

Cheshire East

Health and Wellbeing Board

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| Date of Meeting: | 25 th July 2017 |
| Report of: | Linda Couchman, Acting Strategic Director of Adult Social Care and Health |
| Subject/Title: | Improved Better Care Fund (iBCF) 2017 to 2020 |
| Portfolio Holder: | Cllr Janet Clowes: Adult Social Care & Integration Cllr Liz Wardlaw: Health |

1. Report Summary

- 1.1. This report describes the areas of activity and the proposed expenditure for the additional grant money being received directly by Cheshire East Council in 2017/18 through the Improved Better Care Fund (iBCF) monies for 2017 to 2020. The background and context is detailed in section 5 of this report.
- 1.2. It identifies a number of schemes and rationale of how they meet the needs and demands of the local care and health economy, the national conditions applied to the grant and to collectively support the clinical commissioning groups and NHS Providers to implement the 'High Impact Change Model,' to manage more effective transfers of care between hospital and home.
- 1.3. In January 2017 a report for the Adult Social Care and Health Overview and Scrutiny Committee was prepared using the Eight Step High Impact Change Model of Managing Transfer of Care. A Parliamentary style Select Committee Approach was used to gather information to explore the issues of Managing Transfer of Care.
- 1.4. As set out in the guidance, iBCF monies can be used to support existing adult social care services, as well as investing in new services. The proposals include investment in a combination of new and existing services essential to managing demand, maintaining Care Act compliance, protecting existing key services, maintaining the adult care statutory duties whilst also enhancing NHS community and primary care services to facilitate hospital discharges. These proposed schemes will help to promote the sustainability of adult social care and other care services within the care economy as a whole.
- 1.5. The grant will be paid directly to the council under section 31 of the Local Government Act 2003 for adult social care and related services, not through a Section 256 agreement. The following conditions are applied to

recipient authorities:- 'The grant may only be used for the purposes of meeting the adult social care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and ensuring that the local social care market is supported'

- 1.6. It is intended that schemes funded through the iBCF are consistent with the joint strategic needs assessment which identifies the health and well-being needs and inequalities of the local population. The schemes also align with the two local transformation programmes Caring Together and Connecting Care and the Cheshire and Wirral Local Delivery System plans (LDS) which form part of the Cheshire and Merseyside Sustainability and Transformation Plan (STP) particularly pertinent to health and care partners.

2. Recommendation

- 2.1. The recommendation is that the Health and Wellbeing Board endorses and agrees the proposed schemes as set out in 2.2 to 2.8. It is proposed that each scheme will have a more detailed business case produced that articulates the associated benefits and impacts of each scheme and that these will be approved and sanctioned through the existing Better Care Fund governance group.
- 2.2. **Scheme 1: Care Home assessments at the weekend: National Metric 4: Grant Condition Criteria 1/2/3/4:** Work has been undertaken with the care home sector to ensure that any individual who is fit for discharge over the weekend period can be assessed and returned to their care home. This will form part of our contracts with care homes and we have estimated that around 500 provider hours are used to deliver this support, at a care manager rate of £33.78 this would cost approximately £16,890k per year. This meets the requirements of the 'High Impact Change Model' for managing Transfers of Care in particular seven day working and reducing the pressure on the NHS.
- 2.3. **Scheme 2: Care Package Retention for 7 days: National Metric 4: Grant Condition Criteria 1/2/3/4:** Cheshire East Council have an agreement with extra care housing schemes and domiciliary care providers to pay a retainer to the care provider in order to keep the care provision open whilst the individual is absent for a period of time for example in hospital. The retainer ensures that the individual's existing care provider is kept available for a period of up to 7 days to resume the existing care package when the person is fit or ready to return home. If the person is in hospital this should facilitate a timelier and appropriate discharge. The estimated cost is £550k per year.
- 2.4. **Scheme 3: Increased capacity in the Care Sourcing Team and Social Work Team over Bank Holiday weekends: National Metric 2/3/4: Grant Condition Criteria 1/3/4:** 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.

Working on a 62 week year (to cover holidays etc.) that would be 124 days for the weekends and another 8 days for bank holidays giving 132 days each per year at a cost of £159k per year.

2.5. **Scheme 4: Funding of additional social care staff to support 'Discharge to Assess initiatives: National Metric 4: Grant Condition Criteria 1/3/4:** Funding of additional staff to support the local transformation programmes Caring Together and Connecting Care in implementing a 'Discharge to assess' model. This builds on the existing initiative with Eastern Cheshire where funding is being targeted at continuing to provide a team manager, social worker and occupational therapist, plus the roll out across mid Cheshire at an approximate cost of £290k per year.

2.6. **Scheme 5: Sustain the capacity, capability and quality within the social care market place: National Metric 2/3/4: Grant Condition Criteria 1/2/3/4** 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. Cheshire East Council is undertaking a review of fees to ensure capacity and capability in the marketplace.

The demand for care services will be significant over the next few years, and as a result of this and the need to ensure the transfers of care are undertaken in a timely manner to meet NHSE targets of 3.5%; therefore will be a requirement for investment into community resources and increases in care packages, in order to sustain and stabilise both the domiciliary care markets and care home markets. This means transforming the care and support offer to ensure Cheshire East has greater capacity and an improved range of services. It is intended that The CCGs together with Cheshire East Council jointly commission the new offer and include: discharge to assess beds, step up/step down beds, more specialist provision for complex needs and care at home services that promote quality of care under the system beds programme and Fusion 28.

The joining up of commissioning and contracting with provide partners with an opportunity to promote and champion a single and shared view of high-quality care and support. With our partners we need to ensure that health and social care services provide people with safe, effective, compassionate, high quality care and that as partners we encourage care services to improve, this may include quality payment premiums to providers. We have anticipated the cost of this to be in the region of £16 million over 3 years implemented in April 2018 and the proposal is to utilise circa £4 million of the iBCF towards this.

2.7. **Scheme 6: Creation of an Innovation and Transformation Fund: National Metric 1/2/3/4: Grant Condition Criteria 1/3/4** In order to support the 'Caring Together' and 'Connecting Care' transformation plans.

Cheshire East Council will create a fund that the NHS and partners can access to support initiatives that promote the move towards integrated working (community teams) to achieve better outcomes for the residents of Cheshire East. The fund will amount to £500k one off fund. This fund will be maintained and monitored through the existing BCF governance group.

- 2.8. **Scheme 7: The use of 'Live Well' Online information and advice resource: National Metric 1/2: Grant Condition Criteria 1/2/3.** Cheshire East Council has embarked on a programme to deliver a new online resource to the public: Live Well Cheshire East. It is designed to give citizens greater choice and control by providing information and advice about care and support services in the region and beyond. This new digital channel went live in June, initially offering information and advice and a directory of local services in one place covering Adult, Children, Community and Public Health services. Both Clinical Commissioning Groups have expressed a desire to utilise this platform and expand the offer to create a community infrastructure that maps all existing assets for use of professional staff alongside members of the public. This will be a project under the Better Care Fund. Cheshire East will continue to maintain and update the platform at an approximate cost of approximately £103k per year.
- 2.9. For all schemes the existing BCF Governance Group will review and agree the business cases mentioned in 2.1. This includes agreeing relevant metrics to measure implementation and the outcomes achieved from the investment as well as then monitoring these metrics.

3. Other Options Considered

- 3.1. Do Nothing- This is clearly not an option as Social Care is under constant pressure to meet the needs of our communities both in transition and older people.
- 3.2. Use the money to mitigate growth- this has not been done. The money is to transform and at the same time deal with the current demand/pressure and support system resilience across Cheshire East.

4. Reasons for Recommendation

- 4.1. Cheshire East Council is committed to co-production with its partners and wants to be open and transparent on how the iBCF is going to be spent and articulate how these proposed schemes contribute towards avoiding unnecessary admission to hospital and care homes, reducing Delayed Transfers of Care to meet the 3,5% target and to support the implementation of the High Impact Change Model
- 4.2. The key risk is to Social Care is maintaining the quality, capacity and sustainability of the care market. Any market failure or disruption will have a huge impact not only on delayed transfers of care but the critical care provided in the community to thousands of vulnerable individuals.

5. Background/Chronology

- 5.1. At the 2017-18 Government budget a total of £2.021 billion was announced as supplementary funding to the improved Better Care Fund (iBCF). This is to be distributed as £1.01 billion in 2017-18, £674 million in 2018-19 and £337 million in 2019-20 and will be given to councils in England over the next 3 years for adult social care.
- 5.2. The Grant allocation for Cheshire East Council for 2017/18 totals £10.8 million. This will be paid directly to the council under section 31 of the Local Government Act 2003 for adult social care. The following conditions are applied to recipient authorities:- 'The grant may only be used for the purposes of meeting the adult social care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and ensuring that the local social care market is supported'(Integration and Better Care Fund policy framework 2017).
- 5.3. The Government made clear that part of this funding is intended to enable local authorities to quickly provide stability and extra capacity in the local care systems. Local Authorities are therefore able to spend the money, including to commission care subject to the grant conditions set out in the determination. The Council can undertake this as soon as plans for spending the grant have been locally agreed with Clinical Commissioning Groups involved in agreeing the Improved Better Care Fund plan.
- 5.4. Informal conversations have taken place with the two Clinical Commissioning Groups and local providers to ensure co-production, agreeing priorities and putting the quality and safety of services at the heart of all we do.

6. Wards Affected and Local Ward Members

- 6.1. The proposal will affect all wards.

7. Implications of Recommendation

7.1. Policy Implications

- 7.1.1. This is in line with the Care Act 2014, and The Better Care Fund Policy Guidance, and the Local Government Act 2003 for Adult Social Care and the NHS Five Year Forward View.

7.2. Legal Implications

- 7.2.1. This is in line with the Care Act 2014, and The Better Care Fund Policy Guidance and the Local Government Act 2003 for adult social care.

7.3. Financial Implications

7.4. As described in 2.6 the financial pressure from an increasing demand and market pressures means the IBCF only partially helps address the pressures being experienced across health and social care,

| Scheme | Description | National Metrics* | Current Condition Criteria** | Financial Implication 2017/18 | 2018/19 | 2019/20 |
|------------------------------------|---|-------------------|------------------------------|-------------------------------|------------------|------------------|
| | | | | £(m) | | |
| 1 | Care Home assessments at the weekend | 4 | 2/3/4 | 0.017 | 0.017 | 0.017 |
| 2 | Care Package Retention for 7 days | 4 | 2/3/4 | 0.550 | 0.550 | 0.550 |
| 3 | Increased capacity in the Care Sourcing Team | 2/3/4 | 3/4 | 0.159 | 0.159 | 0.159 |
| 4 | Funding of additional social care staff (DTC) | 4 | 3/4 | 0.290 | 0.290 | 0.290 |
| 5 | Sustain the capacity & capability within market place | 2/3/4 | 2/3/4 | 8.300 | 4.000 | 4.000 |
| 6 | Creation of an Innovation & Transformation fund | 1/2/3/4 | 3/4 | 0.500 | | |
| 7 | 'Live Well' Online Information & Advice | 1/2 | 2/3 | 0.103 | 0.103 | 0.103 |
| | Total | | | 9,919,000 | 5,119,000 | 5,119,000 |
| | iBCF Allocation | | | 4,693,134 | 4,092,441 | 2,042,422 |
| | | | | | | |
| <i>*National Metrics</i> | | | | | | |
| 1 | Non-Elective Admissions | | | | | |
| 2 | Admissions to residential care homes | | | | | |
| 3 | Effectiveness of reablement | | | | | |
| 4 | Delayed Transfers of Care | | | | | |
| | | | | | | |
| <i>** Grant Condition Criteria</i> | | | | | | |
| 1 | Jointly agreed plans | | | | | |
| 2 | Maintain social care | | | | | |
| 3 | Invest in NHS commissioned OOH services | | | | | |
| 4 | Manage Transfers of Care | | | | | |

7.5. Equality Implications

7.5.1. The schemes are anticipated to impact positively on many groups but particularly on older people and those of any working adult age with multiple and/or long term health conditions.

7.5.2. The schemes will take account of any gaps or disparities in provision which require to be addressed to advance equality of opportunity.

7.6. Rural Community Implications

7.6.1. A risk identified for the rural communities is in maintaining and incentivising care and support agencies to pick up packages of care. Care agencies are reporting difficulty in the recruitment and retention of care workers specifically in the rural areas.

7.7. Human Resources Implications

7.7.1. Any impact for Cheshire East employees will be as a result of the need for greater integration in care delivery and commissioning in terms of

restructures or changes to job roles. These will be dealt in accordance with the Councils policy and procedures. This could be due to a number of factors- seven day working policy, change in terms and conditions, geographical location of staff. Any identified implication will have a full impact assessment completed and assurance that all employment legislation is adhered to.

7.8. Public Health Implications

7.8.1. Reducing the demand for health and care services, by enabling people to enjoy a healthy and active life within their communities, is a key priority for the NHS and social care system.

7.8.2. The Better Care Fund has been created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them integrated health and social care services, resulting in an improved experience and better quality of life.

7.8.3. Health and care that supports better health and wellbeing for all, and a closing of health inequalities.

7.9. Implications for Children and Young People

7.9.1. Some children and young people are classed as carers, and it is important that these individuals are recognised and supported through the existing better care fund.

7.10. Other Implications (Please Specify)

7.10.1. None known.

8. Risk Management

- Increased pressures and demands across both the health and social care economy creating instability in the system.
- Risk of not reducing the delayed transfers of care.
- Risk of market failure and/or disruption due to increasing care costs.
- Risk that all funded proposals are not approved within the NHS England framework.
- That the strategic priorities of all partners are not met.
- Risk that the schemes lead to an increase in the number of admissions to residential and care homes.
- Manage the risk to the clinical commissioning groups of sustaining services where the hospital trusts face significant financial pressures.
- There is a risk in the ability to achieve integration in the current provider landscape and there will need to be careful market management and ensuring capacity in the whole system.
- Risk of the consequence of failing to achieve proposed changes in activity levels and a plan to mitigate these.

9. Access to Information/Bibliography

- 2017-19 Integration and Better Care Fund Policy Framework (DoH, DCLG 2017)
- NHS Five Year Forward View (2014)
- Next Steps on the NHS Five Year Forward View (NHS 2017)
- Care Act (DoH 2014)
- High impact Change Model – Managing transfers of care between hospital and home (LGA 2017).

10. Contact Information

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