

GOVERNING BODY MEETING **in Public**

23 May 2018

Agenda Item 3.7

Paper Title	Better Care Fund progress in 2017 - 2018 and approach for 2018 - 2019
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Report Author	Contributors
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Date report submitted	17 May 2018

Purpose of paper
To provide the Governing Body with an update on the use of the Better Care Fund (BCF) and Improved Better Care Fund (iBCF) during 2017/18 and to outline the proposed approach for BCF and iBCF for 2018/19. The Governing Body is being asked to approve signature of the Section 75 Agreement between Cheshire East Council and NHS Eastern Cheshire CCG for the BCF for 2018/19 for the value of £13.3million.

Reason for consideration by Governing Body
This paper is coming to the Governing Body to provide assurance and as the Committee authorised to ratify the signature of the Section 75 Agreement between Cheshire East Council and NHS Eastern Cheshire CCG.

Outcome Required:	Approve	<input checked="" type="checkbox"/>	Ratify	<input type="checkbox"/>	Decide	<input type="checkbox"/>	Endorse	<input type="checkbox"/>	For information	<input checked="" type="checkbox"/>
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Recommendation(s)
The Governing Body is asked to: <ul style="list-style-type: none"> note for information performance of the Better Care Fund and Improved Better Care Fund in 2017/18 and the proposed approach for 2018/19. approve the Section 75 Agreement for 2018/19 between NHS Eastern Cheshire CCG and Cheshire East Council.

Benefits / value to our population / communities
<p>Specific benefits include:</p> <ul style="list-style-type: none"> • A reduction in delayed transfers of care, • More people being supported in their own homes, • Avoidance of emergency admissions to hospital, • Targeted support to care homes, • Reduction in the number of admissions to long term care placements • More effective use of resources through reduction of duplication and targeting resources to meet the needs of those most in need within Eastern Cheshire. <p>Further benefits are outlined in the main body of the paper.</p>

Key Implications of this report – please indicate <input checked="" type="checkbox"/>			
Strategic	<input checked="" type="checkbox"/>	Consultation & Engagement	
Financial	<input checked="" type="checkbox"/>	Resources (other than finance)	
Procurement		Decommissioning	<input checked="" type="checkbox"/>
Equality		Quality & Patient Experience	<input checked="" type="checkbox"/>
Safeguarding	<input checked="" type="checkbox"/>	Governance & Assurance	<input checked="" type="checkbox"/>
Legal / Regulatory	<input checked="" type="checkbox"/>	Staff / Workforce	<input checked="" type="checkbox"/>
Other – please state			

Governing Body Assurance Framework Risk Mitigation:
None currently

Report/Paper Reviewed by (Committee/Team/Director)
Fleur Blakeman – 14/05/2018

Better Care Fund progress in 2017 - 2018 and proposed approach for 2018 - 2019

1. Executive Summary

- 1.1 The Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.
- 1.2 NHS Eastern Cheshire CCG, NHS South Cheshire CCG and Cheshire East Council have collaborated and used the Better Care Fund to improve the health and wellbeing of residents of Cheshire East Council and the registered population of NHS Eastern Cheshire CCG and NHS South Cheshire CCG. This has been achieved through effective joint planning and joint commissioning and better coordinated and more integrated service delivery.
- 1.3 The economy also benefitted from supplementary non-recurrent funding, referred to as the Improved Better Care Fund (iBCF), which was paid direct to Cheshire East Council.
- 1.4 In 2017/18 £24.9m was invested across Cheshire East via the Better Care Fund (including £12.1m from NHS Eastern Cheshire CCG) and the Cheshire East Footprint also received £4.7m Improved Better Care Fund via Cheshire East Council.
- 1.5 Performance was monitored on a monthly basis and overseen by the Better Care Fund Governance Group. The Better Care Fund Governance Group is accountable to the individual statutory stakeholder organisations and also the local Health and Wellbeing Board.
- 1.6 In 2018/19 NHS Eastern Cheshire CCG is investing £12.3m which is c. £110k more than the minimum sum that the CCG must invest as part of the Better Care Fund arrangements and is again able to benefit from a share of £6m non recurrent funding via the Improved Better Care Fund to Cheshire East Council.
- 1.7 This paper provides an update on performance of schemes in 2017/18 and outlines the proposed schemes for 2018/19. The pooled funding arrangements for the BCF 2018/19 are subject to a Section 75 Agreement. Cheshire East Council will receive the iBCF funding direct from government.

2. Recommendations:

- 2.1 **The Governing Body is asked to:**
 - **note** for information the performance of the Better Care Fund and Improved Better Care Fund in 2017/18 and approve the proposed approach for 2018/19.
 - **approve** the Section 75 Agreement for 2018/19 between NHS Eastern Cheshire CCG and Cheshire East Council.

3. Reason for recommendation(s):

- 3.1 The CCG and the Local Authority are required to pool funding as part of the Better Care Fund arrangements and this pool funding arrangement has to be formalised through a Section 75 Agreement. The pooled budget for 2018/19 meets the minimum required budget for the Better Care Fund.

4. Peer Group Area / Town Area Affected

- 4.1 The Better Care Fund impacts on all residents of Cheshire East Council and the registered population of NHS Eastern Cheshire CCG.

5. Population affected

- 5.1 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.
- 5.2 A significant proportion of the iBCF is dedicated to sustaining the capacity, capability and quality within the social care market place. Included in this is the 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.
- 5.3 It is intended that the CCGs together with Cheshire East Council jointly commission the new offer and for it to 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. 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.

6. Context

- 6.1 Today, people are living much longer, often with highly complex needs and multiple conditions. These needs require ongoing management from both health and care services, which combine both the medical and social models of care. As our population ages and the financial pressures on the health and care system increase, we need to be better at providing proactive, preventative care in community settings, so that people can be supported to live at home for longer and avoid the need for commissioned health and care services (2017-19 Integration and Better Care Fund Policy Framework).
- 6.2 The report is influenced by the following strategies:
- Integration and Better Care Fund Policy Framework 2017 to 2019
 - Integration and Better Care Fund planning requirements for 2017-19
 - 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).

7. Finance

- 7.1 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.
- 7.2 Following the agreement to continue to operate two S75 Agreements within the Cheshire East area, the respective Clinical Commissioning Groups and Council are responsible for producing the pooled budgets accounts and audit in respect of those elements of the budget which they receive directly from government. This arrangement reduces the number of transactions across organisations and provides the opportunity for the pooled budgets to be aligned to the local health and social care transformation programmes.
- 7.3 The organisations host the budget in line with the agreed plans of all partners and the funding is to be used explicitly for the agreed areas of spending identified in the, 'Delivering the Better Care Fund in Cheshire East 2017-19' plan. The Council takes responsibility for the collation and consolidation of standardised financial and reporting information for the Cheshire East Health and Wellbeing board.
- 7.4 The BCF budget relating to Eastern Cheshire CCG was £13.2m for 2017/18. Expenditure for the year is currently showing a small underspend of £55,000 prior to final validation of year-end figures. The underspend will be carried forward to 2018/19 and re-invested in line with BCF priorities.
- 7.5 BCF budgets have been uplifted by 1.9% as mandated nationally. The CCG Governing Body has approved the total CCG contribution to the BCF of £12.3m in the 2018/19 Budget Book presented to the Governing Body in April 2018.
- 7.6 Table One shows 2017/18 expenditure and 2018/19 budget for BCF schemes.

Table One: NHS Eastern Cheshire CCG Better care Fund Schemes 2017-19

Scheme Name	2017/18 Outturn £000s	2018/19 Plan £000s
Assistive Technology	463	397
Early Discharge Support (Red Cross)	137	129
Combined Re-ablement	2,183	2,345
Social Care Act	205	209
Disabled Facilities Grant	1,017	950
Carers' Wellbeing Grants	181	
Carers' Assessment and Support	168	
Carers' Hub		350
Home First	8,378	8,539
Winter Schemes	260	265
Programme Enablers	101	103
2017/18 b/fwd		55
Total	13,093	13,341
Funded by:		
Social Care Pass Through	3,616	3,684
CCG Community Services	8,378	8,539
CCG Carers	112	114
2017/18 b/fwd		55
CCG Total	12,106	12,392
Council Contribution	932	950
Total BCF	13,038	13,342
Surplus/(deficit) on BCF	- 55	0

7.7 Evaluation of 2017/18 schemes is on-going, and it should be noted that budget values for Assistive Technology and Reablement in particular may be subject to change when productivity and value for money assessments are complete. Any residual funding will be allocated to schemes to target the BCF metrics.

7.8 **iBCF.** The iBCF proposed allocations by scheme are included in Table Two.

Table Two: iBCF Budget for 2018/19		
Scheme	Scheme name	Scheme Value £000
Scheme 1	7 day retainer	100
Scheme 2	Increased weekend capacity for social workers	159
Scheme 3	Care Sourcing team- moving to 8-8 model	215
Scheme 4	Live well	106
Scheme 5	DTOC additional staff	290
Scheme 6	Transformation	500
Scheme 7	Sustainability of market	4,210
Scheme 8	Electronic call monitoring	389
Scheme 9	Care home assessments at the weekend	17
Total		5,986

7.9 The main changes from 2017/18 are in respect of the seven day retainer scheme which has been materially reduced as a far more targeted approach is adopted as agreed by BCF Governance Group. The second major change is in the increased investment in the sustainability of the social care market, which in simple terms, reflects the uplift in fee's being paid to providers to cover the inflationary costs they are incurring (the main example, being the continued increase in the National Minimum wage with the consequential increase in their staffing costs).

8. Quality and Patient Experience

8.1 Qualitative as well as quantitative information is gathered as part of the review of performance of schemes funded from the BCF and iBCF.

9. Consultation and Engagement (Public/Patient/Carer/Clinical/Staff)

9.1 Staff and recipients of service are encouraged to provide feedback on the services they deliver/receive.

10. Health Inequalities

10.1 The objectives noted as part of "Delivering the Better Care Fund in Cheshire East 2017-19" include:

- Improve health outcomes and the wellbeing of local people.
- The recipients of care services and the staff providing them have a positive experience of care.
- Care is person centred and effectively coordinated.
- Services are commissioned and delivered in the most effective and efficient way.
- People are empowered to take responsibility for their own health and wellbeing.
- People spend the appropriate time in hospital with prompt and planned discharge into well organised community care when needed.
- Carers are valued and supported
- Staff working together, with the person at the centre, to proactively manage long term physical and mental health conditions.
- Expansion of 'out of hospital' offer
- Accountable care.

11. Equality

11.1 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.

11.2 As a commissioner (buyer) of services NHS Eastern Cheshire CCG is committed to making sure equality and diversity is a priority when we plan and commission local healthcare services. To do this we work closely with our communities to understand their needs and how best to commission the most appropriate services to meet those needs. Equality impact assessments will be completed for all new schemes introduced.

12. Legal

- 12.1 Under Section 75 of the National Health Service Act 2006, NHS bodies may enter into arrangements with local authorities in relation to NHS functions and the health functions of local authorities. Section 141 of the Care Act 2014 provides for the Better Care Fund pooled funds to be held under and governed by an overarching Section 75 National Health Service Act 2006 Partnership Agreement.
- 12.2 In 2016 Cheshire East Council entered into two separate Section 75 Partnership Agreements, one with each Clinical Commissioning Group operating within the Cheshire East Borough footprint. In accordance with those Agreements (and the statutory requirement to hold Better Care Fund pooled funds under a Section 75 Partnership Agreement), the Agreements operated for a period of one year with an option to renew. Albeit that the Agreement has not formally been extended it has continued to be operated by the parties for a two year period. The Partners now wish to enter into a new Partnership Agreement for 2018/19.

13. Background and further information

- 13.1 One of the conditions attached to the Improved Better Care Fund grant is that it needs to be aligned with the Better Care Fund pooled budget through Section 75 Partnership Agreement of the NHS Act 2006 (S75). Local Better Care Fund plans are subject to national conditions and guidance. Local plans are monitored through NHS England and there are strict timelines regarding submission of plans and performance monitoring information for both regional and national assurance of plans and performance to take place.
- 13.2 In 2017-19, NHS England required that Better Care Fund plans to demonstrate how the area will meet the following national conditions:
- Plans to be jointly agreed,
 - NHS contribution to adult social care is maintained in line with inflation,
 - Agreement to invest in NHS commissioned out-of-hospital services, which may include 7 day services and adult social care,
 - Managing Transfers of Care (*Delayed Transfers of Care*).
- 13.3 Detailed Implementation Plans were developed as part of the '*Delivering the Better Care Fund in Cheshire East 2017-19*,' which was fully assured by NHS England on 21st December 2017. The progress against the delivery of these plans has been and will continue to be shared and monitored by the Better Care Fund Governance Group and has been and will continue to be presented to the Cheshire East Health and Wellbeing Board on a quarterly basis.
- 13.4 Following a detailed evaluation of the schemes in 2017/18, a proposal for schemes to be funded in 2018/19 was developed. Many of the schemes are a continuation of schemes introduced in 2017/18. New schemes being introduced in 2018/19 include the full rollout of a care sourcing team as well as the introduction of an electronic monitoring system.

13.5 As part of ‘*Delivering the Better Care Fund in Cheshire East 2017-19*’ an articulation of what should be expected by the end of 2017/18 was produced, this along with a statement of progress is described in Table Three.

Table Three: BCF Ambitions and Achievements 2017/18 Cheshire East	
Ambition	Achievement
<p>Reablement services in Cheshire East will have become fully integrated to address both physical and emotional needs; the aim will be to provide more balanced provision including both proactive and responsive services for people with physical and/or mental health needs and thus an improved outcome for those in Cheshire East. This will be evidenced by an improved Reablement score under National Metric 3.</p>	<p>Across Reablement, there is a single provider, one management structure, a shared electronic rostering system (Staffplan), a shared recording system (Liquid Logic), one centralised referral hub, one assessment system and a single recruitment and training programme. There are examples of joint case working and a flexible staffing system, where staff members move between teams to offer cover, to jointly manage complex cases and to respond to, and manage, increased demand.</p> <p>Service users with dual, or multiple, needs have a single care plan and a primary worker who co-works, or links, with staff from across the other elements of the Reablement service to deliver a single holistic package of care.</p> <p>There is one manager for Mental Health and Dementia Reablement in each of the two teams, which ensures the services are operationally integrated where appropriate.</p> <p>Following review there isn't the requirement to reorganise Reablement.</p> <p>Activity levels are as follows:</p> <ul style="list-style-type: none"> • Community support Reablement – Referrals 792 • Mental health Reablement – Referrals 2912 • Dementia Reablement – Referrals 764
<p>Carers' Services will be integrated, providing a single solution for support, which supports wellbeing, de-escalates crisis and maintains quality of life for both the person caring and the person being cared for. This will be evidenced under</p>	<p>Carers Services have been integrated through the introduction of the Integrated Carers Hub which went live in April 2018. This Service replaces the Carers Breaks provision with the Carers Living Well Fund. Families are allocated upto £250 to invest in additional support for the cared for or activities or support to meet their needs as the prime carer.</p>

Table Three: BCF Ambitions and Achievements 2017/18 Cheshire East	
Ambition	Achievement
an improved score under National Metric 3.	<p>Activity levels are as follows:</p> <ul style="list-style-type: none"> • Carers wellbeing budgets allocated – 872
<p>Falls services will become streamlined across health and social care with a move towards joint commissioning arrangements and utilise assistive technology, in addition a Cheshire-wide project to widen use of assistive technology to support people in their own homes will be in progress. This will be evidenced by an improvement in National Metric 2.</p>	<p>Work is still underway to ensure falls services are streamlined across health and social care moving towards joint commissioning arrangements. There is a firm commitment between partners to look at the joint commissioning of assistive technology with CCG partners.</p> <p>Activity levels are as follows:</p> <p>Average number of people supported through Telecare on a monthly basis – 2358.</p>
<p>iBCF schemes provide increased capacity and capability in the community; this is evidenced by meeting the Delayed Transfers of Care (DToC) trajectory in a sustained way in addition to a reduction in those requiring residential and nursing home care particularly directly from acute care.</p>	<p>All but one of the iBCF schemes were implemented, the schemes have contributed to increased capacity and capability in the community and have contributed to improved performance in-year meeting the trajectory for DTOC performance.</p> <p>In the plans for January 2018 the total delayed days was projected as being 1,057, the actual was 897 so we are 160 days better than the target, equating to about 5.2 beds per day above target. Compared to projected target, the total for January was 34.1 beds per day, the actual was 28.9. Compared to the previous month the figure of 897 total days represents an increase of 81 days (9.9%).</p> <p>Since April 2017 the total number of delayed days is 12,393 (monthly average 1,239), days attributable to health 8,205 (monthly average 821) and days attributable to social care 4,156 (monthly average 416). This is the cumulative position for 2017/18.</p> <p>Targets for reducing ‘delayed transfers of care’ (DToCs) were introduced this year by the Department</p>

Table Three: BCF Ambitions and Achievements 2017/18 Cheshire East	
Ambition	Achievement
	<p>of Health and Department for Communities and Local Government to encourage the NHS and local government to work better together to reduce the number of people remaining in hospital because of health-related delays or social-care related delays.</p> <p>Each month, local authorities receive their ranking regarding health and social care partner working together to reduce DToCs. Cheshire East hospital patients are among the least likely in to be delayed being allowed home, according to national figures and we remain in the top quartile. This highlights how health staff and our care teams are working effectively together to improve outcomes for in-patients and freeing up vital beds for those awaiting hospital care.</p>

13.6 **Progress during 2017/18.** The BCF policy framework defines the national metrics for measuring progress of schemes funded via the Better Care Fund. Information on all four metrics is collected on a regular basis and reported nationally. In summary these are:

1. Non-elective admissions (General and Acute);
2. Admissions to residential and care homes
3. Effectiveness of Reablement; and
4. Delayed transfers of care;

13.7 A summary of actual performance with commentary in 2017/18 is outlined in Table Four:

Table Four: Performance against National Metrics 2017/18				
	National metric	Target 2017/18	Actual 2017/18	Outcome
1	Admissions to Long Term Care (Rate amongst residents aged 65+ per 100,000 popn)	716.9	705.30	Number of people entering long term care reduced.
2	Effectiveness of Reablement (Percentage of individuals still at home 91 days after discharge)	88.4	79.3%	Whilst this appears low a significant number of individuals sadly passed away within the 91 day period. In addition not

Table Four: Performance against National Metrics 2017/18				
	National metric	Target 2017/18	Actual 2017/18	Outcome
				all individuals could be traced.
3	Delayed Transfers of Care (DToC) Rate per 100,000 popn aged 18+)	Q4 17/18 958.9	Q4 17/18 865	Fewer DTOCs reported. DTOC's reduced by 34% overall over the last two years.
4	Non-elective admissions to Hospital (n)	Q4 17/18 10,072 Total 17/18 39,768	Q4 17/18 9,265 Total 17/18 40,564	Improved performance in Quarter 4 however overall target not fully realised (2% over).

*Please note that the 'Admissions to long term care' measure figure for 2016/17 differs from the nationally published ASCOF figure slightly (that is 734.0) due to ASCOF and BCF using different population figures (ASCOF uses population estimates and BCF uses population projections).

- 13.8 As schemes often impact on more than one metric it is difficult to attribute individual metric performance to schemes. The BCF Governance Group continues to assess the value for money of schemes on a rolling basis.
- 13.9 The key metric for monitoring performance of schemes funded from the iBCF, is a reduction in the Delayed Transfers of Care. The quarterly monitoring returns have indicated a sustained reduction in DToC throughout 2017/18.
- 13.10 Following a robust evaluation of schemes in 2017/18 a proposal for schemes to be funded in 2018/19 has been developed. The proposal for 2018/19 is outlined in Table Five.

Table Five: proposed BCf and iBCF schemes for 2018 - 19

Scheme Name	2017/18 Evaluation Score	Comments
BCF Schemes		
Assistive Technology	76	Agreement for 1/12 of budget to be spent each month until current service review has been discussed.
Early Supported Discharge (Red Cross)	107	Scheme to be continued:
Care Act	90	Statutory Scheme
Programme Enablers	44	Scheme continued
Carers Assess / Support	n/a	Scheme to form part of Carers hub
Carers Living Well Fund	38	Scheme to form part of Carers hub
Carers Hub	n/a new 18/19	Carers Hub now established
Home First (ECCCCG)	94	Schemes to be continued
Home First (SCCCG)	100	Scheme to be continued
Disabled Facilities Grant	74	Statutory Scheme
Innovation / Investment in Winter Plans	62	Scheme to be continued
iBCF Schemes		
Care Home Assessments at the Weekend	N/A	New Scheme for 2018/19
Care Package Retention for 7 Days	96	Reduce size of scheme funding and limit to 7 days, retention to reduce from £300k base level to £100k level.
Innovation and Transformation Fund (Winter Pressures)	62	Schemes to be continued including: <ul style="list-style-type: none"> • Flexible capacity to match different needs of patients reviewed throughout winter • Integrate and connect care and services wherever possible based on a person-centred journey • Identify, manage and escalate risks e.g. a lack of beds/staffing capacity to implement initiatives • Support Care Homes to ensure their sustainability
Funding of additional social care staff to support 'Discharge to Assess' initiatives	94	Scheme to be continued
Increasing capacity in the Care Sourcing team and Social Work Team over Bank Holiday Weekends (iBCF)	54	Scheme change to funding: Care sourcing to be increased from £215k base level by £246k to £461k and operate as a pilot for 2018/19
Sustain the capacity, capability and quality within the social care market place (iBCF)	81	Scheme change to funding: funding increased to reflect the fee rises being given to providers.
The use of 'Live Well' Online information and advice resource (iBCF)	110	Scheme to be continued
Electronic call monitoring	n/a new 18/19	New scheme implemented.

13.11 **Proposed performance targets 2018/19.** The Data Definitions for these targets are given in Appendix 1.

Table Six: BCF National Metric Targets for 2018/19					
	Outcome Measure	Baseline 2015/16	Target 2016/17	Target 2017/18	Target 2018/19
1	Admissions to Long Term Care (Rate amongst residents aged 65+ per 100,000 popn)	606.9	598.9	716.9	703.2
2	Effectiveness of Reablement (Percentage still at home 91 days after discharge)	84.1	88.4	88.4	89.8
3	Delayed Transfers of Care Rate per 100,000 popn aged 18+)	Q4 15/16 1148.7	Q4 16/17 1148.3	Q4 17/18 958.9	Q4 18/19 955.7
4	Non-elective admissions to Hospital (n)	Q3 15/16 11,564	Q4 16/17 10,642	Q4 17/18 10,072 Total 17/18 39,768	Q4 17/18 10,063 Total 18/19 39,732

13.12 The key performance metric for the iBCF for 2018/19 is again linked to a reduction in the Delayed Transfers of Care.

13.13 **BCF Section 75 Agreement for 2018/19.** There is a statutory requirement to hold Better Care Fund pooled funds under a section 75 agreement. New S75 Partnership Agreements from 1st April 2018 until 31st March 2019 with local health partners (namely NHS Eastern Cheshire CCG and NHS South Cheshire CCG) with the option to extend those agreements for a further period of one year, subject to there being a national requirement to operate the Better Care Fund as a Section 75 pooled budget agreement until 2020. The Better Care Fund Governance Group to continue oversight and responsibility for reviewing the delivery of the agreement.

13.14 A summary of the key benefits of the BCF/iBCF can be seen in Table Seven .

Table Seven: Summary of the key benefits for 2017/18

Table Seven: Benefits of BCF/iBCF in Cheshire East 2017/18		
Scheme Name	Funding Source and Footprint	Benefits
Assistive Technology	BCF - Cheshire East Wide	<ul style="list-style-type: none"> • Average number of people supported through Telecare on a monthly basis throughout 2017/18 – circa 2358 individuals. • Enabling more people to live independently and delay commencement of more intensive interventions.
Combined Reablement	BCF - Cheshire East Wide	<ul style="list-style-type: none"> • Enabling more people to live independently within the community, developing personal resilience and supporting recovery from illness. • Community support Reablement – Referrals received in-year 792. • Mental health Reablement – Referrals received in-year 2912. • Dementia Reablement – Referrals received in-year 764.
Compliance with the Care Act (statutory requirement to have an Adult Safeguarding Board locally)	BCF - Cheshire East Wide	<ul style="list-style-type: none"> • Number of adult safeguarding concerns raised in-year – 3175. • Number of Section 42 enquiries i- year – 1030. • Number of cases referred to high risk self-neglect forum in-year – 16.
Carers Living Well Fund	BCF - Cheshire East Wide	<ul style="list-style-type: none"> • Carers wellbeing budgets confirmed for 872 carers and cared for in-year.
Scheme Name	Funding Source and Footprint	Benefits
Disabled Facilities Grant (statutory requirement)	BCF - Cheshire East Wide	<ul style="list-style-type: none"> • Number of disabled people enabled to live independently – 318
Red Cross low level care	BCF - Cheshire East Wide	<ul style="list-style-type: none"> • Enabled more people to be supported at home, including patients recently discharged from hospital.

Table Seven: Benefits of BCF/iBCF in Cheshire East 2017/18		
Scheme Name	Funding Source and Footprint	Benefits
Home First (East Cheshire trust Community services)	BCF - Eastern Cheshire CCG	<ul style="list-style-type: none"> Services working in integrated way with Social Care and Primary Care Colleagues in Multi-disciplinary team approach including: <ul style="list-style-type: none"> Provision of 58 Intermediate Care beds at East Cheshire NHS Trust and community based Intermediate Care Services Community Nursing including Matrons Night Service to take vulnerable patients home from A&E Extended link to Intermediate Care in A&E Therapy services at Front End linking to community Nursing Home support: speech therapy and dietetics.
Care Package Retention of 7 Days extended to 14 days during the winter period	iBCF - Cheshire East Wide	<ul style="list-style-type: none"> Number of packages retained in order to facilitate discharge from hospital back with existing domiciliary care provider – 191
Increasing capacity in the Care Sourcing team and Social Work Team over Bank Holiday Weekends	iBCF - Cheshire East Wide	<ul style="list-style-type: none"> The number of domiciliary care packages sourced by the care sourcing team – 995
Scheme Name	Funding Source and Footprint	Benefits

Table Seven: Benefits of BCF/iBCF in Cheshire East 2017/18		
Scheme Name	Funding Source and Footprint	Benefits
The use of 'Live Well' Online information and advice resource	iBCF - Cheshire East Wide	<ul style="list-style-type: none"> • Number of page views per week – 16,000 • Number of unique users (since May 2017) – 48,000 • Average number of page views per session – 2.5
Domiciliary Care Rapid Response	iBCF - Eastern Cheshire CCG	<ul style="list-style-type: none"> • To ensure people received support within the first 72 hours following discharge from hospital. Often helped to bridge the commencement of longer term packages of care.
Additional community beds (iBCF)	iBCF - Eastern Cheshire CCG	<ul style="list-style-type: none"> • Additional 38 beds spot purchased to aid flow within the hospital and to ensure people were receiving the right care in the right location • Increased the number of community beds to 96 as a core bedstock but increased up to 109 to manage peaks in demand during the challenging winter period. • Additional therapy staff recruited within the community to support the community beds and to support local care homes.

13.15 The BCF Policy Framework establishes the national metrics for measuring progress of integration through the BCF. Information on all four metrics is collected nationally. In summary these are:

- a. Non-elective admissions (General and Acute);
- b. Admissions to residential and care homes
- c. Effectiveness of Reablement; and
- d. Delayed transfers of care

13.16 A summary of performance through national metrics is outlined in Table Eight

Table Eight - National metric performance 2017/18

Table Eight: Performance against National Metrics 2017/18				
	National metric	Target 2017/18	Actual 2017/18	Outcome
1	Admissions to Long Term Care (Rate amongst residents aged 65+ per 100,000 popn)	716.9	705.30	Number of people entering long term care reduced.
2	Effectiveness of Reablement (Percentage of individuals still at home 91 days after discharge)	88.4	79.3%	Whilst this appears low a significant number of individuals sadly passed away within the 91 day period. In addition not all individuals could be traced.
3	Delayed Transfers of Care (DToC) Rate per 100,000 popn aged 18+)	Q4 17/18 958.9	Q4 17/18 865	Fewer DTOCs reported. DTOC's reduced by 34% overall over the last two years.
4	Non-elective admissions to Hospital (n)	Q4 17/18 10,072 Total 17/18 39,768	Q4 17/18 9,265 Total 17/18 40,564	Improved performance in Quarter 4 however overall target not fully realised (2% over).

14. Access to further information

14.1 For further information relating to this report contact:

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15. Glossary of Terms

BCF	Better Care Fund
iBCF	Improved Better Care Fund
NEL	Non-Elective Admissions (to hospital)
DToC	Delayed Transfers of Care

16. Appendices

Appendices Table

Appendix A	Data Descriptions
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Governance

CCG Operational Plan 2017 - 19 programme of work this report links to

System Transformation	<input checked="" type="checkbox"/>
Effective Use of Resources	<input checked="" type="checkbox"/>
Continuous Improvement	<input checked="" type="checkbox"/>

CCG 5 Year Strategic Plan programme of work this report links to

Caring Together	<input checked="" type="checkbox"/>	Quality Improvement	<input checked="" type="checkbox"/>
Mental Health & Alcohol	<input checked="" type="checkbox"/>	Other	<input checked="" type="checkbox"/>

CCG 5 Year Strategic Plan ambitions addressed by this report

Increase the number of our citizens having a positive experience of care	<input checked="" type="checkbox"/>	Increase the proportion of older people living independently at home and who feel supported to manage their condition	<input checked="" type="checkbox"/>
Reduce the inequalities in health and social care across Eastern Cheshire	<input checked="" type="checkbox"/>	Improve the health-related quality of life of our citizens with one or more long term conditions, including mental health conditions	<input checked="" type="checkbox"/>
Ensure our citizens access care to the highest standard and are protected from avoidable harm	<input checked="" type="checkbox"/>	Secure additional years of life for the citizens of Eastern Cheshire with treatable mental and physical health conditions	<input checked="" type="checkbox"/>
Ensure that all those living in Eastern Cheshire should be supported by new, better integrated community services	<input checked="" type="checkbox"/>		

CCG Values supported by this report – please indicate

Valuing People	<input checked="" type="checkbox"/>	Innovation	<input checked="" type="checkbox"/>
Working Together	<input checked="" type="checkbox"/>	Quality	<input checked="" type="checkbox"/>
Investing Responsibly	<input checked="" type="checkbox"/>		

NHS Constitution Values supported by this report – please indicate

Working together for patients	<input checked="" type="checkbox"/>	Compassion	<input checked="" type="checkbox"/>
Respect and dignity	<input checked="" type="checkbox"/>	Improving lives	<input checked="" type="checkbox"/>
Commitment to quality of care	<input checked="" type="checkbox"/>	Everyone counts	<input checked="" type="checkbox"/>

Appendix 1 - Data descriptions

Non-elective admissions

- Description: Total number of specific acute (replaces General & Acute) non-elective spells per 100,000 population.
- Data definition: A Non-Elective Admission is one that has not been arranged in advance. Specific Acute Non-Elective Admissions may be an emergency admission or a transfer from a Hospital Bed in another Health Care Provider other than in an emergency.
- Rationale: Effective prevention and risk management of vulnerable people through effective, integrated Out-of-Hospital services will improve outcomes for people with care needs and reduce costs by avoiding preventable acute interventions and keeping people in non-acute settings.
- Outcome sought: A reduction in the number of unplanned acute admissions to hospital.

Delayed transfers of care from hospital per day

- Description: Delayed transfers of care from hospital per 100,000 population
 - Data definition: Total number of DToCs (delayed days) per 100,000 population (attributable to either NHS, social care or both)*
 - A DToC occurs when a patient is ready for transfer from a hospital bed, but is still occupying such a bed.
- A patient is ready for transfer when:
- a clinical decision has been made that the patient is ready for transfer AND
 - a multi-disciplinary team decision has been made that the patient is ready for transfer AND
 - the patient is safe to discharge/transfer.
- Rationale: This is an important marker of the effective joint working of local partners, and is a measure of the effectiveness of the interface between health and social care services. Minimising delayed transfers of care (DToCs) and enabling people to live independently at home is one of the desired outcomes of social care. The DToC metric reflects the system wide rate of delayed transfers and activity to address it will involve efforts within and outside of the BCF.
 - Outcome sought: Effective joint working of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults.

Admissions to residential and nursing homes 65+

- Description: Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population

- Data definition: Annual rate of older people whose long-term support needs are best met by admission to residential and nursing care homes.
- Rationale: Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency, and the inclusion of this measure in the framework supports local health and social care services to work together to reduce avoidable admissions. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care. However, it is acknowledged that for some client groups that admission to residential or nursing care homes can represent an improvement in their situation.
- Outcome sought: Reducing inappropriate admissions of older people (65+) in to residential care

Effectiveness of Reablement (at home 91 days after discharge to Reablement / rehabilitation

- Description: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into Reablement / rehabilitation services
- Data definition: The proportion of older people aged 65 and over discharged from hospital to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting), who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital.
- Rationale: Improving the effectiveness of these services is a good measure of delaying dependency, and the inclusion of this measure in the scheme supports local health and social care services to work together to reduce avoidable admissions. Ensuring that the rate at which these services are offered is also maintained or increased also supports this goal.
- Outcome sought: Increase in effectiveness of these services whilst ensuring that those offered service does not decrease.