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PUBLIC REPORT

HEALTH AND WELLBEING BOARD

27 June 2023

BETTER CARE FUND PROGRAMME – 2022-23 END OF YEAR RETURN

Report of the Director of Adult Services and Health

Strategic Aim:	All	
Exempt Information	No	
Cabinet Member(s) Responsible:	Councillor D Ellison, Portfolio Holder for Adult Care and Health	
Contact Officer(s):	Kim Sorsky, Director of Adult Services and Health	Telephone 01572 758352 ksorsky@rutland.gov.uk
	Katherine Willison, Health and Wellbeing Integration Lead	Telephone 01572 758409 kwillison@rutland.gov.uk
Ward Councillors	n/a	

DECISION RECOMMENDATIONS
That the Committee: 1. Notes the Rutland 2022-23 Better Care Fund End of Year Report, submission of which to the BCF national team on 22 May 2023 was signed off by the Chair of the Health and Wellbeing Board. 2. Notes the update on the 2023-24/25 programming period.

1 PURPOSE OF THE REPORT

1.1 The purpose of this report is to brief the HWB on the 2022-23 Better Care Fund (BCF) annual report, and to update on the 2023-24 programming period.

2 BACKGROUND AND MAIN CONSIDERATIONS

2.1 The end of year report for the Rutland BCF programme for 2022-23, included as Appendix A, was submitted to the national BCF team on 22 May 2023. It reflects an overall successful year of delivery.

2.2 Members are directed particularly to three key sets of information in Appendix A:

- Metrics

- Income and expenditure
- Year-end feedback

2.3 Spend on the programme including the 2022-23 BCF, Improved BCF, and Disabled Facilities Grant (DFG) allocations and previous underspend built into the programme totaled £3,122,922 relative to a planned programme value of £3,189,091. The only underspend was on DFG which is difficult to utilise year on year at the same amount.

2.4 From a delivery perspective, the programme was predominantly delivered as planned. Some staff vacancies led to varying levels of achievement, but not to detrimental levels.

2.5 In terms of overall performance against nationally agreed BCF metrics, performance was very good for three key indicators and there was one key indicator where performance did not meet our target.

- Percentage of people who are discharged from acute hospital to their normal place of residence: Performance was 90.5%, slightly higher than our target of 90.4%
- Rate of permanent admissions to residential care per 100,000 population aged 65+: Performance was 210 which was significantly better than our target of 281.
- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services: Performance was 96% which was significantly better than an already high target of 90%.
- Unplanned hospitalisation for chronic ambulatory care sensitive conditions: Performance was 473 against a target of 437. It is well known that GP surgeries have been under significant pressure nationally, which can have an impact on hospital admissions. The introduction of the Additional Roles Reimbursement Scheme and roll out of the NHS App will hopefully have a positive impact on providing health care in the community.

2.6 The Adult Social Care Discharge Fund which operated from December 2022 to March 2023 is included in the report. Funds were used for schemes including additional reablement beds in Rutland and staff retention within MiCare. These schemes have contributed to timely hospital discharges and promoted the health and wellbeing of Rutland patients.

2.7 In the Year End Feedback tab, as in previous years, HWB areas have been asked to comment on the impact of the BCF on health and care integration, and to provide examples of successes and challenges. This return highlights concentrated work on three areas: maintaining care market capacity, integrated electronic records, and an integrated workforce.

2.8 Rutland's 2022-23 return was approved by Kim Sorsky on behalf of RCC. The HWB Chair approved the Rutland return on behalf of the Rutland Health and Wellbeing Board prior to its submission on 22 May 2023.

2.9 The Rutland HWB are therefore asked to note the return, including the areas of strong performance and highlighted challenges.

3 THE 2023-25 PROGRAMME

3.1 The Plan and Narrative are currently being completed for 2023-2025. Many of the schemes which are supporting salaries are being continued as they are providing good outcomes in line with the BCF priorities which are:

- Improving Discharges
- Reducing pressure on Emergency and Acute care and social care
- Supporting intermediate care, unpaid carers and housing adaptations

3.2 A Capacity and Demand Template is also required for 2023-24 for reablement and short-term support. A template was required for 2022-23 but was for information purposes only.

3.3 Another addition is the planning for the Additional Discharge Fund, a budget provided to support timely and safe discharge from hospital by reducing the number of people delayed in hospital awaiting social care.

3.4 Confirmed funding for 2023-24 is set out in Table 1. A uniform 5.66% increment has been awarded to all Health and Wellbeing Board areas.

Table 1: BCF budget for 2023-24

Income	£
Minimum NHS Contribution	2,783,104
Improved BCF (iBCF)	281,818
Disabled Facilities Grant	270,255
Local Authority Discharge Funding	30,678
ICB Discharge Funding	29,300
Total	**3,332,155**

4 CONSULTATION

4.1 Not applicable at this time.

5 ALTERNATIVE OPTIONS

5.1 Not applicable at this time.

6 FINANCIAL IMPLICATIONS

6.1 As in previous years, local partners have proceeded to deliver the current year's BCF programme 'on trust', based on consensus across the Council and ICB.

7 LEGAL AND GOVERNANCE CONSIDERATIONS

7.1 The Section 75 agreement that was a condition of the 2021-22 programme was approved by the HWB in June 2021 and thereafter by the ICB.

7.2 The BCF Partnership Board which had previously met will be reconvened. The purpose of this is to ensure that the BCF achieves its aims and outcomes within the Financial Contributions agreed by the Partners.

8 DATA PROTECTION IMPLICATIONS

8.1 There are no new Data Protection implications. The annual report contains only anonymised data.

9 EQUALITY IMPACT ASSESSMENT

9.1 Not applicable to the annual report.

10 COMMUNITY SAFETY IMPLICATIONS

10.1 There are no identified community safety implications from this report.

11 HEALTH AND WELLBEING IMPLICATIONS

11.1 The Better Care Fund programme is an important element of Rutland's response to enhancing the health and wellbeing of its population, representing more than £3m of ICB and LA funding to be used for integrated health and care interventions. This report sets out that Rutland has been successful relative to the majority of its 2022-23 health and wellbeing targets.

12 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

12.1 As set out above, the HWB are asked to note the end of year report, which was approved on their behalf prior to submission by the Chair of the HWB, and to note the update on the 2023-24 programme.

13 BACKGROUND PAPERS

13.1 There are no background papers.

14 APPENDICES

14.1 Appendix A: Rutland 2022-23 BCF Programme – End of Year Report – Key Sections

A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577.

APPENDIX A: RUTLAND 2022-23 BCF PROGRAMME – END OF YEAR REPORT – KEY SECTIONS

National Conditions

National Condition	Confirmation
1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006? (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the BCF policy?	Yes
3) Agreement to invest in NHS commissioned out of hospital services?	Yes
4) Plan for improving outcomes for people being discharged from hospital	Yes

Metrics

Metric	Definition	For information - Your planned performance as reported in 2022-23 planning	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	437.0	Not on track to meet target	Performance was 473.7. GP surgeries continue to be under pressure. Research carried out by Healthwatch Leicester, Leicestershire and Rutland reported that 68% of those questioned had contacted their GP surgery first.	There was a significantly better rate for Q4. Additional Roles Reimbursement Scheme staff have been in place in Rutland in the last quarter which should have assisted with treatment being provided to prevent admissions.
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	90.4%	On track to meet target	Performance was 90.5%. This is despite there being occasions where patients cannot return to their normal place of residence due to factors such as unavoidable deterioration in	There is an efficient brokerage service and in-house domiciliary care provider (MiCare) which supports patients being discharged back home. MiCare work closely with therapists to design

				health and so need nursing home and cannot return to their residential home; patients on non-weight bearing pathways and need to be accommodated before returning home.	effective reablement support plans.
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	281	On track to meet target	Performance was 210. This is reflective of good practice and pathways across the system with a focus on promoting independence and ensuring 'right care, right place, right time'.	A social care rapid response service responds to significant changes in situation. This aids in co-ordinating support for the person at home, thereby reducing the need for emergency residential care admissions. As above, the brokerage service and in-house domiciliary care provider run very efficiently.

Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	90.0%	On track to meet target	Performance was 96%. The challenges are retention of skilled staff with good management support and oversight.	A rate of 94% has been achieved as per end of March 2023. This is a reflection of the effective reablement service provided by therapists and MiCare and the extension of therapy cover to 7 days per week.

Income and Expenditure

Income							
	2022-23						
Disabled Facilities Grant	£270,255						
Improved Better Care Fund	£218,818						
NHS Minimum Fund	£2,634,018						
Minimum Sub Total		£3,123,091					
	Planned			Actual			
NHS Additional Funding	£21,000			Do you wish to change your additional actual NHS funding?	No		
LA Additional Funding	£45,000			Do you wish to change your additional actual LA funding?	No		
Additional Sub Total		£66,000					£66,000
	Planned 22-23	Actual 22-23					
Total BCF Pooled Fund	£3,189,091	£3,189,091					

	ASC Discharge Fund						
	Planned			Actual			
LA Plan Spend	£113,100			Do you wish to change your additional actual LA funding?	No		
ICB Plan Spend	£155,271			Do you wish to change your additional actual ICB funding?	No		
ASC Discharge Fund Total		£268,371					£268,371
	Planned 22-23	Actual 22-23					
BCF + Discharge Fund	£3,457,462	£3,457,462					

Expenditure							
	2022-23						
Plan	£3,189,091						
Do you wish to change your actual BCF expenditure?			Yes				
Actual	£3,122,922						
	ASC Discharge Fund						
Plan	£268,371						
Do you wish to change your actual BCF expenditure?			No				
Actual	£268,371						
Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2022-23		The only underspend was on DFG which is difficult to utilise year on year at the same amount.					

Year End Feedback

Part 1: Delivery of the Better Care Fund			
Please use the below form to indicate to what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.			
Statement:	Response:	Comments: Please detail any further supporting information for each response	
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Strongly Agree	Partners work together closely on the planning and delivery of schemes and services covered in the BCF programme; there is a shared energy and passion for getting results. Subgroups have been introduced for Health Inequalities based on Public Health data and for Mental Health. These are working successfully to improve outcomes through joint working.	
2. Our BCF schemes were implemented as planned in 2022-23	Strongly Agree	Schemes were implemented successfully or progressed after being implemented in the previous year. Some staff vacancies led to varying levels of achievements but not to detrimental levels	
3. The delivery of our BCF plan in 2022-23 had a positive impact on the integration of health and social care in our locality	Strongly Agree	The implementation of the Joint Health and Wellbeing Strategy has had a positive impact on integration with partners working on actions in response to the 6 priority areas. The formation of the ICBs has also led to better integration across the system.	

Part 2: Successes and Challenges			
Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.			
Please provide a brief description alongside.			
4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes	
Success 1	6. Good quality and sustainable provider market that can meet demand	The brokerage service and MiCare service continue to ensure efficient access to appropriate domiciliary care. The newly implemented Direct Purchasing System, which makes it easier to on- board new providers, has helped to create a buoyant domiciliary care market. This in turn ensures demand can be met and less optimum options are not required.	
Success 2	3. Integrated electronic records and sharing across the system with service users	One of the key aims of the strategy is to support integrated working across health and care to the benefit of Rutland people of all ages. The Leicester, Leicestershire, and Rutland Care Record (LLR CR) programme is part of the national Shared Care Record. As part of the early adopter rollout, Rutland County Council has been the first of the three LLR local authorities to start using the system, with its adult social care teams now able to access more of the information they need directly. It is anticipated this will accelerate and inform processes, save time for others including local GP practices, and improve individuals' care experience.	
5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges	

Challenge 1	6. Good quality and sustainable provider market that can meet demand	Conversely with regard to success 1 above, there have been major challenges with the residential provider market over the last 12 months. One home closed in 2022 with a further one closing in 2023. This is a significant pressure within Rutland due to the small number of residential homes in situ. Two residential nursing homes opened in 2020 and 2021 respectively. However, these homes offer premium accommodation and do not accept local authority fee rates, meaning they are not an option for those requiring assistance with funding.
Challenge 2	5. Integrated workforce: joint approach to training and upskilling of workforce	The therapy service is Rutland is very well integrated across health and social care partners resulting in excellent communication and efficient service provision. However, there do not seem to be opportunities for joint training and upskilling of the workforce albeit there is very good collaborative working. There is a new workforce development lead for Rutland County Council who will link with health colleagues in order to progress the joint approach to training.