

## **Cabinet**

---

**Date of Meeting:** 10 September 2019

**Report Title:** Improved Better Care Fund 2019/20

**Portfolio Holder:** Cllr. Laura Jeuda (Adults Social Care and Health)

**Senior Officer:** Mark Palethorpe, Acting Executive Director People

---

### **1. Report Summary**

- 1.1. This report describes the areas of activity and the proposed expenditure for the grant money being received directly by Cheshire East Council in 2019/20 through the Improved Better Care Fund (iBCF).
- 1.2. 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.
- 1.3. iBCF monies can be used to support existing adult social care services, as well as investing in new services. These proposals include investment in a combination of new and existing services essential in 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.
- 1.4. Planning guidance for the Better Care Fund was released by the national support team on 19/07/2019 which in turn has delayed the local planning process.
- 1.5. The iBCF was first announced in the 2015 Spending Review, and is a paid as a direct grant to local government, with a condition that it is ring fenced into the local BCF plan. Currently there is no guarantee that Improved Better Care Fund will be available in 2020/21.

### **2. Recommendations**

- 2.1. That Cabinet endorses the iBCF schemes (1-7) and associated expenditure which is outlined in paragraphs 5.5-5.22 of this report.
- 2.2. That cabinet notes the risk to future funding.

### **3. Reasons for Recommendations**

- 3.1. 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 support the implementation of the High Impact Change Model.
- 3.2. 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. Other Options Considered**

- 4.1. Not applicable

### **5. Background**

- 5.1. The recent historical background of the Improved Better Care Fund is as follows: 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. This funding was subsequently revised.
- 5.2. The original allocation for Cheshire East for 2018/19 was £4.1m which was revised to £6.0m and for 2019/20 was £2m which has been revised to £7m. In addition to the £7m grant allocation it should be noted that £820k was carried forward from 2018/19 in order to address the full year financial implications in 2019/20 from the contract which was retendered toward the end of 2018. We await notification of allocations for 2020/21 and beyond.
- 5.3. The Government has made it 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, commission care subject to the grant conditions set out in the determination.
- 5.4. **Overview of schemes and spending for 2019/20**
- 5.5. **Scheme 1 - Increased weekend capacity for social workers (£161,862)**
- 5.6. 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.

**5.7. Scheme 2 - Care Sourcing team model (£407,200)**

5.8. 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.

5.9. 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.

**5.10. Scheme 3 - Live well (£107,908)**

5.11. Cheshire East Council 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.

5.12. The digital channel went live in June 2018, 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. Cheshire East will continue to maintain and update the platform.

**5.13. Scheme 4 - Funding for additional social care staff to support Discharge to Assess initiatives (£295,220)**

5.14. 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.

**5.15. Scheme 5 – Winter funding (£509,000)**

5.16. 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.

- 5.17. **Scheme 6 - Sustain the capacity, capability and quality within the social care market place (£6,235,639)**
- 5.18. 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.
- 5.19. 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.
- 5.20. The joining up of commissioning and contracting will 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.
- 5.21. 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.
- 5.22. **Scheme 7 - Electronic Call Monitoring (ECM) (£101,800)**
- 5.23. Care at Home (domiciliary care) is one of the largest contracted service areas that the Council commissions in the external market, with the Council currently spending in excess of £13.5 million per annum on generic Care at home services commissioned via the Council. In order to support the effective operation of the care at home this scheme will see the purchase of an ECM solution. The ECM solution will bring greater transparency to the delivery of care at home. Typical benefits realised from the implementation of ECM include increased quality within care at home services as well as increased safeguarding.

## **6. Implications of the Recommendations**

### **6.1. Legal Implications**

- 6.1.1. 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. S141 of the Care Act 2014 provides for the Better Care Fund Pooled Funds to be held under and governed by an overarching s75 National Health Service Act 2006 Partnership Agreement.
- 6.1.2. On 13 March 2018 Cabinet approved the Council entering into agreements with NHS Eastern Cheshire Clinical Commissioning Group and NHS South Cheshire Clinical Commissioning Group for the period of one year (2018-2019) and delegated authority to the Executive Director of People to decide to extend for a further period of one year (subject to there being a continuing national requirement to operate the Better Care Fund and the Improved Better Care Fund as a s75 pooled budgets agreement for that period) and delegated to the Executive Director of People to make decisions and agreements on behalf of the Council in relation to the commissioning of schemes funded by the Better Care Fund.
- 6.1.3. The agreement has been extended for a further year (2019-2020) in accordance with the above delegation.
- 6.1.4. The Better Care Fund Governance Group continues oversight and responsibility for reviewing the delivery of the agreement.

### **6.2. Finance Implications**

- 6.2.1. Financial implications are stated in the body of the report. It should be noted that whilst some of these schemes involve recurrent funding (such as the increased expenditure levels being paid to providers under Scheme 6) that IBCF funding beyond 2019/20 have yet to be formally confirmed by Central Government. This confirmation of funding is currently anticipated to form part of the Chancellor's Autumn Statement. As such, permanent ongoing usage of the IBCF funding involves a financial risk, not only for Cheshire East Council but for all Council's the length and breadth of the country.

### **6.3. Policy Implications**

- 6.3.1. The ageing population in Cheshire East and associated pressures on the home care market is central to the planning behind the iBCF schemes and core Better Care Fund schemes which have been developed for Cheshire East Better Care Fund.

### **6.4. Equality Implications**

- 6.4.1. As the leaders for our local health and social care economy, all BCF partners in Cheshire East are conversant and compliant with the Equality Act 2010.

## **6.5. Human Resources Implications**

6.5.1. 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.

## **6.6. Risk Management Implications**

6.6.1. Risk of the consequence of failing to achieve proposed changes in activity levels and a plan to mitigate these with respect to the iBCF in 2019-20. As noted previously in the report currently there is no guarantee that Improved Better Care Fund will be available in 2020/21. This risk to funding has been noted and recorded in the corporate risk register.

## **6.7. Rural Communities Implications**

6.7.1. There are no direct implications for rural communities.

## **6.8. Implications for Children & Young People/Cared for Children**

6.8.1. There are no direct implications for children and young people.

## **6.9. Public Health Implications**

6.9.1. There are no direct implications for public health.

## **7.0 Climate Change Implications**

6.7.1. The report encompasses an overview of the Improved Better Care Fund schemes, the aim of these schemes include keeping people as independent as possible. Specifically the Live Well digital channel includes a range of information and advice to enable people to lead healthy lifestyles.

## **7. Ward Members Affected**

7.1.1. The implications are borough wide.

## **8. Consultation & Engagement**

8.1.1. Consultation and engagement with CCG partners through the BCF Governance Group has taken place and will continue to take place.

## **9. Access to Information**

9.1.1. 2017-19 Integration and Better Care Fund Policy Framework (DoH, DCLG 2017)

9.1.2. Delivering the Better Care Fund in Cheshire East 2017-19

9.1.3. Integration and Better Care Fund planning requirements for 2017-19

## **10. Contact Information**

10.1.1. Any questions relating to this report should be directed to the following officer:

Name: Alex Jones

Job Title: Better Care Fund Programme Manager

Email: [Alex.t.jones@cheshireeast.gov.uk](mailto:Alex.t.jones@cheshireeast.gov.uk)