

# CHESHIRE EAST BETTER CARE FUND

## Health and Wellbeing Board

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**Date of Meeting:** 15<sup>th</sup> September 2015  
**Report of:** Brenda Smith, Director of Adult Social Care and Independent Living  
**Title:** Better Care Fund – Update Paper  
**Portfolio Holder:** Councillor Janet Clowes – Health and Social Care

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### 1.0 Purpose of Report

- 1.1 The purpose of this report is to provide an overview of 2015/16 Better Care Fund (BCF) Quarter 1 performance and to provide an update on the overall implementation of the BCF plan.
- 1.2 The Better Care Fund was launched on the 1<sup>st</sup> April 2015 and there is a requirement to submit quarterly returns to NHS England. These quarterly returns should be reviewed and signed off by the Health and Wellbeing Board.
- 1.3 Cheshire East Health and Wellbeing Board (HwB) is responsible for the ongoing oversight of the delivery of the Better Care Fund plan during 2015/16 and whilst not a signatory of the s75 partnership agreement it has a role in gaining assurance that partners are collectively working together to deliver the plan, implement the national conditions and improve the associated performance measurements.
- 1.4 The Better Care Fund is a nationally driven initiative, encouraging health and social care systems to work collaboratively towards integration to develop more efficient, effective and pro-active services for the citizens of England. Locally the Better Care Fund plan is aligned to complement the local health and social care transformation programmes, Caring Together (covering the Eastern Cheshire geography) and Connecting Care (covering the South Cheshire geography).

### 2.0 Recommendation

- 2.1 Members of the Health and Wellbeing Board are asked to:
  - i) Acknowledge the progress with the implementation of the Cheshire East Better Care Fund plan
  - ii) Acknowledge the Cheshire East NHS England 2015/16 Quarter 1 performance report which was submitted to NHS England on 26<sup>th</sup> August 2015.
  - iii) Delegate responsibility to the Portfolio Holder for Adult Services and Health to provide the Health and Wellbeing Board sign off and oversight of the NHS England quarterly monitoring report for quarterly reporting deadlines that are

not aligned with Health and Wellbeing Board meeting dates. The quarterly monitoring submission to NHS England will be reported to the next available meeting of the Health and Wellbeing Board

### **3.0 Reasons for Recommendation**

- 3.1 Cheshire East Health and Wellbeing Board is responsible for the strategic oversight of the Better Care Fund plan and has significant influence in supporting partnership working across health and social care.
- 3.2 To provide the HwB with an update on the progress and implementation of schemes and the expected outcomes of schemes. To provide assurance to the HwB on the delivery of the Cheshire East BCF plan and the BCF national conditions.
- 3.3 NHS England will issue standard reports that will fulfil both local and national reporting obligations against the key requirements and conditions of the BCF Fund. The standard reports aim to fulfil both the quarterly reporting and annual reporting requirements to monitor the totality of the BCF at Health and Wellbeing Board level.
- 3.4 NHS England will be expecting quarterly updates on the progress of the Better Care Fund and the HwB is required to review and sign off of these quarterly returns in line with the published timescales.
- 3.5 The NHS England BCF quarterly reporting deadline is not always consistent with scheduled HwB meetings. It is recommended that the authority to sign off the quarterly reports is delegated to a HwB member (the Portfolio Holder for Adult Social Care and Health) and the HwB is provided with an update on the NHS England quarterly submission at the next available meeting following submission. This approach allows the flexibility for the NHS England deadlines quarterly deadlines being delivered with the involvement of a HwB member.

### **4.0 Progress of the implementation of Cheshire East BCF plan**

- 4.1 Since the launch of the Cheshire East BCF plan on 1<sup>st</sup> April 2015, there has been a number of new schemes launched and existing schemes are being reviewed.
- 4.2 In particular, the Dementia Re-ablement scheme went live on 1<sup>st</sup> May 2015. This scheme offers support to people with an early dementia diagnosis who have been referred by the Memory Clinic. This scheme is a pilot scheme during 2015/16 and is being evaluated independently to measure the impact and outcomes of the scheme.
- 4.3 The Universal Outreach scheme was launched on 1<sup>st</sup> July 2015 and is focused on providing early intervention advice and support to residents in the community.

- 4.4 The creation of Integrated Community Teams whereby health and social care professionals will work together to provide integrated services is making good progress with the provider boards currently completing the design phase which will then lead to a phased implementation of the teams from late 2015 onwards.
- 4.5 Providers and commissioners are working together to review existing short term support services including intermediate care and re-ablement to develop improved co-ordinated services which are focused on early intervention.
- 4.6 Work is underway to understand the impact of the schemes and the expected outcomes as it is important to be able to understand the benefits of these schemes to be able to demonstrate the value for money to the public. Commissioning leads are completing monthly performance and financial monitoring reports and the Joint Commissioning Leadership Team will receive regular updates from the BCF Strategic Commissioning Manager.
- 4.7 Whilst there are signs of a reduction in non elective admissions across Cheshire East. The progress against the 3.5% reduction in non elective admissions is not progressing at the levels originally planned. The planned reduction by end of quarter 1 was 720 non elective admissions (covering Quarter 4 2014/15 and Quarter 1 2015/16), the actual reduction is 145. There are also some concerns that in areas where there are reductions in non elective admissions, the ability to release costs from the hospital cannot be achieved due to the complexity of those people are admitted (i.e. acuity).

## **5.0 BCF Quarter 1 2015/16 NHS England Return**

- 5.1 The BCF Quarter 1 template was issued on Friday 7<sup>th</sup> August by NHS England and a copy of the report was circulated to HwB members for comment and approved by the Portfolio holder for Adult Social Care and Health on behalf of the HwB on 25<sup>th</sup> August 2015. The template was submitted to NHS England on 26<sup>th</sup> August 2015 ahead of the 28<sup>th</sup> August 2015 deadline, information is currently being collated and the template will be presented directly as part of the HwB meeting on 25<sup>th</sup> August 2015.
- 5.2 The content of the BCF Quarter 1 is more detailed than the 2014/15 Quarter 4 report. The submission covers the following six key areas:
- i. Budget arrangements – whether a section 75 agreement is in place, which it is in Cheshire East, executed on 1st June 2015;
  - ii. National Conditions – Nationally pre-determined conditions that are expected to be met as part of the implementation of BCF across local areas;
  - iii. Non-elective admissions and payment for performance calculations – This covers the latest quarter's non elective admissions rate and locally agreed payment for performance figures;

- iv. Income and expenditure profile – The latest income and expenditure profiles;
  - v. Performance against local metrics – Local performance metrics were agreed at the beginning of the programme and progress is recorded here;
  - vi. Understanding support needs – This is a new section for this quarter's return and seeks the views of local areas on what type of support would be helpful from the national BCF team.
- 5.3 The primary aim of the submission is to provide assurance to the Department of Health, Local Government Association and NHS England that local areas have arrangements for managing joint budgets and improvements, as measured against the national conditions, and they are beginning to be delivered.
- 5.4 A copy of the completed Cheshire East Quarter 1, 2015/16 is enclosed as an appendix to this report.

### **National Conditions**

- 5.5 The National Conditions were set at the beginning of the Better Care Fund process and all local areas across the country are measured against them. The submission provides insight into whether local areas have plans fully operational, in the progress of being developed or no plans in place to deliver the conditions.
- 5.6 Within Cheshire East we have made good progress in delivering against the National Conditions. Three of the conditions are now in place and there are five that are currently in the process of being developed, which are:
- Delivery of 7 day services to support discharge and prevent unnecessary admission, the implementation of the Integrated Community Teams is expected to support the delivery of this condition.
  - Use of the NHS number as the primary identifier across all partner organisations, the implementation of the replacement Social Care Assessment System and the Cheshire Care Record will deliver this requirement.
  - Appropriate information governance controls in place for information sharing. This is a fundamental requirement for the Cheshire Care Record and partners
  - The development of a joint assessment and care planning approach with a lead accountable professional, will be developed as part of the design of the Integrated Community Teams.
  - An agreement on the consequential impacts of changes in the acute sector.

Progress is being made against these conditions and they are planned to be met by the end of the calendar year.

## Payment for Performance

- 5.7 The planned payment for performance of £2,175,400 is currently directly linked to the reduction in non elective admissions. The Cheshire East BCF plan reflected an ambition to reduce non elective admissions by 3.5% and this equates to a reduction of 1,459 non elective admissions for the period January 2015 to December 2016.
- 5.8 The payment for performance is **not** additional monies into the health and social care system and it is funded from the reduction in contract payments to the hospital (acute trusts) as activity levels should be lower. If the reduction in non electives is not achieved then the funding is retained by the CCG to support the funding of the unplanned activity in the hospital.

## Non Elective Admissions

- 5.9 The actual non elective admission performance across Cheshire East HwB geographical footprint is showing a reduction of 121 covering the period of April 2015 to June 2015 (Quarter 1 2015/16) based on provisional released Monthly Average Return (MAR) data. The original plan for 2015/16 Quarter 1 had an expected reduction of 358 non elective admissions.
- 5.10 The breakdown of the Non Elective Admissions (NELs) across the CCG geographical areas is provided below:

Area	2015/16 Quarter 1 Plan NELs	2014/15 Quarter 1 Baseline NELs	2015/16 Quarter 1 Actuals NELs	Actuals vs Baseline NELs
Eastern Cheshire CCG	4,659	4,828	4,618	(210)
South Cheshire CCG	5,209	5,398	5,487	89
<b>Total</b>	<b>9,868</b>	<b>10,226</b>	<b>10,105</b>	<b>(121)</b>

## Local Metrics

- 5.11 The Cheshire East local BCF metrics included in the BCF plan are:
- People who feel supported managing long term conditions (GP Survey) – updated data not available until January 2016
  - Admissions to hospital, injuries due to falls aged 65 plus
- 5.12 The initial performance data for admissions to hospital, injuries due to falls aged 65 plus is indicating that there has been a reduction in the number of

admissions against the expected plan. This data will be reviewed and verified as there are concerns about whether all the data has been captured.

### **Approval of future quarterly returns**

- 5.13 The NHS England quarterly return deadlines are not always aligned with HwB meeting dates. It is recommended that the authority to sign off the quarterly reports is delegated to a HwB member (the Portfolio Holder for Adult Social Care and Health) and the HwB is provided with an update on the NHS England quarterly submission at the next available meeting following submission. This approach allows the flexibility for the NHS England quarterly deadlines being delivered with the involvement of a HwB member.

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

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