Sourcing Team (8am-8pm)	iBCF	£407,000
011	iBCF Improved access to and sustainability of the local Care Market	iBCF	£5,817,764

	(Home Care and Accommodation with Care)		
012	iBCF Social Work Team over Bank Holiday weekends	iBCF	£165,000
013	iBCF Live Well Cheshire East	iBCF	£109,527
014	BCF Safe Steps	Better Care Fund	£20,000
015	BCF Double handling care review	Better Care Fund	£268,000
016	BCF Trusted assessor service	Better Care Fund	£77,063
017	BCF Assistive Technology (AT)	Better Care Fund	£757,000
018	BCF British Red Cross Support at Home Service - Early Discharge Schemes	Better Care Fund	£229,133
019	BCF Combined Reablement Service	Better Care Fund	£4,700,813
020	BCF Social care act - Safeguarding Adults Board	Better Care Fund	£416,138
021	BCF Programme Management and Infrastructure*	Better Care Fund	£352,371
022	BCF 'Winter Schemes Cheshire CCG	Better Care Fund	£520,000
023	BCF Carers Hub	Better Care Fund	£722,000
024/025	BCF Home First Schemes Cheshire CCG	Better Care Fund	£17,753,023
026	BCF Disabled Facilities Grant (DFG)	Better Care Fund	£2,342,000

5.7 **Metric performance**

5.8 The Better Care Fund policy statement for 2020/21 noted that Health and Wellbeing Board areas were not expected to submit local trajectories for the BCF national metrics for 2020/21. It was noted that National reporting of Delayed Transfers of Care was suspended from 19 March 2020. The table below includes the BCF metrics and the performance for the 2020/21 period and an update for 2021/22.

Metrics	Period (April 2020 – March 2021)	2021/22 update
Non-elective admissions	75,525	Performance measure suspended Q1 2021/22
Admissions to residential care homes	395*	<530 permanent admissions
Effectiveness of reablement	Not available	Incomplete data

Delays transfers of care	Performance measure suspended	Performance measure suspended Q1 2021/22

*Provisional data

5.8 **Income and Expenditure**

5.9 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**
1. DFG	£2,342,241	£2,342,241	£0
2. Minimum CCG contribution	£25,857,421	£25,857,421	£0
3. iBCF	£8,449,929	£8,449,929	£0
4. Additional LA contribution	£0	£0	£0
5. Additional CCG contribution	£0	£0	£0
Total	£36,649,591	£36,649,591	£0
Required spend	**Minimum required spend**	**Planned spend**	**Under spend**
6. NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£7,347,945	£18,077,023	£0
7. Adult Social Care services spend from the minimum CCG allocations	£7,441,934	£7,780,398	£0

5.10 **COVID-19 impact**

5.11 We surveyed a range of providers who formed part of the winter pressure, improved better care fund and better care fund to better understand what impact COVID-19 has had on our commissioned services.

5.12 In the first 6-7 months of the global pandemic there were occasions where it was identified that demand was falling, in particular in the Macclesfield area. It would appear that the reduction in demand was linked to the number of people presenting at the hospital had greatly decreased during this period. However, as hospitals and acute settings in Cheshire East began to see more people for non-Covid related issues then the demand for the services began to increase.

5.13 In particular as a result of covid-19 the rapid response contract was increased to provide additional capacity. The service was recommissioned during the pandemic to start in mid-December 2020. Initially 530 weekly hours were commissioned but through winter demand increased due to the addition of COVID 19 to a traditionally challenging period of the year. The service was designed to be flexible in times of need increasing and decreasing to meet demand. It was identified that there was need for additional capacity across Cheshire East and as such 200 additional hours were awarded to one of the commissioned providers. Currently there are 730 hours per week commissioned for the service and current statistics indicate that this level is still required to support health infrastructures.

5.14 Providers noted that they had challenges in relation to staffing and were unable to fulfil the capacity required of contracts in some instances this was noted across the commissioned rapid response services as well as the care at home service. Colleagues went onto note that across a range of winter pressure schemes that services were impacted by staff needing to self-isolate. Demand more broadly for non-bed-based services has continued to increase through the period of the pandemic. Other services also changed what they were able to offer through the pandemic, for example the Disabled Facilities Grant noted that during the first and subsequent lockdowns Occupational Therapy staff have prioritised urgent / critical referrals only and deprioritised non urgent cases until the lifting of lockdown restrictions, except where assessments can be completed by telephone.

5.15 As a result of changes in demand care at home providers delivered actual care and not planned care, during this period day services ceased to operate for a period of time which resulted in increased Direct Payment budgets and additional care being commissioned for people who were not accessing their planned day care service.

5.16 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.

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
Tel No: 07803846231
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Appendix one – Aim of schemes

Scheme number	Scheme name	Fund
001	Winter Pressure Beds We have 60 short stay beds per week to support step down and step up per bed. Existing Commissioning resource will be used to procure these beds.	Winter pressures
002	Winter 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.	Winter pressures
003	Winter Spot short stay beds Short Stay placements continue to be commissioned as and when required by the integrated discharge teams to support flow out of hospitals thus creating hospital bed capacity.	Winter pressures
004	Winter Care at home hospital retainer The hospital retainer is now well embedded across both hospitals and continues to support patient flow along with retaining existing care at home providers for known service users. The hospital retainer is funded for up to 14 days and offers effective impact for care restarts for people along with facilitating a timely discharge. he schemes continue to provide positive added value across the system.	Winter pressures
005	Winter Social work support (station house) There is one agency social worker in post covering Station House. There is also 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).	Winter pressures
006	Winter Additional Social Care staff to prevent people from being delayed in hospital Funding for additional Social Care staff (Locality Manager and Practice Manager) for each hospital team to implement and maintain ‘Assessment Outside of Hospital’ (previously known as ‘Discharge to	Winter pressures

	Assess) in a range of locations across Cheshire East. This includes bed-based services and within a person's own home to prevent admissions to hospital and facilitate timely discharge.	
007	Winter Cheshire east people helping people This service is now live and fully operational across the Borough, the service continues to provide community based support across the Social Care system.	Winter pressures
008	Winter Care home flu vaccination scheme CEC contracts team continue to work with care provider managers to promote flu vaccination to front-line health and social care staff along with identifying a Flu champions in their organisations to highlight the immunize programme and encourage colleagues to participate in the voluntary programme to be immunised. A monthly flu vaccination report is produced via CCG colleagues confirming uptake of the vaccination. The schemes continue to provide positive added value across the system.	Winter pressures
009	iBCF 'Winter Schemes Cheshire CCG 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. There was a total of 38 services commissioned to assist with increased demand during winter.	iBCF
010	iBCF Enhanced Care Sourcing Team (8am-8pm) The funding supports and expands the work of the Care sourcing team. The team undertakes 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.	iBCF
011	iBCF Improved access to and sustainability of the local Care Market (Home Care and Accommodation with Care) This funding supports and stabilizes the local social care market by offering fee uplifts for both 'Care at Home' (domiciliary care) and Accommodation with Care (Care Homes). The funding relates to the following: • Residential/nursing care – 1360 bed weeks which is 26 placements over the course of the year. • Domiciliary care – 380 new people until the end of the year.	iBCF
012	iBCF Social Work Team over Bank Holiday weekends To maintain Social Work assessments and advice services over 7-days per week. Based within the hospitals at Macclesfield and Leighton.	iBCF

013	iBCF Live Well Cheshire East 'Live Well Cheshire East' is an online resource. It is designed to give people greater choice and control by providing easily accessible information and advice about care and support services in the region and beyond. This digital channel provides information and advice and a directory of local services in one place covering Adult, Children, Community and Public Health services.	iBCF
014	BCF Safe Steps Safe Steps is a digital falls risk assessment tool, which is built to NHS digital standards and GDPR compliant. It is an easy-to-use app which prompts care staff to work through a dynamic set of questions with each resident once a month. 12 key areas based on NICE guidelines are assessed, to identify ways in which each resident is at risk of falls. The app then makes CQC-approved recommendations from a library of over 50 proven interventions, to create a personalised falls care plan.	Better Care Fund
015	BCF Double handling care review We are currently involved in a regional programme aimed at addressing the issue of 'double handling' which, as well as being an expensive way to deliver care, is also recognised as invasive and an intrusion on an individual's dignity. The programme aims to support the exploration of alternative ways of providing support (including the provision of training and equipment) that reduces the need for 'double handling'.	Better Care Fund
016	BCF Trusted assessor service The overall aim of this service is to develop and establish a trusted assessor service in Cheshire East; this service will provide a trusted assessment function through Independent Transfer of Care Coordinators. This service will initially work with existing care home residents who have been admitted to hospital and require assessment prior to transferring back to the care home. This service will in part help reduce patient length of stay as well as contributing to a reduction in Delayed Transfers of Care.	Better Care Fund
017	BCF Assistive Technology (AT) 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 personalized to each individual and is integrated within the overall support plan. This will entail: • Increasing the independence of people living with long term conditions and complex care.	Better Care Fund

	• Supporting Carers to maintain their caring role. • Improving access to the right service at the right time. The scheme supports the existing assistive technology service users. But will also involve piloting assistive technology support for adults with a learning disability (both living in supported tenancies and living in their own homes).	
018	BCF British Red Cross Support at Home Service - Early Discharge Schemes Early discharge service – ECT is commissioned to provide an Early Discharge Co-ordinator, as part of this scheme there is also a commissioned element which supports the British Red Cross 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).	Better Care Fund
019	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.	Better Care Fund
020	BCF Social care act - Safeguarding Adults Board The Care Act 2014 introduced and revised the statutory responsibilities of local authorities. The Partnership will ensure sustainable appropriate embedded solutions are in place to meet these responsibilities. The Partnership encompasses the duties of	Better Care Fund

	the Safeguarding Adults Board. This safeguarding scheme also includes the responsibilities which come from the Care Act which includes the following sub-schemes: Provider Quality Reports (BCF Social Care Act Allocation), Maintaining minimum care eligibility thresholds - Contribution towards maintaining care eligibility thresholds at critical and substantial, Continuity of care for people moving into areas - Additional social worker capacity, Assessment of Social Care in prisons - Additional social worker capacity, Disregard for armed forces Guaranteed Minimum Income - Allocated to care packages, Training social care staff in Social Care Act - Delivery of Care Act training to staff, Less reduction for savings from staff time and reduced complaints.	
021	BCF Programme Management and Infrastructure Overall responsibility for delivery of the principles and targets of the BCF and identifying barriers, risks and mitigation to ensure they are achieved. Staff employed and infrastructure required to support the management and governance arrangements for the BCF.	Better Care Fund
022	BCF 'Winter Schemes Cheshire CCG 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. There were a total of 38 services commissioned to assist with increased demand during winter.	Better Care Fund
023	BCF Carers Hub The Cheshire East Carers Hub is an information and support service designed to help Carers of all ages fulfil their caring responsibilities and still enjoy a healthy life outside of their caring role. The Hub will support Carers who live in Cheshire East, along with those who live outside the area but care for a Cheshire East resident.	Better Care Fund
024/025	BCF Home First Schemes Cheshire CCG Home First is an ethos, to support patients to remain in their own homes. This scheme is delivered through a number of community health services predominately delivered by Central Cheshire Integrated Care Partnership.	Better Care Fund
026	BCF Disabled Facilities Grant (DFG) 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	Better Care Fund

	scheme will be administered by Cheshire East Council and will be delivered across the whole of Cheshire East.	

Appendix two – Individual scheme performance

<table>
<tr><td>Scheme number</td><td>Scheme name</td><td>Fund</td></tr>
<tr><td>001</td><td>Winter Pressure Beds

The winter pressure beds are all operational and continue to be regularly used by hospital teams to support timely discharges and support flow across the system. Occupancy continues to fluctuate across the winter pressure beds due to some homes experiencing a Covid 19 outbreak.</td><td>Winter pressures</td></tr>
<tr><td>002</td><td>Winter Rapid response

Total number of service users (Jun – Dec)

<table>
<tr><td></td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td><td>Dec</td><td></td></tr>
<tr><td>Cherished</td><td>3</td><td>6</td><td>7</td><td>6</td><td>12</td><td>11</td><td>6</td><td>51</td></tr>
<tr><td>Sylk</td><td>1</td><td>2</td><td>1</td><td>3</td><td>1</td><td>1</td><td>0</td><td>9</td></tr>
<tr><td>Affinity</td><td>9</td><td>13</td><td>11</td><td>11</td><td>13</td><td>15</td><td>7</td><td>79</td></tr>
<tr><td>Evolving</td><td>51</td><td>48</td><td>50</td><td>57</td><td>53</td><td>49</td><td>43</td><td>351</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Total</td><td>490</td></tr>
</table>
Total number of hours used (Jun – Dec)

<table>
<tr><td></td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td><td>Dec</td><td></td></tr>
<tr><td>Cherished</td><td>88.25</td><td>123.25</td><td>106.5</td><td>131.5</td><td>163.5</td><td>136.25</td><td>73.5</td><td>822.75</td></tr>
<tr><td>Sylk</td><td>30</td><td>26.5</td><td>31</td><td>67.5</td><td>1.5</td><td>16</td><td>0</td><td>172.5</td></tr>
<tr><td>Affinity</td><td>175.25</td><td>157.25</td><td>195.5</td><td>213.75</td><td>343</td><td>246.75</td><td>112</td><td>1443.5</td></tr>
<tr><td>Evolving</td><td>908.25</td><td>1179.5</td><td>1168.75</td><td>1,001</td><td>1,220</td><td>1,051.25</td><td>856.75</td><td>7385.5</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Total</td><td>9824.25</td></tr>
</table>
Total number of service users (Jan – Mar)

<table>
<tr><td></td><td>Jan</td><td>Feb</td><td>Mar</td><td></td></tr>
<tr><td>Connected Health Plus</td><td>36</td><td>64</td><td>79</td><td>179</td></tr>
<tr><td>Extra Mile</td><td>11</td><td>12</td><td>15</td><td>38</td></tr>
<tr><td>Evolving</td><td>41</td><td>41</td><td>47</td><td>129</td></tr>
<tr><td></td><td></td><td></td><td>Total</td><td>346</td></tr>
</table>
Total number of hours used (Jan - Mar)

<table>
<tr><td></td><td>Jan</td><td>Feb</td><td>Mar</td><td></td></tr>
<tr><td>Connected Health Plus</td><td>625</td><td>1,346.75</td><td>1234.25</td><td>3206</td></tr>
<tr><td>Extra Mile</td><td>334.5</td><td>292.25</td><td>395</td><td>1021.75</td></tr>
<tr><td>Evolving</td><td>1240.25</td><td>934.25</td><td>1,193.50</td><td>3368</td></tr>
<tr><td></td><td></td><td></td><td>Total</td><td>7595.75</td></tr>
</table></td><td>Winter pressures</td></tr>
<tr><td>003</td><td>Winter Spot short stay beds

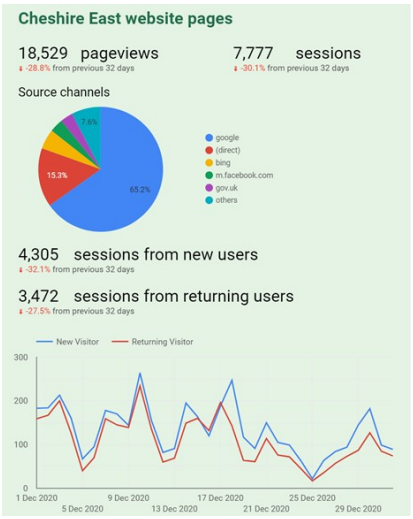
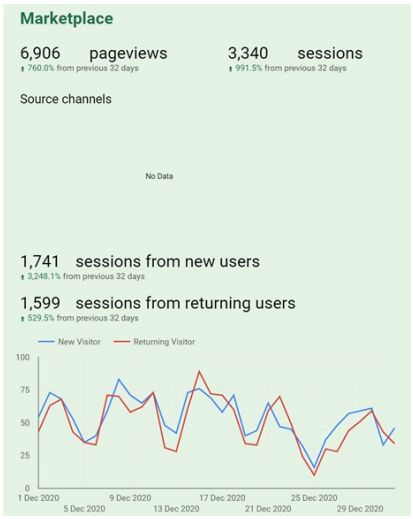
Average bed occupancy (Apr – Mar)

<table>
<tr><td></td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td><td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td><td></td></tr>
<tr><td>Bentley Manor (1 bed)</td><td>47</td><td>0</td><td>3</td><td>42</td><td>61</td><td>73</td><td>94</td><td>60</td><td>71</td><td>97</td><td>25</td><td>100</td><td>56</td></tr>
<tr><td>Elm House (2 beds)</td><td>52</td><td>29</td><td>63</td><td>42</td><td>79</td><td>75</td><td>68</td><td>42</td><td>82</td><td>77</td><td>95</td><td>90</td><td>66</td></tr>
</table></td><td>Winter pressures</td></tr>
</table>

	Leycester House (2 beds)	36	5	0	0	0	53	26	20	56	74	77	87	36	
	Mayfield House (1 bed)	100	100	93	74	32	100	32	87	48	35	0	77	65	
	Turnpike Court (2 beds)	82	34	17	13	0	60	56	55	95	68	36	87	50	
													Av	55	

004	Winter Care at home hospital retainer 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.	Winter pressures
005	Winter Social work support (station house) There is one agency social worker in post covering Station House. 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).	Winter pressures
006	Winter Additional Social Care staff to prevent people from being delayed in hospital Funding for additional Social Care staff (Locality Manager and Practice Manager) for each hospital team to implement and maintain 'Assessment Outside of Hospital' (previously known as 'Discharge to Assess) in a range of locations across Cheshire East. This includes bed-based services and within a person's own home to prevent admissions to hospital and facilitate timely discharge.	Winter pressures
007	Winter Cheshire east people helping people • Overall total number of people registered for support – 3263 • Number of people supported/matched with a volunteer – 3036 • Number of people awaiting urgent requests (48 hours) – 2 • Number of people awaiting support (triaged & deemed not urgent) – 50 • Number of people awaiting support (contacted awaiting volunteer) – 175 • Receiving ongoing support from a volunteer – 748 • Receiving ongoing support from a volunteer coordination network – 536 • Receiving ongoing support from other voluntary organisation – 112 • Receiving one-off support from a volunteer – 88 • Receiving one-off support from other voluntary organisation (van driver, emergency assistance etc) – 17 • Referral to CEC internal team i.e. Emergency Assistance, shared lives, Care4ce team - 40 • Referral to commissioned providers i.e. carers hub, AgeUK, Alzheimer's society – 12 • Doesn't need further help (started to receive a government food parcel) – 191 • Doesn't need further help (Phone info and advice sufficient) • Duplicates (or re-entered system) – 281 • Refused support and closed – 42 • Couldn't contact after 3 attempts and closed - 110	Winter pressures
008	Winter Care home flu vaccination scheme CEC contracts team continue to work with care provider managers to promote flu vaccination to front-line health and social care staff along with identifying a Flu champions in their organisations to highlight the immunize programme and encourage colleagues to participate in the voluntary programme to be immunised. A monthly flu vaccination report is produced via CCG colleagues confirming uptake of the vaccination. The schemes continue to provide positive added value across the system.	Winter pressures
009	iBCF 'Winter Schemes Cheshire CCG • Ward 11 suspected COVID Nurse & Therapy • Ward 12 Nurse, Therapy & Ward costs • COVID Swabbing	iBCF

	• COVID Medical Staffing • Psychological Support • GPOOH NHS 111 • Single point of Access • Therapies to support discharge to assess and rapid response • Flu Coordination • Community Beds • GP Costs for community beds • Advanced Nurse Practitioner • Community Therapy Beds • Same Day Emergency Care • Additional Registrar /Senior Reviews • Additional Discharge Doctor (F2) at weekend • A&E Doctor overnight • Medical Bank Hours to proactively support • Arrangements for medical staffing over the weekend • AVS GP and Pharmacy to cover Residential Homes • Extended Hours for the Discharge Lounge • Facilitate discharge of out of area delays • Deploy Matron to support discharges with senior review • Stretcher transport weekends (10am-7pm) • Critical Care Outreach • Additional Pharmacy Support for discharges 7 days to support flow and allow early discharge • Discharge Coordinator at weekend • Weekend OT & Physio • CWP Psychiatric Liaison in ED, additional clinician 7 days 8am-6pm and 2 days admin support • Frailty B7 Nurse, B6 Physio • Winter Pressure Beds • Winter Rapid response • Winter Spot short stay beds • Winter Care at home hospital retainer • Winter Social work support (station house) • Winter Additional Social Care staff to prevent people from being delayed in hospital • Winter Cheshire east people helping people • Winter Care home flu vaccination scheme	
010	iBCF Enhanced Care Sourcing Team (8am-8pm) Brokerage continued to provide a service that meets the needs of the service user with minimal to no disruption, we managed this by making a change to working from home within one day and executed our BCP. I think that the pandemic has affected service users when it has come to hospital discharges and in general finding care and support in the community – testing has become a barrier as Providers rightly so need to ensure safety of all – this has led to delays in Hospital and in getting care in a timely manner as some provider would not start care without test results even when providing care wearing PPE. We have always sourced the care; however, this was at times delayed due to above reasons. We have seen a huge rise in AWC vacancies – we now receive lots of offers through DPS for placement. In March 2020 demand was high – we then saw this drop as SU were hesitant around having provider come in their homes, more recently we are seeing this demand especially for CAH increase, the unmet demand as of today 16/04/2021 is sat at over 1200 hours which is the highest it has been in a year. We are seeing a huge demand for urgent care and care that needs to be put in place to prevent carer breakdown or where family are assisting. I believe that when PHP had a huge volunteer base this helped the Brokerage Team immensely – it was great to see community's stepping up and supporting which would leave us to source vital personal care, We do have to at times source care for non-personal care related needs which can take away capacity for those who need it.	iBCF
011	iBCF Improved access to and sustainability of the local Care Market (Home Care and Accommodation with Care) Services have continued to operate as safely and effectively as they possibly could whilst trying to be	iBCF

	creative during a very challenging situation. Quality areas that have been mainly impacted by covid are staffing levels, high numbers of staff self-isolating thus resulting in increased agency staffing usage which results in unfamiliar cohorts of staff not being fully familiar with service users needs, care plans and desired outcomes. The requirement for service users to self-isolate and not have contact with key family members has had a significant impact on people Health & Wellbeing. A reduction in the day to day activities that would have been delivered such as exercises groups, group quizzes, the opportunity to chat with friends, singing for the brain sessions all ceased thus resulting in an impact on the quality and offer for the resident. During the pandemic the was a decrease in referrals for Care Home placements and bed-based respite support. However, an increase for Care at Home and living in care arrangements was noted. Complex Care seen a small increase in referrals due to carer and placement breakdown. Service continued to operate and the only change that was agreed was for care at home. Care at Home providers delivered actual care and not planned thus ensuring people's needs continued to be met in a safe way. Day services ceased operating for a period which resulted in increased Direct Payment budgets and additional care being commissioned for people who were not accessing their planned day care service.	
012	iBCF Social Work Team over Bank Holiday weekends To maintain Social Work assessments and advice services over 7-days per week. Based within the hospitals at Macclesfield and Leighton.	iBCF
013	iBCF Live Well Cheshire East A summary of the Live Well monthly performance is as follows:   Most popular pages on **cheshireeast.gov.uk/livewell** (|	Page Title
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1.	Live Well Cheshire East
2.	Cheshire East Early years and Childcare Bulletin
3.	Care and support for adults
4.	Covid-19 your health and well being
5.	NHS App
6.	SEND toolkit
7.	live-well-search-results
8.	ChECS - Cheshire East Children's Consultation Service
9.	Concerned about an adult
10.	Assessment of your care needs		iBCF
014	BCF Safe Steps Unfortunately, we have not been able to make progress with this project as the starting point is face-to-	Better Care Fund

<table>
<tr><td></td><td>face training with care home providers and we have not been able to deliver this because of the pandemic.</td><td></td></tr>
<tr><td>015</td><td>BCF Double handling care review

Unfortunately, we have not been able to make progress with this project as the starting point is face-to-face training with home care providers and we have not been able to deliver this because of the pandemic.</td><td>Better Care Fund</td></tr>
<tr><td>016</td><td>BCF Trusted assessor service

Number of patients – 617
Average length of stay – 11.2
Time of discharge: AM 82, PM 315, Out of hours 60, Not admitted 1, Deceased 114
Discharged W/A – IToCC 109, Care home 75, n/a 19, Not needed 120, Telephone 55, Deceased 41
Bed days saved – 422
Funding stream – Social care 80, CHC 55, Self-funded 24, COVID-19 71
Placement – Nursing 120, Nursing EMI 36, Residential 164, Residential EMI 35
Re-admission – 72 hours 13, 1-2 weeks 60, 2-4 weeks 80, 1 month+ 11, 6 months + 268

Case studies:

• As the first Lock down was coming to an end, the IToCC for Macclesfield was encouraging the Short-term care arranging team to request assessments within the first two days of discharge to ensure the package of care being received was adequate/appropriate. On completing the task herself, she discovered that the lady she was looking into who had been discharged on a 6 week reablement package had a long term heart condition, end stage terminal cancer, extremely high blood pressure and lived with dementia leading to her refusing to take her medication. After talking to the care provider, it quickly became apparent that the lady required palliative care and was unlikely to survive the 6 weeks let alone improve. The appropriate health professionals were involved and CHC took over the funding.

• In the Summer, a lady who was a full- time carer for her husband who had dementia, had an accident. The paramedics brought the husband too realising he was vulnerable and the IToCC met them both on the ward. The husband had been made comfortable by the ward staff because he had no other support apart from his wife. The lady required a rehabilitation bed and the IToCC managed to liaise with a provider who took both the husband and wife for the short duration.

• The IToCC was requested to complete an assessment for a lady who was bound for 24-hour residential care due to an increase in falls. There were no capacity concerns and the lady wished to go home. The IToCC went through all of the care needs, discovered the falls were due to UTIs causing confusion and a resistance to drinking to avoid the pain of passing water. Due to the IToCCs previous experience of running her own Domiciliary Care Agency, she explained the infection cycle to the lady who had never realised that her actions were causing the severity of her infections, talked about the assistive technology which was available along with brief care calls and pulled all the details together for the ASCT so the lady could return home.

• Two days before Christmas a lady was assessed by the IToCC. She required ventilation equipment to support her recovery. The IToCC requested the equipment was organised before discharge and suggested a delay. This did not happen, the lady was discharged, the home did not receive the equipment because of the time of year and the lady was readmitted shortly after.</td><td>Better Care Fund</td></tr>
<tr><td>017</td><td>BCF Assistive Technology (AT)

<table>
<tr><th></th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sep</th><th>Average/ Total</th></tr>
<tr><td>Installations - Urgent to completed within 24 hours i.e. hospital discharges</td><td>75</td><td>100</td><td>100</td><td>100</td><td>100</td><td>83.33</td><td>93</td></tr>
<tr><td>Installations - Standard to completed within 5 working days</td><td>100</td><td>97.5</td><td>98.7</td><td>93.33</td><td>100</td><td>94.2</td><td>97</td></tr>
<tr><td>Maintenance/Faults - Critical within 24 hours</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td></tr>
<tr><td>Maintenance/Faults - Non-critical within 7 working days</td><td>100</td><td>100</td><td>100</td><td>100</td><td>100</td><td>93.33</td><td>99</td></tr>
</table>
</td><td>Better Care Fund</td></tr>
</table>

Maintenance - Annual checks or in line with manufacturers guidelines	160	189	5	55	36	54	83
Withdrawals - Standard within 7 working days	94.74	65.31	89.19	85.37	86.49	90	85
Response - Calls answered within 60 seconds	97.42	98.02	98.43	98.53	98.52	98.57	98
Response - Calls answered within 30 seconds	90	91	91	91	91	90	91
Number of calls	6345	6720	6845	6591	7078	7012	40591
Response - when a mobile response is required within 45 minutes	72.54	88.82	90.91	93.96	93.71	94.7	89

018 BCF British Red Cross Support at Home Service - Early Discharge Schemes — Better Care Fund

Macclesfield DGH

	Q1	Q2	Q3	Q4	Annual
Number of service users waiting to access this service at the end of the quarter	0	0	0	0	0
Number of service users supported by the service to facilitate discharge	42	62	39	52	143
Number of service users supported by the service in the community to avoid admission	62	59	60	47	228
Number of Service Users Supported who have an identified Carer	0	4	5	0	0

Leighton hospital

	Q1	Q2	Q3	Q4	Annual
Number of service users waiting to access this service at the end of the quarter	0	0	0	0	0
Number of service users supported by the service to facilitate discharge	21	18	18	8	65
Number of service users supported by the service in the community to avoid admission	57	52	41	57	207
Number of Service Users Supported who have an identified Carer	0	6	10	0	16

019 BCF Combined Reablement Service — Better Care Fund

Community reablement

Number of packages delivered	
	YTD Total
No. Referrals in the month	1526
No. Closed in the month	1439

Time between referral & assessment	
	YTD Average
Average days between referral and 1st visit	3

Average package delivered	
	YTD Average
Average days between 1st and last visit	25

Outcome of Reablement	
	YTD Total
1.NHS/Palliative/Died	11
2.NHS/other-admitted to hosp	192

3.NHS/leading to Support	5
4.LTsupport any setting agency	436
5.NSP N.Ident S-Fund	11
6.Ongoing Assistive Tech	6
7.Short Term Support[other]	4
8.NSP N.Ident declined	69
9.Universal Signposted	3
10.NSP- no needs identified	266
11.No Availability	655

Mental health reablement

Number of packages delivered	
	YTD Total
No. Referrals in the month	2351
No. Closed in the month	1854

Time between referral & assessment	
	YTD Average
Average days between referral and 1st visit	19

Average package delivered	
	YTD Average
Average days between 1st and last visit	53

Outcome of Reablement	
	YTD Total
Early cessation of service (not leading to long-term support)	123
No services provided - No identified needs	6
No services provided - Universal services / signposted to other service	1483
Long-Term Support (Community)	0
Early cessation of service 100% NHS funded care/End of Life/deceased	1
Short-Term support (other)	2
Ongoing low level support	2
Blank	35

Dementia reablement

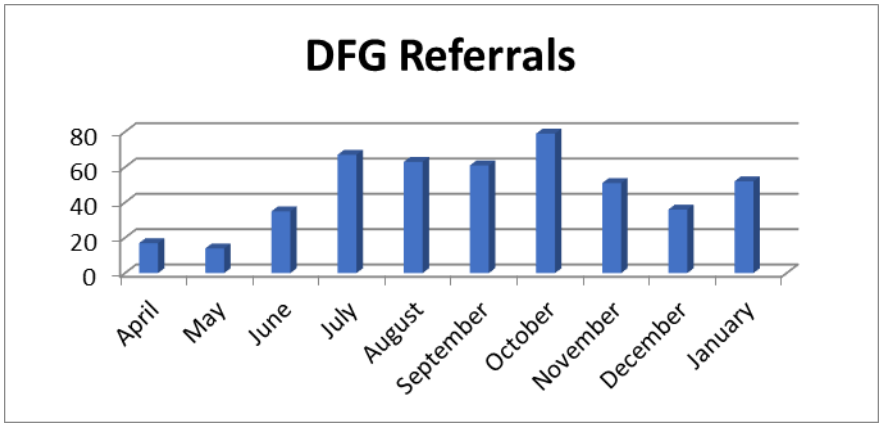
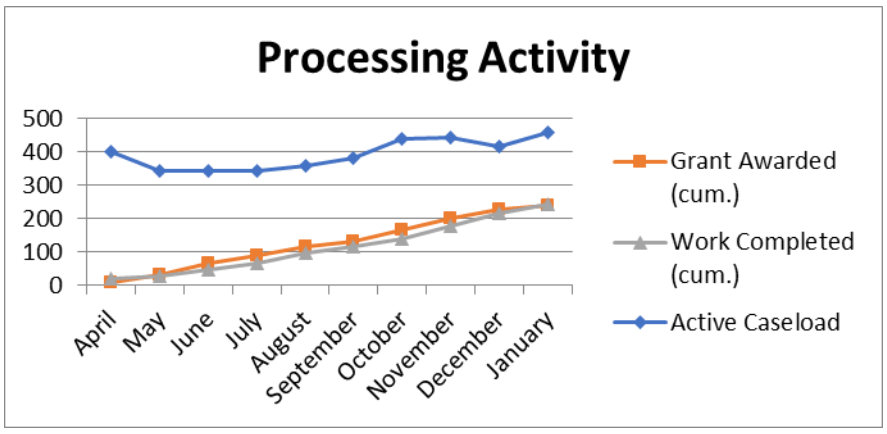
Number of packages delivered	
	YTD Total
No. Referrals in the month	960
No. Closed in the month	536

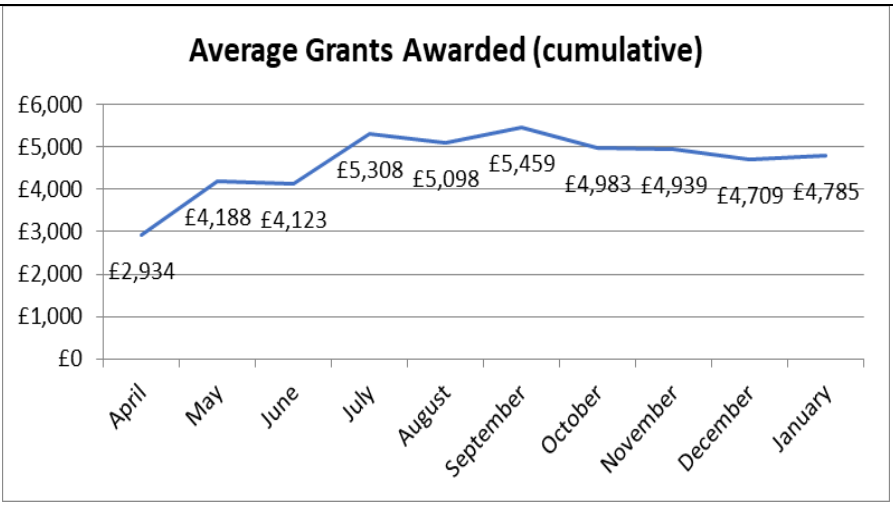
Time between referral & assessment	
	YTD Average
Average days between contact and 1st visit	13

Average package delivered	
	YTD Average

	Average days between 1st and last visit: 53 **Outcome of Reablement** **YTD Total** Early cessation of service (not leading to long term support) - 100% NHS funded care/End of Life/deceased: 0 Early cessation of service (not leading to long-term support): 1 Early cessation of service (leading to long-term support) (Residential): 1 Long-Term Support (Community): 4 Long-Term Support (Nursing): 9 Long-Term support (Residential): 4 No services provided - Needs identified but self-funding: 8 No services provided - Needs identified but support declined: 0 No services provided - No identified needs: 20 No services provided - Universal services / signposted to other service: 381 On-going low-level support: 8 Short-Term support (other): 2	
020	BCF Social care act - Safeguarding Adults Board Type of abuse: Mar 1, Feb, Jan 0, Dec 5, Nov 1, Oct 3, Sep 5, Aug 0, Jul 4, Jun 0, May 0, Apr 6, 25 Domestic Abuse: 33, 24, 26, 23, 27, 17, 22, 16, 13, 21, 23, 15, 260 Emotional/ Psychological: 74, 51, 38, 81, 81, 53, 67, 55, 63, 64, 40, 59, 726 Financial: 48, 50, 43, 52, 36, 37, 66, 89, 37, 37, 29, 43, 567 Neglect: 146, 116, 89, 155, 112, 111, 113, 89, 107, 102, 95, 97, 1332 Organisational: 11, 7, 10, 15, 19, 16, 7, 12, 12, 13, 17, 16, 155 Physical: 93, 65, 56, 73, 72, 67, 69, 67, 76, 73, 62, 71, 844 Self-Neglect: 72, 47, 45, 56, 40, 57, 72, 65, 34, 34, 26, 37, 585 Sexual: 16, 12, 7, 10, 13, 6, 9, 10, 11, 5, 5, 8, 112 Modern Slavery: 0, 1, 1, 0, 1, 2, 0, 0, 1, 2, 1, 1, 10 Sexual Exploitation: 0, 1, 1, 2, 2, 2, 1, 1, 2, 1, 1, 1, 15 Total: 4631	Better Care Fund
021	BCF Programme Management and Infrastructure The BCF Programme management function had the responsibility for producing the following reports: BCF end of year report 2020/21, BCF plan report 2021/22 as well as coordinating the winter schemes and the winter plan for the local authority for 2021/22 and finally the coordination and implementation of a number of 7 day working schemes.	Better Care Fund
022	BCF 'Winter Schemes Cheshire CCG • Ward 11 suspected COVID Nurse & Therapy • Ward 12 Nurse, Therapy & Ward costs • COVID Swabbing • COVID Medical Staffing • Psychological Support	Better Care Fund

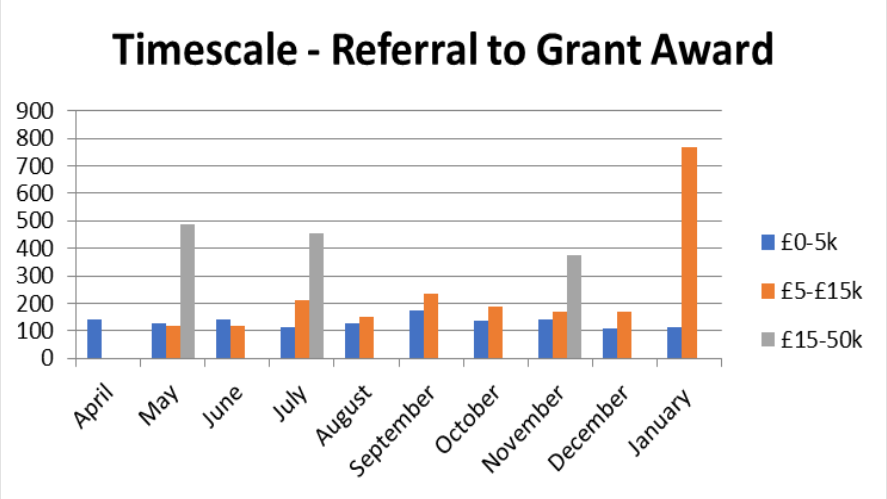
	• GPOOH NHS 111 • Single point of Access • Therapies to support discharge to assess and rapid response • Flu Coordination • Community Beds • GP Costs for community beds • Advanced Nurse Practitioner • Community Therapy Beds • Same Day Emergency Care • Additional Registrar /Senior Reviews • Additional Discharge Doctor (F2) at weekend • A&E Doctor overnight • Medical Bank Hours to proactively support • Arrangements for medical staffing over the weekend • AVS GP and Pharmacy to cover Residential Homes • Extended Hours for the Discharge Lounge • Facilitate discharge of out of area delays • Deploy Matron to support discharges with senior review • Stretcher transport weekends (10am-7pm) • Critical Care Outreach • Additional Pharmacy Support for discharges 7 days to support flow and allow early discharge • Discharge Coordinator at weekend • Weekend OT & Physio • CWP Psychiatric Liaison in ED, additional clinician 7 days 8am-6pm and 2 days admin support • Frailty B7 Nurse, B6 Physio • Winter Pressure Beds • Winter Rapid response • Winter Spot short stay beds • Winter Care at home hospital retainer • Winter Social work support (station house) • Winter Additional Social Care staff to prevent people from being delayed in hospital • Winter Cheshire east people helping people • Winter Care home flu vaccination scheme	
023	BCF Carers Hub • Number of adult Carers registered with the Hub • Number of NEW individual adult Carers accessing provision of support - 386 • Number of adult Carers receiving Live Well Fund - 240 • Number of adult Carers receiving support – low - 16 • Number of adult Carers receiving support – moderate - 365 • Number of adult Carers receiving support – Intensive - 5 • Number of referrals received (could be new or re-referrals) - 650 • Number of referrals and signposts on to other organisations - 366 • Number of statutory Carers Assessments completed - 237 • Number of support plans completed - 237 • Number of support plan reviews undertaken - 71 • Number of planned exits - 65 • Number of Carers taken up Emergency Card and Plan during the reporting period - 91 • Number of Group sessions delivered - 99 • Number of Carers provided with a break - 933 • Number of Carer volunteers doing hrs each month supporting Cheshire East Carers' Hub - 7.3 • Number of volunteers (non-Carers) doing hrs supporting Cheshire East Carers' Hub - 60 • Number of calls to the CHAT Line - 91 • Number of calls to Carers from volunteers for the CHAT Line - 69 • Non-Elective admissions (General and Acute) - 27 • Admissions to residential care homes (prevented Carer Breakdown **) - 99 • Delayed Transfers of Care (from Hospital) - 1	Better Care Fund
024/025	BCF Home First Schemes Cheshire CCG	Better Care Fund

	Home First is an ethos, to support patients to remain in their own homes. This scheme is delivered through a number of community health services predominately delivered by Central Cheshire Integrated Care Partnership.	
026	BCF Disabled Facilities Grant (DFG) 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 have reduced since October; this is being attributed to the Covid restrictions that have been in place throughout November into January which has led to lower demand as people are unwilling to invite people into their homes, and adapted methods of working to reduce contact has reduced assessments.  The graph shows the cumulative number of grants that are awarded and the number of completed schemes of work. Contractors are fully operational and working in accordance with Covid-19 Secure guidance. The most recent lockdown together with a transition to a new level access showers contract during December and January has resulted in a reduced forecast for completed works. Our revised forecast for 2020-21 is for 300 adaptations schemes to be completed, a 19% decrease on 2019-20. Active caseloads have risen from an average of 109 cases per 1.0fte caseworker in October to 113 in January.  The average grant awarded to date in 2020-21 is £4,785, compared to £5,279 in 2019-20 (-9.4%). Appointment of a new supplier for level access showers in December 2020 has secured an estimated 12% savings compared to the previous installer (subject to surveys). This will drive down the average value of grants and secure better value for money.	Better Care Fund



The timescale is measured from receipt of the referral from the occupational therapist, to when the grant is awarded. The majority of grant awards are for less than £5,000 and are generally for simpler works. The timescale increases exponentially for more complex works (£15-50k) where architectural designs, planning application and building regulations consents are needed, together with the greater emotional investment and decision making by the service user when making significant changes to their home.

Covid has had a significant impact on landlord permissions this year due to furloughed staff and/or restricted home visits. The anomaly for January (£5-£15k) was caused by an applicant managing their own application, which took them in excess of 2 years despite offers of support.



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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
Contact details:	Alex.t.jones@cheshireeast.gov.uk
Health & Wellbeing Board Lead:	Jill Broomhall Director of Adult Social Care

Executive Summary

Is this report for:	Information ☐	Discussion ☐	Decision ☐
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 ☐ 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.	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 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.

5.21 **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 intially provided some 530 hours of weekly support. The service was increased to provide upto 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 onto note that more general trend occuring 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 resrtictions were lifted. The service utilised telephone assessments where possible throughout the period.

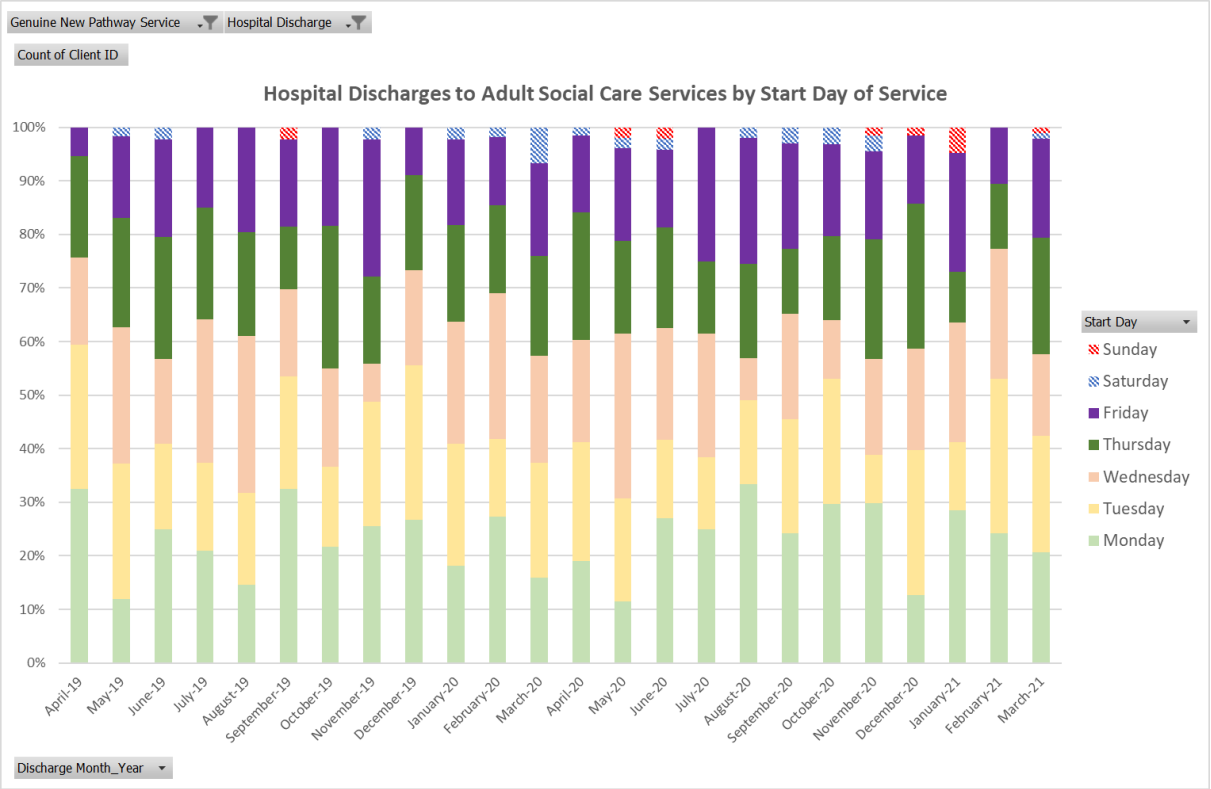
5.92 Feedback by commissioning colleagues also noted that a number of day services ceased operating which in turn increased the use of direct payments.

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**

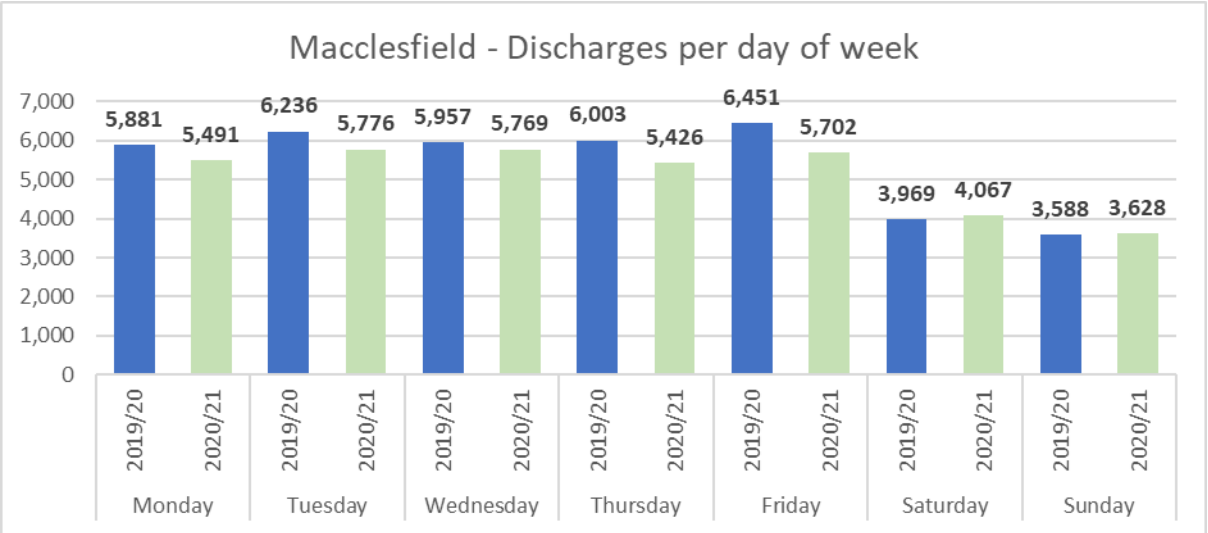
5.96 The following graph shows the total number of people discharged from hospital to Adult Social Care Services by the start date of the service. The graph shows that the fewest number of adult social care services start on the weekend from hospital discharge.



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 contracts 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

improved Better Care and winter pressure projects 2021/22
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 provid
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 weeker
BCF projects 2021/22
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

CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	Update on the Cheshire and Merseyside ICS Marmot Community Programme
Date of meeting:	23rd November 2021
Written by:	Guy Kilminster
Contact details:	Guy.kilminster@cheshireeast.gov.uk
Health & Wellbeing Board Lead:	Matt Tyrer

Executive Summary

Is this report for:	Information ☐	Discussion ☐	Decision X
Why is the report being brought to the board?	To brief the Board on the progress at a Cheshire and Merseyside level on developing as a Marmot Community and to seek support for Cheshire East Place work to progress activity.		
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 ☐ All of the above X		
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 notes the arrangements to run a Marmot Community Programme workshop for Cheshire East. The Health and Wellbeing Board supports the proposal that the Marmot Community Programme in Cheshire East will be picked up by the Increasing Equalities Commission. The Health and Wellbeing Board will be provided with regular updates on progress for the Marmot Community Programme.		

Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	N/A
Has public, service user, patient feedback/consultation informed the recommendations of this report?	N/A
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	Becoming a Marmot Community will raise the profile of the need to focus upon reducing health inequalities across Cheshire and Merseyside. It will give us access to expertise and research that can then be used to inform best practice locally across Cheshire and Merseyside and within Cheshire East. The intended outcome is improving health and wellbeing for residents in Cheshire East and a reducing health inequalities gap.

1 Report Summary

1.1 The purpose of this paper is to set out the benefits to Cheshire East and the wider Cheshire and Merseyside Health and Care Partnership, of becoming a Marmot Community. In November 2008, Professor Sir Michael Marmot was asked by the Government to chair an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England from 2010. The final report, '**Fair Society Healthy Lives**', was published in February 2010, and concluded that reducing health inequalities would require action on six policy objectives:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention.

1.2. The Cheshire and Merseyside Health and Care Partnership has, as one of its priorities, the reduction of health inequalities. Adopting the Marmot principles is regarded as a key step, to focus all partners and all nine Places (including Cheshire East) on this objective. Work is now underway to achieve Marmot Community status.

1.3. Within Cheshire East, our own health inequalities are highlighted through the Joint Strategic Needs Assessment and the 'Tartan Rug'. Signing up to being a Marmot community will assist in our efforts to improve the health and wellbeing outcomes for our residents and reduce those inequalities.

1.4 Sir Michael Marmot published 'Health Equity in England: the Marmot Review 10 years on' in February 2020. A summary of this is attached as Appendix One.

2 Recommendations

2.1 The Health and Wellbeing Board notes the update on progress in Cheshire and Merseyside to becoming a Marmot Community and the arrangements to run a Marmot Community Programme workshop for Cheshire East.

2.2 The Health and Wellbeing Board supports the proposal that the Marmot Community Programme in Cheshire East will be picked up by the Increasing Equalities Commission.

2.3 The Health and Wellbeing Board will be provided with regular updates on progress for the Marmot Community Programme.

3 Reasons for Recommendations

3.1 To ensure that the Cheshire East Health and Wellbeing Board is sighted upon and supportive of the Cheshire and Merseyside Health and Care partnership's aspiration to become a Marmot Community and local action to progress the work.

4 Impact on Health and Wellbeing Strategy Priorities

4.1 Working as a Marmot Community will inform collaborative action for the Council, NHS, Social Care, Public Health and other key partners. It will specifically assist with delivering the outcomes of the Joint Health and Wellbeing Strategy and the Cheshire East Place partnership Five Year Plan.

5 Background and Options

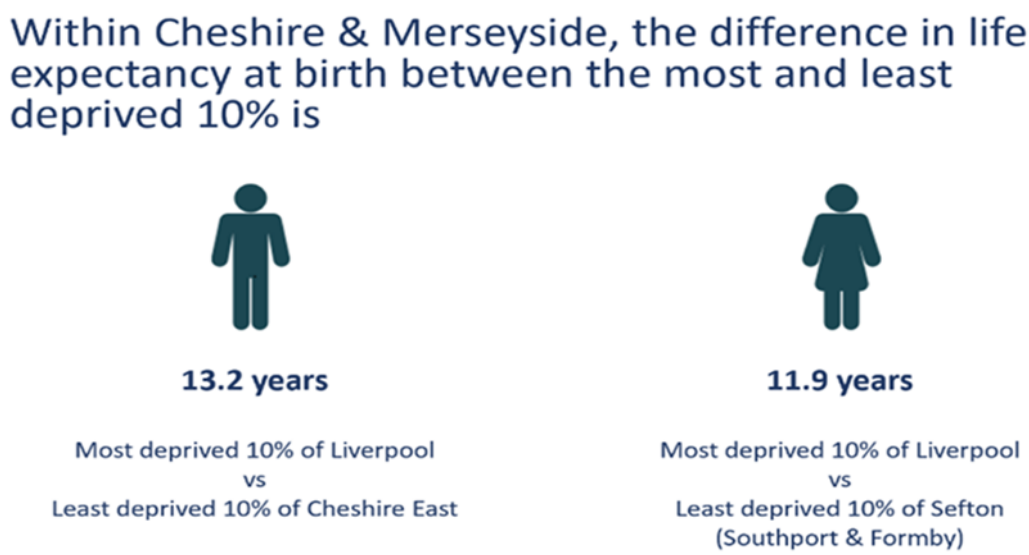
5.1 The Cheshire and Merseyside (C&M) Health and Care Partnership has identified tackling the differences between England and C&M in both life expectancy and healthy life expectancy as a key priority. Aligned to this there is an ambition to reduce inequalities in health outcomes within C&M. In order to achieve this ambition, it has been agreed that the C&M Health and Care Partnership should work to become a Marmot Community.

5.2 The landmark 'Marmot Review: Fair Society, Healthy Lives' outlined the causes of health inequalities and the actions required to reduce them. The Review proposed an evidence-based strategy to address the social determinants of health, the conditions in which people are born, grow, live, work and age and which can lead to health inequalities.

5.3 Evidence tells us that health inequalities are largely preventable. Not only is there a strong social justice case for addressing health inequalities, there is also a pressing economic case due to lost taxes, welfare payments and costs to the NHS.

5.4 The C&M Health and Care Partnership and the nine local Places are already working to reduce health inequalities and it will be the priority for the new C&M Integrated Care Partnership when it is formed in April 2022. Inequalities in health persist both between C&M, and within C&M. Despite improvements in life expectancy within most local authorities in C&M, the region remains below the England average. In addition, within C&M, as with the rest of England, there is a social gradient in health – the lower a person's social position, the worse his or her health.

5.5 Health Inequalities in Cheshire and Merseyside remain a challenge:



- Male life expectancy at birth (2015-17) was lower than England in 7 out of 9 Local Authorities within C&M (only Cheshire West and Chester and Cheshire East being above the national rate).
- Female life expectancy at birth (2015-17) was lower than England in 8 out of 9 Local Authorities within C&M (only Cheshire East being above national rate).
- Men living in the poorest neighbourhoods in C&M will on average die between 9 and 13 years earlier than men living in the richest neighbourhoods.
- Women living in the poorest neighbourhoods in C&M will on average die between 7 and 11 years earlier than women living in the richest neighbourhoods.
- People living in poorer areas of C&M not only die sooner, but spend more of their lives in poor health:
    - Men living in the poorest neighbourhoods in C&M Local Authorities will spend on average an additional 14 - 22 years in poor health.
    - Women living in the poorest neighbourhoods in C&M Local Authorities will spend on average an additional 13-21 years in poor health.

5.6 In Cheshire East we face our own challenges with a difference in life expectancy of around 13 years between the lowest rates in Crewe Central and the highest in Gawsworth for women; for men there is an 11 year gap between the lowest rate, again in Crewe Central and the highest in Wilmslow East.

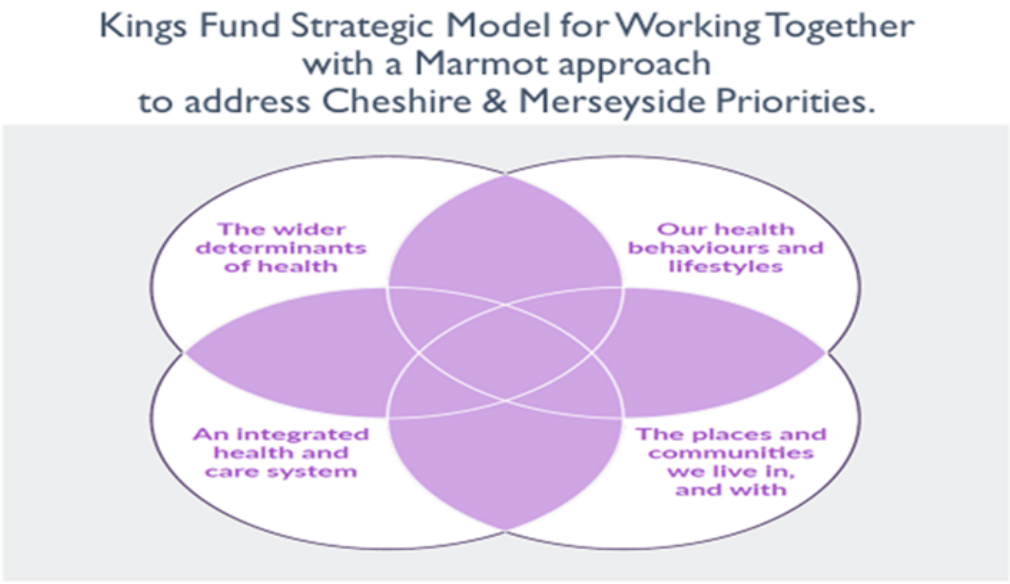
5.7 The examples outlined above highlight the stark differences between the poorest and richest 10% of our population. However, the social gradient in health affects all, except those at the very top. This means most people in C&M are not living as long as the best off in society and are spending longer in ill-health.

5.8 There is strong evidence emerging that those communities, families and individuals already affected by health inequalities have been hit harder by the impacts of COVID-19 and that the inequalities gap may have widened even further.

5.9 The C&M Partnership Strategy 'Better Lives Now' sets out the case for taking action to reduce the occurrence of ill health, action to deliver appropriate health and care services and action on the social determinants of health. The C&M Health and Care Partnership has committed to:

- Focusing on population health to achieve our universal goal of reduced health inequalities for C&M
- Addressing the social determinants of health and wellbeing
- Working with local communities and partners
- Aligning our strategy and efforts with those who share our goal to make a bigger impact towards better lives.

5.10 In September 2019 the C&M Health and Care Partnership endorsed taking a "whole population, whole system" approach as outlined in the figure below:



5.11 The advantages of this approach are:

- A clear focus on reducing health inequalities
- Driven by intelligence and evidence
- Whole system engagement

5.12 The Partnership recognises that good quality health care is a determinant of health, but that most of the determinants of health lie outside the health care system. It recognises that the NHS cannot resolve its problems on its own and cannot deliver population health improvements or reduce health inequalities without trusted and effective working relationships between NHS and Local Authority colleagues, with the broader system. As Sir Michael Marmot himself puts it *'...why treat people and send them back to the conditions that made them sick?'* In order to reduce health inequalities a broad range of actions are needed involving stakeholders from across the system.

5.13 Local Authorities are key leaders in any place-based actions as they are already acting on Marmot's key policy objectives:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention.

They do this through a range of drivers for health inequalities including:

- Best start in life including children's services and 0-19 Healthy Child Programmes
- Healthy schools and pupils
- Jobs and work
- Active and safe travel
- Warmer and safer homes
- Access to green spaces and leisure services
- Public protection
- Regeneration
- Health and spatial planning
- Strong communities: wellbeing and resilience

5.14 In addition, local authorities have a large web of interactions and linked responsibilities with other public-sector bodies including police, fire and rescue, welfare agencies, education and housing.

5.15 Within C&M, we already have really good examples of activities we are delivering at scale that we can build upon as a Marmot Sub-Region. This includes (but is not limited to):

- Taking a Place Based Approach. Place at the local authority level is the primary building block for integration between health and care and other sectors of the service system
- Development of a Cheshire and Merseyside Population Health Framework
- Collaborative work to reduce child poverty
- Work around social value and the role of the NHS as anchor institutions
- Strong links to LEPs within the Liverpool City Region and Cheshire and Warrington - with a focus upon the links between "wealth and health"
- Examples of asset-based community development activities
- Taking a public health approach to violence prevention
- Utilising behavioural sciences to improve health and wellbeing

5.16 There are a number of key benefits of becoming a Marmot Community:

- Access to international expertise:

Being part of the Marmot Network will provide us with access to the international expertise of the Institute for Health Equity (IHE) based at University College London (UCL). We will be able to use their expertise and resources in supporting us in our plans for accelerated action on the social determinants of health in the region.

- Developing excellence in systems leadership for Population Health:
  IHE can help to inspire and shape C&M strategic direction and implementation of place based, population and prevention focussed approaches, which maximise fully the opportunities in C&M and ensure a strong focus on health equity. The team could deliver workshops and attend key strategic events to enthuse and build the knowledge and skills of particular key groups such as senior leaders in health and social care including the HCP Board, NHS and Local Authority CEOs, Leaders and elected members. Practice based resources and tools could be shared both in workshops and online including webinars to enhance knowledge across the system with practitioners.

- Strengthening joint working with the NHS and local authorities:
  IHE can work with Cheshire and Merseyside local authorities and the Health and Care Partnership to further develop a whole system approach to tackling health inequalities and governance and partnership arrangements to facilitate it. This will strengthen joint working with local government to enhance openness, coproduction and dialogue at both a local and sub-regional level. An effective engagement plan will be developed with advice from the lead local authority CEOs and the LGA.

- Maximising our impact on health inequalities together:
  IHE can work across Cheshire and Merseyside to build upon existing strategies and policies to develop future plans and strategies which can make real impact across health inequalities – including providing evidence about what would make the difference, and how to do it in practice and evaluation of outcomes. Examples from other areas in England and internationally will be drawn on and from a range of relevant stakeholders from statutory, voluntary and community sectors across early years, education, housing, employers, environment, culture and leisure, transport, police and fire services and others.

- Promoting excellence in practice in Cheshire and Merseyside:
  IHE will help to raise the profile of the strategic ambition and achievements in Cheshire and Merseyside in national and international forums. Becoming a Marmot sub-region provides the opportunity for national and international recognition for our local work to reduce health inequalities.

5.17 The Marmot national team are now looking to gain feedback from the nine local areas across Merseyside and Cheshire to develop action plans to tackle inequalities across local areas and to ensure local perspectives are incorporated into the national review report due to be published in 2022. This feedback will be provided through individual local area workshops. A wide range of stakeholders will be invited to these. The Cheshire East workshop is scheduled for the morning of 26th November 2021.

5.18 Although national support is being offered our local area already has a number of people and organisations working to tackle inequalities through the Increasing Equalities Commission chaired by Councillor Rhodes. It is proposed that the Commission takes the lead on progressing the Marmot Community proposals for Cheshire East. This will include

hosting the workshop as well as feeding into the national Marmot review, we can bring these skills and expertise together to develop a local action plan driven by local people.

5.19 In summary, being part of the Marmot Network provides Cheshire and Merseyside with the opportunity to work with international experts to accelerate action on the social determinants of health and to learn from other areas in England and internationally about the most effective ways to take action within the region. IHE will enhance the C&M HCP strategic direction, providing advice and supporting delivery on the agreed priorities, implementation strategies and monitoring outcomes. It also provides the opportunity for national and international recognition for our local work to reduce health inequalities.

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

Health Equity in England: The Marmot review 10 years on

Inequalities in health since 2010

- Since 2010 life expectancy in England has stalled; this has not happened since at least 1900.
- The more deprived the area the shorter the life expectancy. This gradient has become steeper; inequalities in life expectancy have increased. Among women in the most deprived 10 percent of areas, life expectancy fell between 2010-12 and 2016-18.
- There are marked regional differences in life expectancy, particularly among people living in more deprived areas. Differences both within and between regions have tended to increase. For both men and women, the largest decreases in life expectancy were seen in the most deprived 10 percent of neighbourhoods in the North East and the largest increases in the least deprived 10 percent of neighbourhoods in London.
- There has been no sign of a decrease in mortality for people under 50. In fact, mortality rates have increased for people aged 45-49.
- For women, healthy life expectancy has declined since 2010. The amount of time both men and women spend in poor health has increased across England since 2010.
- PHE survey shows that Pakistani, Bangladeshi and White Gypsy Travellers have much lower quality of life than other ethnic groups

Key points

- The slowdown in life expectancy increase cannot for the most part be attributed to severe winters, or problems with the NHS or social care (although declining funding relative to need will have played a role)
- Large funding cuts have affected the social determinants across the whole of England, but deprived areas and areas outside London and the South East experienced larger cuts.
- Despite the cuts and deteriorating outcomes in many social determinants some local authorities and communities have established effective approaches to tackling health inequalities. The practical evidence about how to reduce inequalities has built significantly since 2010.
- The national government has not prioritised health inequalities, and there has been no national health inequalities strategy since 2010. We see this as an essential first step
- We set out a clear agenda for national government to tackle health inequalities
- The goal should be to bring the level of health of deprived areas in the North up to the level of good health enjoyed by people living in affluent areas in London and the South

- Report sets out progress against 5 of the 6 priority objectives set out in the original Marmot report. Ill health prevention not covered, as this has been addressed elsewhere
- Outcomes and actions in England have been disappointing BUT social determinants are increasingly considered/ on the agenda

Proposals to support action on health inequalities

1. **Develop a national strategy for action on the social determinants of health with the aim of reducing inequalities in health.**
   Ensuring a strong focus on the social determinants. Establishing a Cabinet Level cross-departmental committee to lead on prioritisation of equity considerations, and implementation.

2. **Ensure proportionate universal allocation of resources and implementation of policies.**
   i.e. proportionately greater improvements in the North. Strengthen the deprivation components in the Revenue Support Grant to LAs and the NHS Resource allocation formula.

3. **Early intervention to prevent health inequalities.**
   Take action in the 5 areas outlined below. Increase spending on public health to 7% of the NHS budget.

4. **Develop the social determinants of health workforce.**
   Police, fire fighters, social care, housing and early years workforces have all developed approaches to tackling health inequalities, by extending and adapting their day-to-day practices and procurement.
   Recommend: Development of education programmes focusing on the social determinants for a range of workforces; Development of anchor institution approaches; Develop a health system approach to population health, with partnerships to improve population health among a range of sectors, locally and nationally.

5. **Engage the public.**
   The public and political debate on health needs to move towards the social determinants and away from the overwhelming focus on individual behaviours and health care.

6. **Develop whole systems monitoring and strengthen accountability for health inequalities.** National government must be responsible for regional and socioeconomic health inequalities and be held accountable for progress. Effective monitoring systems are essential for this. Recommend improving data for ethnicity, as this is currently poor – ethnicity is not recorded at death registration.

Social determinants of health

Give every child the best start in life

- Rates of child poverty have increased since 2010/11 with over four million children affected, and is predicted to continue increasing under current policies.
- Many OECD countries have considerably lower rates of child poverty than England.
- Child poverty rates are highest for children living in workless families - in excess of 70 percent.
- In 2017/18, 45 percent of minority ethnic children lived in families in poverty after housing costs, compared with 20 percent of children in White British families in the UK.
- Funding for Sure Start and Children's Centres, and other children's services, has been cut significantly, with greater cuts in more deprived areas. A 29% reduction between 2010/11 and 2017/18.
- There are still low rates of pay and a low level of qualification required in the childcare workforce.
- Free childcare for 3-4 year olds has been introduced, but at the expense of Sure Start and Children's Centres.
- Greater Manchester has rapidly improved outcomes for children in the early years, a result of concerted system-wide efforts and prioritisation of support for families and children during these years

Recommendations

- Increase levels of spending on early years and as a minimum meet the OECD average and ensure allocation of funding is proportionately higher for more deprived areas.
- Reduce levels of child poverty to 10 percent – level with the lowest rates in Europe.
- Improve availability and quality of early years services, including Children's Centres, in all regions of England.

Appendix One

- Increase pay and qualification requirements for the childcare workforce.

Enable all children, young people and adults to maximise their capabilities and have control over their lives

- Socioeconomic inequalities in educational attainment that were present in 2010 remain.
- Regionally, the North East, North West and East Midlands have the lowest levels of attainment at age 16 and London has the highest.
- Since 2010 the number of exclusions from school have significantly increased in both primary and secondary schools. In 2012, children eligible for free school meals were 4 times as likely to be excluded as those not eligible.
- Pupil numbers have risen while funding has decreased, by eight percent per pupil, with particularly steep declines in funding for sixth form (post-16) and further education.
- Youth services have been cut since 2010 and although overall youth crime has declined, violent youth crime has increased greatly over the period.

Recommendations

- Put equity at the heart of national decisions about education policy and funding.
- Increase attainment to match the best in Europe by reducing inequalities in attainment.
- Invest in preventative services to reduce exclusions and support schools to stop offrolling pupils.
- Restore the per-pupil funding for secondary schools and especially sixth form, at least in line with 2010 levels and up to the level of London (excluding London weighting).

Create fair employment and good work for all

- Employment rates have increased since 2010, but there has been an increase in poor quality work, including part-time, insecure employment such as zero hours contracts.
- The incidence of stress caused by work has increased since 2010, at least partly as a result of poor-quality work.
- Real pay is still below 2010 levels
- The majority of people below the poverty line live in households where at least one adult is working
- Risk of long-term unemployment is greater for minority ethnic groups, women, lone parents, and people with disabilities.

Appendix One

- Lowest employment rate in North East. Highest in South West.
- Nearly half of those in poverty in the UK in 2018 were from families in which someone had a disability. Some ethnic groups also face much higher rates of poverty than others, particularly those who are Black and Bangladeshi and Pakistani origin
- Automation is leading to job losses, particularly for low-paid, part-time workers; the North of England will be particularly affected. Can be an opportunity if boring, repetitive jobs are eliminated and replaced with interesting, fulfilling work.
- Since 2010, conditionalities and tougher sanctions for people who are unemployed have increased. Criticised by a Uni of York welfare study.

Recommendations

- Invest in good quality active labour market policies and reduce conditionalities and sanctions in benefit entitlement, particularly for those with children.
- Reduce in-work poverty by increasing the National Living Wage, achieving a minimum income for healthy living for those in work.
- Increase the number of post-school apprenticeships and support in-work training throughout the life course.
- Reduce the high levels of poor quality work and precarious employment.

Ensure a healthy standard of living for all

- Wage growth has been low since 2010 and wage inequality persists.
- Regional inequalities in wealth have increased
- The National Living Wage has helped raise wages, but it is still too low to meet the Minimum Income Standard (allows an acceptable standard of living as defined by the public).
- The number of families with children who do not reach the minimum income standard has increased.
- Food insecurity has increased significantly. Percent of low-income adults who were food insecure rose from 28 percent to 46 percent between 2004 and 2016.
- Social mobility in England has declined. Policies have undermined, not supported, social mobility.
- Tax and benefit reforms have negatively impacted the poorest 50%, and positively impacted the top 40%. Universal credit has pushed people further into poverty, particularly through delays in being awarded credit.

Appendix One

- Tax revenues in the UK are below the OECD average. 60% of the UK public in 2018 were in favour of increased tax and increased spend (up from 31% in 2010).

Recommendations

- Ensure everyone has a minimum income for healthy living through increases to the National Living Wage and redesign of Universal Credit.
- Put health equity and wellbeing at the heart of local, regional and national economic planning and strategy.
- Adopt inclusive growth and social value approaches nationally and locally to value health and wellbeing as well as, or more than, economic efficiency.
- Review the taxation and benefit system to ensure it achieves greater equity and ensure effective tax rates are not regressive.

Create and develop healthy and sustainable places and communities

- The costs of housing have increased significantly, including social housing.
- The number of non-decent houses has decreased, including in the private rental sector, but this sector still has high levels of cold, damp and poor conditions, including insecure tenures.
- In the West and East Midlands, Yorkshire and the Humber, >20% of homes fail to meet the decent homes standard
- 21% of adults in England said a housing issue had negatively impacted their mental health
- Homelessness has increased by 74% since 2010, including more children in homeless families living in temporary accommodation.
- Health harm from climate change is increasing, and will likely affect more deprived communities most.
- On average, pollution levels are worse in areas of highest deprivation
- The government's prioritisation of road and train travel over buses has widened inequalities
- Government targets to increase cycling and walking rates have not been met; inequalities in this have widened and budgets have declined, while road investment budgets have increased.
- Climate change worsens inequalities for a variety of reasons
- Programmes to insulate houses have been cut over the decade

Recommendations

Appendix One

- Invest in the development of economic, social and cultural resources in the most deprived communities
- 100 percent of new housing is carbon neutral by 2030, with an increased proportion being either affordable or in the social housing sector
- Aim for net zero carbon emissions by 2030 ensuring inequalities do not widen as a result

Jemima Churchhouse
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