

## RUTLAND HEALTH AND WELLBEING BOARD

10 October 2023

### BETTER CARE FUND – 2023-2025 PLAN SUBMISSION

#### Report of the Strategic Director of Adult Services and Health

Strategic Aim:	All		
Exempt Information		N/A	
Cabinet Member(s) Responsible:		Councillor D Ellison, Portfolio Holder for Adult Care and Health	
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Ward Councillors	NA		

#### DECISION RECOMMENDATIONS

That the Committee:

1. Notes the content of the report.
2. Notes the Rutland 2023-25 Better Care Fund plan, submission of which to the BCF national team on 28 June 2023 was signed off by the Chair of the Health and Wellbeing Board.

#### 1 PURPOSE OF THE REPORT

- 1.1 Brief the Health and Wellbeing Board (HWB) on the 2023-25 Better Care Fund (BCF) Programme Plan.
- 1.2 Update the HWB on the progress of the Rutland BCF Partnership Board

#### 2 BACKGROUND AND MAIN CONSIDERATIONS

- 2.1 The **end of year report for the Rutland BCF programme for 2022-23** was signed off by the HWB chair and was submitted to the national BCF team on 22 May 2023
- 2.2 The Programme Plan for 2023-25 was submitted to the national BCF team on 28 June 2023. It includes:

- A **Narrative Plan** providing a summary of how the budget has been spent over the previous year and how it is planned to be spent over 2023-25, which meets mandatory Planning Requirements and fulfils the 4 National Conditions – see below.
- A **Planning Template** detailing
  - Planned expenditure including the new Additional Discharge Fund
  - Confirmation that the national conditions of the BCF have been met
  - Ambitions and plans for performance against BCF national metrics
  - Intermediate care capacity and demand proposals for reablement for community and hospital discharge

2.3 The 4 BCF **national conditions** are as follows:

- Plans to be jointly agreed by the ICB and the local government chief executive prior to being signed off by the HWB.
- Implementing policy objective 1
- Implementing policy objective 2
- Maintaining NHS contribution to adult social care and investment NHS commissioned out of hospital services.

2.4 The **vision** for BCF for 2023/25 is to support people to live healthy, independent, and dignified lives through joining up health, social care and housing services seamlessly around the person. The **priorities** are improving discharges; reducing pressure on Emergency and Acute care and social care; supporting intermediate care, unpaid carers and housing adaptations.

The vision is underpinned by the 2 core BCF **objectives**:

- enable people to stay well, safe and independent at home for longer.
- people have the right care at the right place at the right time.

In meeting these objectives, commissioners should agree how services will continue to promote independence and address the needs of people who are at risk of losing independence including admission to residential care or hospital. They should continue to focus on ensuring people are discharged in a way that maximises independence and leads to the best possible outcomes.

2.5 The **plan** encompasses a range of schemes aligned with Rutland's priorities of Unified Prevention, Holistic health management in the community, Hospital flows and Enablers. Services include the Community Wellbeing Service which provides advice and support and includes Citizens' Advice; Social Prescribing including joint GP and RCC RISE Team. Integrated care services support people with long term conditions and frailty which includes physiotherapy; Disabled Facilities Grants help to finance adaptations and equipment to enable people to live in their homes for longer. The plan includes Carers support workers including Admiral Nurses who provide support and advice for the carers of people living with dementia. Regarding hospital flows, the plan assists to fund staffing to support Reablement and timely

discharge from hospital, plus crisis management to avoid hospital admissions.

## 2.6 High Impact Change Model for Transfers of Care

These are approaches identified as having a high impact on supporting timely and effective discharges through joint working across the social care and health system. This is a significant area for the BCF, with 31% of the budget being allotted to this area. It includes approaches such as improved discharge to care homes and multi-disciplinary teams supporting discharge. A summary of a self-assessment in this area was included in the plan. See appendix A for the Narrative document for full details.

## 2.7 Income:

Funding for 2023-24 and 2024-25 is set out in Table 1. Showing the minimum NHS funding contributions to the Better Care Fund, channelled via the integrated care boards. A uniform 5.66% increment has been awarded to all Health and Wellbeing Board areas. The Disabled Facilities Grant had no uplift from the previous year. See appendix B for full breakdown

**Table 1: BCF budget for 2023-25**

<b>Funds</b>	<b>2023-24 (£)</b>	<b>2024-25 (£)</b>
NHS Minimum contribution	2,783,104	2,940,628
Improved BCF	218,818	218,818
Disabled Facilities Grant	270,255	270,255
LA Discharge Funding	30,678	50,295
ICB Discharge Funding	29,300	53,874
<b>Total</b>	<b>3,332,155</b>	<b>3,534,500</b>

## 2.8 Expenditure:

Spend on the programme for 2022-23 including the Improved BCF, and Disabled Facilities Grant allocations and previous underspend built into the programme totalled £3,122,922. The 2022-23 funds did not include an Additional Discharge Fund.

## 2.9 Metrics:

There are currently 5 metrics to report against for 2023-24 with an additional metric 'hospital discharge to be added ahead of winter 2023. The plan sets out the ambitions and performance plans for these metrics. See Appendix C.

- **Avoidable admissions**  
Unplanned admissions for Chronic Care Sensitive Ambulatory Conditions.  
Indirectly standardised rate of admissions per 100,000 population.
- **Falls**  
Emergency hospital admissions due to falls in people aged 65 and over.  
Directly aged standardised rate per 100,000.
- **Discharge to usual place of residence**

The Percentage of people, discharged from acute hospital to their normal place of residence.

- **Residential admissions**

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

- **Reablement**

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into Reablement/ rehabilitation services.

- 2.10 Kim Sorsky, Strategic Director of Adult Services and Health approved Rutland's 2023-25 Plan on behalf of the Council. All three LLR returns went to the LLR ICB Executive Management Team on 26/5/23 for IBC approval. The HWB Chair approved the Rutland return on behalf of the Rutland Health and Wellbeing Board prior to its submission on 28/5/23.

2.11 **Rutland BCF Partnership Board**

The first meeting (since 2020) of the Partnership Board took place on 8/9/23 with senior officers from RCC and ICB in attendance. It was agreed that the Portfolio Holder for Adults and Health/ Chair of the HWB will chair the meetings which will take place on a quarterly basis. The Terms of Reference have been reviewed.

The aim of the Board is to ensure that the Better Care Fund Plan achieves its aims and outcomes within the Financial Contributions agreed by the Partners. It provides governance to ensure the rules and processes of the Rutland BCF are embedded as standard. Financial data and outputs on activity of the schemes within the plan will be reported for evaluation and scrutiny. Requests for BCF monies will need to be referred to the Board for consideration. A template for this is currently in draft.

### **3 CONSULTATION**

- 3.1 Not applicable at this time.

### **4 ALTERNATIVE OPTIONS**

- 4.1 Not applicable at this time.

### **5 FINANCIAL IMPLICATIONS**

- 5.1 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, pending national publication of guidance.

### **6 LEGAL AND GOVERNANCE CONSIDERATIONS**

- 6.1 The plans have been produced with involvement and input from ICB. The plans received sign off by the Executive Team at the ICB.

### **7 DATA PROTECTION IMPLICATIONS**

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

## **8        EQUALITY IMPACT ASSESSMENT**

8.1       Not applicable to the annual report.

## **9        COMMUNITY SAFETY IMPLICATIONS**

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

## **10       HEALTH AND WELLBEING IMPLICATIONS**

10.1      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 continues to be committed to improving the outcomes of the population.

## **11       CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS**

11.1      The Committee is recommended to note the Rutland 2023-25 Better Care Fund plan, submission of which to the BCF national team on 28 June 2023 was signed off by the Chair.

## **12       BACKGROUND PAPERS**

12.1      There are no additional background papers to the report.

## **13       APPENDICES**

13.1      Appendix A: Rutland 2023-25 BCF Programme Narrative Plan

13.2      Appendix B: Rutland 2023-25 BCF Plan Return: Income

13.3      Appendix C: Rutland 2023-25 BCF Plan Return: Metrics

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