

## HEALTH AND WELLBEING BOARD

25 June 2019

### RUTLAND BETTER CARE FUND PROGRAMME 2018-19 AND 2019-20

#### Report of the Strategic Director for People

Strategic Aim:	Safeguarding	
Exempt Information	No	
Cabinet Member(s) Responsible:	Mr A Walters, Portfolio Holder for Safeguarding - Adults, Public Health, Health Commissioning & Community Safety	
Contact Officer(s):	Mark Andrews, Strategic Director for People (DAS/DCSS)	01572 758339 mandrews@rutland.gov.uk
	Sandra Taylor, Health and Social Care Integration Manager	01572 758202 staylor@rutland.gov.uk

#### DECISION RECOMMENDATIONS

That the Board:

1. Notes the progress and performance of the 2018-19 Rutland Better Care Fund (BCF) programme.
2. Endorses the direction of the 2019-20 BCF programme.
3. Delegates authority to the Strategic Director for People, in consultation with the Chair of the Rutland Health and Wellbeing Board, to approve the 2019/20 BCF programme for submission to NHS England.

#### 1 PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to update the Health and Wellbeing Board (HWB) on Better Care Fund (BCF) progress and performance in 2018-19 and to review and endorse proposals for 2019-20. The report also recommends that authority be delegated to the Strategic Director for People in consultation with the Chair of the Health and Wellbeing Board to approve the 2019/20 BCF programme for submission to NHS England.

## **2 THE BETTER CARE FUND IN 2018-19**

- 2.1 Annual Better Care Fund programmes have been delivered in Rutland since the BCF was introduced in 2014-15, and have fostered wide ranging improvements in how health and care services are designed and delivered. This has established more integrated ways of working which benefit the public and make health and care services more sustainable in the face of a rapidly ageing population.
- 2.2 As set out in Appendices A and B, overall, BCF progress and performance were good across last year's programme. The majority of the programme is delivered via either ongoing staffing, who continue to evolve and improve their ways of working together, or via multi-annual contracts (eg. Community Wellbeing Service and Assistive Technology) which are now business as usual, and evolve through ongoing contract management and partnership working.
- 2.3 Innovations last year included a doubling of the Admiral dementia nurse capacity, increased change support to care homes, the introduction of the Healthy Rutland grant fund supporting capacity development in communities, the addition of a nurse to the MICARE complex care model, and the first steps in establishing a collaborative social prescribing model.
- 2.4 In addition, the governance arrangements were renewed, replacing the BCF-focussed Integration Executive with a Health and Care Board with a wider, more balanced remit and partnership across social, primary and community care and the voluntary sector. This was designed to be better suited to improving coordination across multiple local change programmes (including Community Services Redesign and the Primary Care Home work of the GP practices, now transitioning into the Primary Care Network), and to meet the future demands of a locality health and care system.
- 2.5 A minority of measures were affected by the significant changes underway to the local health and care environment, notably the Community Services Redesign exercise, and recruitment challenges. One technology pilot (the VitruCare self-care toolkit) was halted after extended technical difficulties outside the control of the supplier. Nevertheless, Rutland was well on track for most performance indicators and improving for the remainder. For the two more challenging indicators, there was a sustained Q4 improvement in both falls injuries and levels of Delayed Transfers of Care (DToC).

## **3 THE BETTER CARE FUND IN 2019-20**

- 3.1 As in previous years, there has been a delay in the timetable for issuing the materials needed to develop and agree the 2019-20 programmes. The policy framework was published on 10 April, but the guidance, template and key lines of enquiry for the new programmes are still awaited.
- 3.2 When the template is released, there will be a six week deadline to prepare and submit a plan, which must first be approved by the Health and Wellbeing

Board or, via delegation, by the Strategic Director for People in consultation with the Chair of the HWB.

3.3 To get the process underway, provisional programme proposals are set out in Appendix C, for the consideration and indicative endorsement of the HWB.

3.4 The BCF plan has been developed relative to a number of reference points, notably the formal guidance and requirements, local strategic frameworks, the needs of the locality, progress to date and good practice frameworks.

3.5 The programme will encompass a number of budgets in 2019-20, totalling £2,627k, plus carry forward funds, giving the opportunity to plan this full scope in a more integrated way and streamline reporting:

- **Better Care Fund.** Anticipated to equal last year's amount (£2.138m) plus an increment of at least 1.79% for inflation, so a minimum of £2.176m. Potential increments may be as much as 5% in some areas, but exact numbers are still in discussion.
- **Disabled Facilities Grant.** Capital funding for home adaptations of £238k, to be spent on statutory DFG projects and on smaller, locally designed Housing and Prevention grants.
- **Improved Better Care Fund (i-BCF).** In the final year of this budget, £77k is anticipated, allocated to the rapid response social workers.
- **Social care winter pressures funding** of £135k.

3.6 2019-20 will be the last year in which the BCF mechanism is used in its current form. There is as yet no confirmation of what will supercede this model of funding delivery, although funding levels themselves are expected to remain similar going forward. In this context, and given the delays to reprogramming, we have followed national advice and prioritised continuity.

3.7 On that basis, the current programme structure will be sustained, but with changes at the measure level. It has been successful to date in supporting rapid change to health and care services and delivered good outcomes for Rutland residents.

- Priority 1: Unified prevention, including a strengthened focus on social prescribing
- Priority 2: Holistic health and wellbeing in the community (Long Term Condition Management)
- Priority 3: Hospital step up and step down, reinforcing the home first model
- Priority 4: Enablers

3.8 Key changes to the programme are as follows:

- a) Priority 1 has a stronger emphasis on social prescribing, including potential for a short-term post to support the development of network

assets. The additional dementia nurse funding has been aggregated with the pre-existing dementia funding under Priority 2.

- b) In Priority 2, the care home budget has been increased including for quality assurance support,
- c) MICARE is now funded by mainstream social care funds.

3.9 The initial proposed allocations across the priorities are set out below, including all the funds listed above, plus carry forward monies, but excluding the £125k contingency fund which has been sustained across the lifetime of the BCF.

3.10 While the Unified Prevention priority has a lower budget than previously, this programme sustains the strong emphasis on enhancing primary prevention through its boosted social prescribing and community development ambitions. Priority 2 is larger than previously, with an increase in secondary and tertiary prevention, receiving additional funds from Priority 1 (transferring the additional dementia nurse), and from Priority 3 (transferring the Mental Health post to a more preventative focus). With hospital discharges (Priority 3) now running well, the ability to sustain the health and wellbeing of people in the community who already have impaired health, as pursued under Priority 2, is becoming a critical focus for the quality and sustainability of the local system.

Priority	Sum	Share
Priority 1: Unified Prevention	£287.00	10%
Priority 2: Living well with ill health	£1,375.91	47%
Priority 3: Hospital step up step down	£1,042.28	36%
Priority 4: Enablers	£107.40	4%
As yet unallocated	£102.66	4%
<b>Total</b>	<b>£2,915.2</b>	<b>100%</b>

3.11 Around £100k of mainly non-recurrent funding is still available for allocation by the partnership. As there is significant change underway, including with the formation of the Primary Care Network and the Community Services Redesign exercise, this funding pot offers some modest flexibility to address issues or opportunities that may arise out of imminent transitions, eg. via temporary staffing capacity, communications, improved processes or adjustments to IT solutions. Proposals which are already mature or can be launched rapidly must be prioritised as only three full quarters remain of the year.

3.12 In its structure, the Health and Care Board has agreed that the new programme can serve as the framework through which to organise the governance of a number of overlapping sets of integration activity, also spanning primary and community care, giving greater clarity and simplifying reporting and communications. There is already strong synergy between eg. GP transformation activity and the BCF programme.

3.13 The Health and Wellbeing Board is invited to

- a) Consider and endorse the indicative programme proposal.

- b) To confirm whether, when the timetable for programme submission is known, HWB members wish to delegate its approval to the Strategic Director for People in consultation with the HWB chair.

## **4 CONSULTATION**

- 4.1 Programme proposals have been developed working with other system partners, including the members of the Health and Care Board, and this work is still underway.

## **5 ALTERNATIVE OPTIONS**

- 5.1 As this is the final year of the BCF mechanism in its current form, parts of the health and care system are in flux, notably with primary care forming into Primary Care Networks, and the timetable is delayed nationally. As such, NHS England have recommended that programmes should not embark on significant change unless this is required due to urgent performance issues.

## **6 FINANCIAL IMPLICATIONS**

- 6.1 The 2019-20 BCF programme will receive a financial uplift of at least 1.79% on the BCF element of the budget, with the exact multiplier still to be confirmed. The programme will be adjusted to the ceiling budget once the available sum is confirmed.
- 6.2 Dialogue with programme partners about the programme is still underway, so not all funding has as yet been tied to specific proposals. There is significant change underway in partners so this offers a modest element of flexibility to the partners. It will be important to get any new activities underway rapidly, however, in order to progress them with only three quarters of the year remaining.
- 6.3 Four national funds (BCF, social care winter pressures, Improved BCF and DFG) are being planned, managed and reported on via the BCF mechanism this year, which will streamline reporting routines that have become increasingly onerous and repetitive.
- 6.4 The approach for the hiatus between the 2018-19 and 2019-20 programmes, as in previous years, is to continue ongoing activity and spend, and to vary activities where required by agreement between key partners.

## **7 LEGAL AND GOVERNANCE CONSIDERATIONS**

- 7.1 The BCF programming process is nationally defined, including conditions to be met in how the funds are allocated and managed. The draft programme has been defined to comply with these requirements, and can only be finalised when final templates and key lines of enquiry have been published.

- 7.2 There are no changes to the programme currently which pose new legal and governance considerations.
- 7.3 The programme continues to be supported by an underlying NHS Section 75 agreement which sets out how ELRCCG and the Council will work together to manage the BCF budget.
- 7.4 The programme must be locally approved in order to be approved nationally.

## **8 DATA PROTECTION IMPLICATIONS**

- 8.1 Information Governance assurance for the programme is undertaken at the level of individual measures and projects, as and when significant changes are planned and implemented, rather than being undertaken in advance for the programme as a whole.

## **9 EQUALITY IMPACT ASSESSMENT**

- 9.1 No new Equality Impact Assessment has been undertaken as yet for the draft programme as substantive change is limited. In its focus, the programme is designed to have a positive impact on equalities, and notably on the population living with disabilities.

## **10 COMMUNITY SAFETY IMPLICATIONS**

- 10.1 BCF programmes impact positively on community safety through a number of their measures. For example:
- c) The rapid response social work service is part of the Rutland response to the LLR Vulnerable Adult Risk Management (VARM) Framework, ensuring that there is capacity to act quickly in situations of social care risk to individuals as a result of their circumstances.
  - d) Assistive technology is deployed to enhance the safety of individuals, for example GPS technology enabling people with dementia to remain active in the community.

## **11 HEALTH AND WELLBEING IMPLICATIONS**

- 11.1 The purpose of BCF programmes is to enhance health and wellbeing in Rutland by progressing health and care integration and reshaping services, focusing mainly on older adults. The programme complements other strategies such as the Rutland Health and Wellbeing Strategy, which has a broader scope.

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

- 12.1 To help advance preparations for submitting the 2019-20 BCF programme, the HWB is asked to feedback on and to endorse the provisional BCF programme set out here. This exhibits strong continuity with the 2018-19 programme, while increasing its emphasis on the health and wellbeing of those living with ill health in the community, aiming to increase near home responses in line with the wider LLR home first strategy and to reduce rather than better manage hospital admissions.

To ensure that the finalised programme can be submitted to the tight national deadline, which will be six weeks after publication of the guidance and template, the HWB is asked to delegate the authority to approve the 2019/20 BCF programme for submission to NHS England to the Strategic Director for People, in consultation with the Chair of the Health and Wellbeing Board.

## **13 BACKGROUND PAPERS**

- 13.1 2019-20 Better Care Fund: Policy Framework, Department of Health and Social Care and the Ministry of Housing, Communities and Local Government, [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/795314/Better\\_Care\\_Fund\\_2019-20\\_Policy\\_Framework.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/795314/Better_Care_Fund_2019-20_Policy_Framework.pdf)

## **14 APPENDICES**

- 14.1 Appendix A: Programme Progress 2018-19
- 14.2 Appendix B: Programme Performance 2018-19
- 14.3 Appendix C: Summary of proposed Rutland BCF priorities 2019-20

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