

RUTLAND HEALTH AND WELLBEING BOARD

22 June 2021

BETTER CARE FUND PROGRAMME UPDATE

Board Lead:	<i>Councillor Alan Walters Portfolio Holder for Health, Wellbeing and Adult Care</i>	<i>Rutland County Council</i>
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RECOMMENDATIONS

That the Rutland Health and Wellbeing Board:

1. Notes the 2020-21 Better Care Fund (BCF) year-end report and the renewed s75 agreement which will run until the end of March 2022.
2. Endorses the BCF working budget for 2021-22, which will guide delivery pending the release of national policy guidance and final confirmation of the budget.

1. PURPOSE OF THE REPORT, INCLUDING LINKS TO HEALTH AND WELLBEING PRIORITIES

- 1.1 The purpose of this report is to update the Health and Wellbeing Board (HWB) on the current status of Rutland's Better Care Fund health and care integration programme, which is under the governance of the HWB.
- 1.2 The HWB are asked to note the 2020-21 year-end report, which has now been approved and submitted nationally, and the extension to the Section 75 Agreement (under the National Health Service Act 2006) which has been re-approved to run until March 2022 to underpin the management of the 2021-22 programme. The HWB are also asked to endorse the BCF working budget for 2021-22.

2. BACKGROUND AND MAIN CONSIDERATIONS

- 2.1 The BCF has funded annual health and care integration programmes for each HWB footprint in England since 2014. The Rutland programme, run jointly by the Council and LLR CCGs, under the oversight of the HWB, has an annual budget of c£3m. This paper provides an update on recent programme activity.

- 2.2 Owing to the pandemic, there was no national approval process for BCF programmes in 2020-21, nor any target setting, although programmes were nevertheless agreed locally and delivered. The year-end report confirms for national records the structure of programmes agreed and their overall spend.
- 2.3 The policy framework and final budget for the BCF in 2021-22 have not yet been published, but the year is already underway. As in previous years, areas are able to continue to deliver their programmes on the basis of local agreement, pending the national process. As part of this process, and pending confirmation of the national requirements, this paper presents a working budget for endorsement by the HWB. There are a number of caveats to the budget, set out below.
- 2.4 Section 75 Agreements provide the framework for the management of the BCF pooled fund by Councils and CCGs. The Rutland agreement has been extended to the end of March 2022 to support the current BCF programme, which is likely to be the last of its type.
- 2.5 Future arrangements have not yet been confirmed, but with Place Led Plans in preparation for 2022-25 as part of the future configuration of integrated health and care, transitioning to a new form of multi-annual funding arrangement appears likely.

3. THE 2020-21 YEAR END REPORT

- 3.1 The approved year-end report for the Rutland 2020-21 programme is included at Appendix 1.
- 3.2 In 2020-21, owing to the pandemic, BCF programmes were not subject to the usual national assurance and sign-off process, nor to quarterly monitoring. For accountability purposes, the national year end template therefore includes a presentation of the structure of the programme agreed and implemented through local consensus, and of the final financial outturn, broken down in Table 1.

Table 1: Rutland BCF outturn, 2020-21, excluding £135k contingency

Fund Allocation	Allocated	Spend	Variance
CCG BCF	762	731	-31
RCC BCF	1,606	1,432	-174
DFG	270	150	-120
Improved BCF	212	124	-88
RCC BCF carry forward	40	-	-40
CCG BCF carry forward	35	35	-
Total	2,925	2,472	-453

- 3.3 Quantitative targets were also not set for 2020-21. Instead, there is a qualitative assessment of the programme's achievements, strengths and challenges in the Year End Feedback tab.
- 3.4 In spite of difficult circumstances, the majority of the Rutland programme was delivered as anticipated. The pandemic also led to some services being enhanced and further strengthened in response to increasing needs, eg. in social prescribing and mental wellbeing, and support to care homes.
- 3.5 Some 2020-21 projects were deferred until conditions improved, notably procurement of a social prescribing referral system, now underway. The Disabled Facilities Grant was committed to Housing and Prevention (HaP) projects, some of which could not be implemented straightaway due to the lockdowns, the need to protect vulnerable service users and difficulties in obtaining building supplies. These projects will be implemented as conditions allow. Finally, some roles were redeployed and temporarily funded by Covid response funds, allowing some freed up funds to be rolled into 2021-22 to help support recovery.
- 3.6 In addition to the underspend on schemes as detailed in 3.2, the CCG contributed an additional £300k to the BCF programme during 2020/21. This was not allocated to specific schemes in-year owing to the pandemic and has been carried over.

4. EXTENDING THE SECTION 75 AGREEMENT

- 4.1 The Rutland s75 Agreement (see Appendix 2) has been updated to reflect current governance, lead officers and costs, and has been extended to run to the end of March 2022 when the 2021-22 BCF programme will end.
- 4.2 The Agreement covers BCF funding and three further sub-agreements:
- Funding for a gynaecological scheme using IUDs to treat menorrhagia and similar conditions (rather than for contraception).
 - Delegated commissioning of interim beds supporting hospital discharge.
 - Newly added, an agreement covering Covid-19 Discharge to Assess additional care costs.
- 4.3 Section 75 approvals have been obtained as follows:
- Approval of the main Agreement and the Deed of Variation for discharge by Cllr Alan Walters on behalf of Rutland County Council and the Rutland Health and Wellbeing Board (11 May 2021).
 - Approval of the main Agreement by the ELR CCG Governing Body (11 May 2021) and of the Deed of Variation for the discharge agreement by the LLR CCGs Executive Management Team (17 May 2021).

5. THE 2021-22 BCF PROGRAMME

- 5.1 The national Policy Framework and Planning Requirements for 2021-22 BCF programmes are due to be released in the coming weeks.
- 5.2 The Council's improved BCF (which now also includes the 'Winter Funding') and Disabled Facilities Grant (DFG) financial allocations have been confirmed to be the same as in 2020-21.
- 5.3 The overall budget in terms of new funding is anticipated to be £2,944k as set out in Table 2, with this supplemented by previous years' underspend of £393k, a subset of which has been allocated for 2021-22.
- 5.4 Final confirmation has not yet been received of the uplift to core BCF funds for each Health and Wellbeing area for 2021-22. In this context, planning has been undertaken based on last year's BCF increment of 5.3%, but this could be subject to change.

Table 2: Anticipated 'new' BCF funds for 2021-22

Funds	LLR CCGs (£k)	RCC (£k)	Total (£k)
Recurrent BCF funding	£802	£1,691	£2,494
Of which, estimated value of 2021-22 increment	£40	£85	£126
Winter/Improved BCF		£212	£212
Disabled Facilities Grant		£238	£238
Total	£802	£2,141	£2944

- 5.5 The national guidance is likely to set out a similar approach to previous years, with some national conditions, and the expectation of a high degree of continuity with previous years' themes (promoting independence, reducing use of acute services and supporting hospital discharge). Some scheme types will be renamed to better align with national hospital discharge funding. It is also not yet clear how hospital discharge funding will be routed, although it is likely that it will be drawn down via CCGs with caps set at system level, and not included within the BCF.
- 5.6 More change is expected in 2022-23 and beyond, when a reformed multi-annual funding mechanism is a likely option, evolving in tandem with the transition to Place Led Planning at HWB level.
- 5.7 With 2021-22 already underway, a working budget for the 2021-22 programme is presented for the endorsement of the HWB (see Appendix 3). This is in the context of a number of caveats:

- The national guidance has not yet been issued, and could include conditions requiring changes to the programme (although this is considered unlikely at this time).
- The budget has assumed a 5.3% uplift to the core BCF as last year. The programme may need to be adjusted if a different uplift is confirmed.
- The budget may also need to be adjusted to take into account any eventual Local Authority pay award (the anticipated pay rise for Health has already been factored in). A 2% Council pay rise would require c£14k. This equates to 0.5% of the value of the overall programme and would be balanced out calling on RCC earmarked contingency funds from previous years' underspend or as yet unallocated sums.
- The budget is not a full programme. Further detail, including performance targets and how key conditions are met, is likely to be required as part of the national programme development and approval process which will be undertaken following publication of the national policy framework and planning templates.

5.8 When the guidance is issued, the finalised programme will be brought back for full approval by the Health and Wellbeing Board. Depending on timing and the view of the HWB, this will be secured at a HWB meeting, by correspondence, or on behalf of the HWB by its chair.

5.9 The programme remains structured into four priority areas, with the budget distributed across them as set out in Table 3. The difference between income and planned expenditure is covered by underspends.

Table 3: BCF priorities, 2021-22

Priority	Planned budget (£k)	Proportion of programme
1. Unified prevention	£501	16.5%
2. Holistic health management in the community for people living with ill health	£1,467	48.2%
3. Hospital flows – step up and step down	£970	31.9%
4. Enablers	£106	3.5%
Total	£3,044	100.0%

5.10 The 2021-22 programme has strong continuity, but with some interventions reorganised to reflect changes in how services are now configured, eg. reflecting under Priority 1: Unified Prevention, how the joint RCC/PCN RISE service has developed into a broader and more integrated preventative service; and, strengthening the support to care homes to help to deliver the Enhanced Health in Care Homes agenda.

- 5.11 Priority 1 is targeted towards improving health and wellbeing, and the vitality of communities, and combines funding to the Community Wellbeing Service delivered by the Rutland Access Partnership (Citizens Advice Rutland, Longhurst Group, the Bridge), and the RISE social prescribing service, which is a collaboration between RCC and the Rutland PCN. Both services help people to engage with what motivates them in their lives, and to use this to drive changes that improve health and wellbeing.
- 5.12 Priority 2 is focused on those people who are living with ill health, particularly those whose needs are complex, providing a range of coordinated support and services tailored to the care needs of individuals. This includes core community health services, plus a range of additional, often preventative, support which is called on as required, including the Housing MOT, Assistive Technology, support for carergivers and the admiral dementia nurses. Two roles are also working closely with our care homes to implement the Enhanced Health in Care Homes agenda.
- 5.13 Priority 3 addresses crisis response and hospital discharge, including avoiding unwarranted deterioration and supporting recovery following a hospital episode. The integrated discharge team, Micare person centred care and reablement are key elements. Finally, Priority 4 addresses enablers for programme delivery.

6. FINANCIAL IMPLICATIONS

- 6.1 As noted above, the BCF contingency budget was increased in 2020-21 through programme changes resulting from the pandemic, providing some flexibility in 2021-22 for recovery.
- 6.2 The working budget presented here is subject to change at the margins for the reasons set out above, but these changes are not expected to impact on the affordability of the programme set out.

7. LEGAL/GOVERNANCE CONSIDERATIONS

- 6.1 Pending the issuing of the national policy guidelines for 2021-22, as in previous years, BCF areas are able to continue to deliver their BCF programmes based on consensus across the two funding parties, in this case RCC and LLR CCGs.

8. CONCLUSION AND SUMMARY OF THE REASONS FOR THE RECOMMENDATIONS

- 8.1 As set out above, the HWB are asked to note the 2020-21 year-end report and the extension to the Section 75 Agreement, and to endorse the BCF working budget for 2021-22, mindful of the caveats set out above.

9. BACKGROUND PAPERS

9.1 There are no additional papers to the report.

10. APPENDICES

10.1 Appendices are as follows:

- Appendix 1: National Year End BCF Return 2020-21 - Highlights.
- Appendix 2: Rutland s75 Agreement 2018-22.
- Appendix 3: Rutland 2021-22 BCF programme budget

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