

# Cheshire East Council

## Adult Social Care & Health Overview & Scrutiny Committee

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<b>Date of Meeting:</b>	1 <sup>st</sup> December 2016
<b>Report of:</b>	Mark Palethorpe (Strategic Director of Adult Social Care and Health)
<b>Subject/Title:</b>	Better Care Fund (BCF) Update
<b>Portfolio Holder:</b>	Janet Clowes and Paul Bates

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### 1. Report Summary

- 1.1. The purpose of this paper is to provide the OSC with an update on the Better Care Fund (BCF) for Cheshire East. The paper highlights areas of work where there has been good progress, areas which are proving more challenging and also provides an overview of the future direction of BCF.
- 1.2. 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.
- 1.3. The Better Care Fund was launched on the 1<sup>st</sup> April 2015 and 2016/17 represents year 2 of BCF.
- 1.4. Good progress is being made across the Cheshire East system to fully meet the national conditions. However, performance metrics are variable, with some positives such as people feeling supported to manage their long-term conditions. Other areas are proving to be more challenging, such as non-electives and DToCs. However, this is not unique to Cheshire East as recently published BCF national data shows deteriorating NELs and DTOCs at a national level. Health and social care colleagues are working hard together to address these challenges.
- 1.5. BCF will continue for at least two more years in Cheshire East, with a 2-year planning cycle for 2017-2019 commencing in November 2016.

### 2. Recommendations

- 2.1. The Committee is asked to note the successes and challenges of the Cheshire East BCF to date.
- 2.2. The Committee is asked to consider how successes could be built on and how challenges could be unblocked.

### **3. Other Options Considered**

- 3.1. This is an update report so no options appraisal has been undertaken regarding the content of this paper.

### **4. Reasons for Recommendation**

- 4.1. To ensure the Committee is up to date with the successes and challenges of BCF locally.
- 4.2. To ensure the Committee understands how partners are applying learning from BCF to unblock of issues and challenges.
- 4.3. To ensure the Committee is informed as to future plans for BCF, in a timely way.

### **5. Background/Chronology**

- 5.1. 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.
- 5.2. Cheshire East Health and Wellbeing Board (HwB) is responsible for the ongoing oversight of the delivery of the Better Care Fund (BCF) 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.
- 5.3. 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).
- 5.4. In November 2015, the OSC received a presentation which gave committee members an overview of the BCF for 2015/16. This paper is a follow-up to that presentation and provides a critique of where there have been successes and difficulties, and the reasons behind them. The paper also gives members an overview of BCF going into 2017/18 and 2018/19.
- 5.5. The rest of this section will consider the following in order to provide the Committee with the information they require:

- Quarter 1 BCF performance
- Quarter 2 BCF performance
- Planning for BCF in 2017/18 and 2018/19

5.6. **Quarter 1 BCF Return:** On 2<sup>nd</sup> September 2016, Cheshire East submitted the 2016/17 Quarter 1 BCF return to NHS England. This return was signed-off by Cllr Rachel Bailey as Chair of the Health & Wellbeing Board following agreement by the BCF Governance Group. The return contained updates regarding progress against the following areas, each of which is discussed below:

- National conditions
- Income and expenditure
- Metrics
- Additional measures

5.6.1. **National Conditions (met):** At the end of quarter 1 2016/17, the following national conditions were fully met in Cheshire East:

- Jointly agreed plans signed off by the HWB
- Social care spend being protected
- Agreement for the delivery of 7-day services across health and social care to prevent unnecessary admissions and delayed transfers of care
- Pursuing open APIs (systems that talk to each other)
- Appropriate information governance controls in place for information sharing in line with Caldicott2
- Ensuring people have clarity about how data about them is used, who may have access and how they can exercise their legal rights
- Agreement on the consequential impact of changes in the acute sector are in place.
- Agreement to invest in NHS commissioned out of hospital services, which may include a wide range of services including social care
- Agreement on a local target for delayed transfers of care and a joint local action plan

5.6.2. **National Conditions (not met):** The following national conditions, whilst not fully met, are progressing well:

- Support services are available seven days a week in hospital, primary, community and mental health settings to ensure that the next steps in the patient's care pathway can be taken, as determined by the daily consultant-led review

- NHS number being used as the consistent identifier for health and care services
- Joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, there is an accountable professional

### 5.6.3. Income and Expenditure

The total BCF budget in 2016/17 is £25.51 million. The overall income in quarter 1 was £7.6million, £1.2 million higher than expected. The reason for the variation was that the whole Disabled Facilities Grant was received by the council in quarter 1, rather than on a quarterly basis as expected. Overall expenditure in quarter 1 was £6.44million, slightly higher than the £6.38 million planned. The variation is less than 1% and therefore not classed as material.

### 5.6.4. Metrics

#### 5.6.4.1. *Non-Elective Admissions*

Both CCG areas have seen quarter on quarter rises in non-electives from 2015/16 to 2016/17 (i.e. deteriorating performance). This trend has also been seen at a national level.

#### 5.6.4.2. *Delayed Transfers of Care*

Both CCG areas have seen quarter on quarter rises in DToC from 2015/16 to 2016/17 (i.e. deteriorating performance). Both CCG areas have daily reported DTOC profiles which are monitored and remedial action is taken to address issues that arise on a daily basis. Further work is ongoing across health and social care to further reduce these trends. This trend has also been seen at a national level.

#### 5.6.4.3. *Injuries Due to Falls in People Aged 65+*

Both CCGs have seen quarter on quarter rises in falls from 15/16 to 16/17 (i.e. deteriorating performance). NHS South Cheshire CCG are currently exploring opportunities to commission an Integrated Falls Service; it is anticipated that this service will be in place during 2016/17.

#### 5.6.4.4. *People who Feel Supported to Manage Long-Term Conditions*

Both CCG areas have experienced year on year increases in this metric (i.e. improvements in performance).

#### 5.6.4.5. *Admissions to Residential Care*

The latest 12-month rolling figures up to and including Q1 show a decrease of 3.1% (502 people). A lot of work has been done to reduce the historical recording issue that meant permanent admissions were sometimes recorded as "respite", and whilst this has led to a higher admissions figure than planned, we are confident that this more accurately reflects the position.

#### *5.6.4.6. Reablement*

As June data was still being gathered at the time of reporting, the March - May period was used to provide a valid picture of current performance. For this period, 80.2% of people were still at home after 91 days, which is behind the target of 88.4% and lower than the 15/16 year end figure of 84.1%.

#### 5.6.5. Additional Measures

##### *5.6.5.1. Use of NHS Number as Primary Identifier Across Care Settings*

NHS number is used as the consistent identifier on relevant correspondence in all settings excluding social care, but this is increasing and will be complete within 2016/17. Staff in all settings can retrieve relevant information about a service user's care from their local system using the NHS number.

##### *5.6.5.2. Digital Sharing of Relevant Service-User Information*

Data is currently shared between all settings excluding specialised palliative and community services. Plans are in place and work is underway to ensure this is in place across all settings by the end of March 2017. However, it should be noted that the ambulance service is not included in the NHS England questions, and that they are key partners who are currently not part of the Cheshire Care Record (CCR). Plans are in place for them to become part of the CCR but timescales are not yet in place regarding this.

#### 5.6.6. Summary

Whilst good progress has been made in meeting national conditions, the significant challenges faced by the health and social care system is evidenced in some of the performance metrics.

### **5.7 Quarter 2 BCF Return**

5.7.1 The Quarter 2 BCF return was submitted to NHS England week beginning 21st November 2016

### **5.8 Planning for 2017/2019**

- 5.8.1. On 22<sup>nd</sup> September, NHS England and NHS Improvement published the NHS Operational and Contracting Planning guidance document *“Delivering the Forward View: NHS Operational Planning Guidance”*.
- 5.8.2. The guidance provides local NHS organisations with an update on the national priorities for 2017/18 and 2018/19, as well as updating on longer term financial challenges for local systems.
- 5.8.3. The Better Care Fund is referenced in paragraph 69, and states:
- “CCGs and Upper Tier Councils will need to agree a joint plan to deliver the requirements of the Better Care Fund (BCF) from 2017/18 via the Health and Wellbeing Board. The plan should build on the 2016/17 BCF plan, taking account of what has worked well in meeting the objectives of the fund, and what has not. CCGs will be advised of the minimum amount that they are required to pool as part of the notification of their wider allocation. BCF funding should explicitly support reductions in unplanned admissions and hospital delayed transfers of care. Further guidance on the BCF will be provided later in the autumn.”*
- 5.8.4. For the first time, the guidance covers two financial years, to provide greater stability and support transformation, and has been released three months earlier than normal to enable earlier agreement locally. Colleagues in DH and DCLG are currently developing the Better Care Fund policy framework which will also cover 2017/18 and 2018/19 and the Better Care Support Team (BCST) will be developing the Better Care Planning Guidance in parallel.
- 5.8.5. Initial expectations were that this guidance would be published on 11<sup>th</sup> November 2016, with the first submission due before the end of December 2016. At the time of writing this release date has passed and there has been no confirmation of when the guidance will be published.
- 5.8.6. There is expected to be announcement of an “Improved BCF” with additional allocations from government over the next three years. In Cheshire East, the increases are expected to be £0 in 17/18, £1.9m in 18/19 and £5.0m in 19/20.
- 5.8.7. The BCF Governance Group is evaluating all BCF-funded schemes with a focus on system-wide costs and benefits. This will culminate in January when all partners will agree the work areas to be jointly funded in 2017/18 and 2018/19.

## **6. Wards Affected and Local Ward Members**

- 6.1. All wards.

## **7. Implications of Recommendation**

### **7.1. Policy Implications**

7.1.1. This is an update report so there are no policy implications regarding the recommendations in this paper. The BCF policy document to inform planning for 2017/19 is due to be released on 11<sup>th</sup> November 2016, and is expected to be closely linked to the NHS England and NHS Improvement guidance document “*Delivering the Forward View: NHS Operational Planning Guidance*” published by NHS Operational and Contracting Planning.

## **7.2. Legal Implications**

7.2.1. This is an update report so there are no legal implications regarding the recommendations in this paper. The BCF is governed by a Section 75 agreement between the partners. Cheshire East BCF has two Section 75 agreements – one with each CCG partner. At the time of writing, the South Cheshire CCG S75 agreement for 2016/17 is close to formal signing. The Eastern Cheshire CCG S75 agreement for 2016/17 is slightly further away from signing pending agreement on two final scheme specifications.

## **7.3. Financial Implications**

7.3.1. This is an update report so there are no financial implications regarding the recommendations in this paper. The BCF budget is a pooled budget comprising of £25.8m, £1.6m over the £24.2m mandated minimum. This incorporates the additional work areas of Cheshire Care Record and Community Equipment Scheme, as well as those in the original 2015/16 BCF.

## **7.4. Equality Implications**

7.4.1. This is an update report so there are no equality implications regarding the recommendations of this paper.

## **7.5. Rural Community Implications**

7.5.1. This is an update report so there are no rural community implications regarding the recommendations in this paper.

## **7.6. Human Resources Implications**

7.6.1. This is an update report so there are no human resources implications regarding the recommendations in this paper.

## **7.7. Public Health Implications**

7.7.1. This is an update report so there are no public health implications regarding the recommendations in this paper.

## **7.8. Implications for Children and Young People**

7.8.1. This is an update report so there are no specific implications for children and young people regarding the recommendations in this paper.

## **7.9. Other Implications (Please Specify)**

7.9.1. On 14<sup>th</sup> October 2016, confirmation was received that Mersey Internal Audit Agency (MIAA) will be conducting a follow-up review of BCF through South Cheshire CCG prior to Christmas. The scope of the review is to ensure that:

- 7.9.1.1. The submission supports each organisation's strategic objectives and the delivery of the vision and strategy for health and care transformation as defined in the Connecting Care Programme.
- 7.9.1.2. The submission supports meeting national conditions.
- 7.9.1.3. A robust Governance Framework is in place that will support the delivery of the BCF project plan.
- 7.9.1.4. Risks associated with failure to deliver the overall BCF Plan are captured and effectively managed on a timely basis.
- 7.9.1.5. Reporting arrangements are in place to ensure appropriate forums are alerted to risks/ provided with assurance in relation to the delivery of the BCF.

## **8. Risk Management**

8.1.1. This is an update report so there are no risk implications regarding the recommendations in this paper. The BCF has a risk management process which is overseen by the BCF Governance Group. The programme's risk log is reviewed, updated and acted upon on at least a monthly basis.

## **9. Access to Information/Bibliography**

- 9.1. The following documents and papers may be useful for members wishing to gain a deeper knowledge and understanding of the BCF:
- The Quarter 1 2016/17 BCF return to NHS England (submitted 2<sup>nd</sup> September 2016)
  - The Quarter 2 2016/17 BCF return to NHS England (to be submitted by 25<sup>th</sup> November 2016)



- The BCF plan for Cheshire East for 2016/17 (assured by NHS England)
- Evaluation criteria and process for BCF in 2016/17 (taking place from November 2016 to January 2017)

## **10. Contact Information**

Contact details for this report are as follows:

**Name:** Caroline Baines  
**Designation:** Strategic Commissioning Manager  
**Tel. No.:** 01270 686248  
**Email:** [caroline.baines@cheshireeast.gov.uk](mailto:caroline.baines@cheshireeast.gov.uk)