Report No: 18/2022
PUBLIC REPORT

HEALTH AND WELLBEING BOARD

11 January 2022

BETTER CARE FUND: UPDATE

Report of the Director of Adult Services and Health

Strategic Aim:	ALL	
Exempt Information	No	
Cabinet Member(s) Responsible:	Councillor Samantha Harvey, Portfolio Holder for Health, Wellbeing and Adult Care	
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Ward Councillors	n/a	

DECISION RECOMMENDATIONS
That the Committee: 1. Retrospectively approves the Rutland 2021-22 Better Care Fund Programme. 2. Notes the new targets against which BCF performance will be tracked.

1 PURPOSE OF THE REPORT

1.1 The purpose of this report is to update the Health and Wellbeing Board (HWB) on the formal submission of this year's Better Care Fund programme, to brief the Board on new performance metrics, and to request the Board's retrospective approval for the programme.

2 BACKGROUND AND MAIN CONSIDERATIONS

2.1 BCF Planning Requirements and associated templates for the financial year 2021-22 were released on 30 September 2021. In response, Rutland's 2021-22 programme was prepared in partnership and submitted on schedule on 16 November 2021.

2.2 The programme submitted was substantively the same as the programme outline and budget approved by the Health and Wellbeing Board on 22 June 2021, with marginal amendments to allocations to adjust to finally confirmed funding allocations.

2.3 The Rutland programme successfully passed through regional assurance (confirmed 9 December 2021), where it was praised as clearly presented, progressing a purposeful balance of actions, and with a strong and well-integrated approach to addressing inequality.

2.4 With one amendment, making the target more stretching for the proportion of hospital stays of over 14 nights (see 2.13 ii below), the programme was put forward for national assurance in December. Decision letters are expected in January 2022.

2.5 Approval routes for the full programme have been as follows:

a. For Rutland:
- RCC Chief Executive and Cllr Walters received 29 October. Approved by Councillor Walters on behalf of the Health and Wellbeing Board.
- John Morley (Director of Adults) /Rachna Vyas/Mike Sandys (Director of Public Health) received 1 November.
- Narrative and data template to 25 November Integration Delivery Group.
- Retrospective HWB approval requested in January 2022.

b. For CCG/ICS:
- Three Clinical Chairs and Strategic Clinical Directors received by 1 November.
- Executive Management Team received a paper covering all 3 LLR BCF Plans and financial templates on Monday 8 November.
- Andy Williams approved with delegated authority by email by Friday 12 November.
- Submitted to CCG Governing Body and the Integrated Care Board for retrospective sign off post submission.

2.6 This year's programme consists of:

- a short plan document addressing a set of defined Key Lines of Enquiry (KLoEs) (Appendix A), and
- a planning template (Appendix B) setting out: the budget (income and allocation to planned activities), confirmation that the BCF conditions are met and performance targets.

2.7 As set out previously to the HWB, the programme has strong continuity with last year's, but with some interventions reorganised to reflect changes in how services are now configured, e.g. reflecting under Priority 1: Unified Prevention, how the joint Council/Primary Care Network RISE social prescribing 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.

2.8 The programmed budget is as follows, including an uplift of the core Better Care Fund allocation of 5.4%.

Table 1: BCF budget for 2021-22

Funds	LLR CCGs (£k)	RCC (£k)	Total (£k)
Recurrent BCF funding	£802	£1,691	£2,493
Winter/Improved BCF		£212	£212
Disabled Facilities Grant		£270	£270
Additional contributions (prior years' underspend)	£16	£122	£138
Total	**£818**	**£2,295**	**£3,113**

2.9 The programme remains structured into four priority areas, with the budget distributed across them as set out in Table 2.

Table 2: BCF priorities, 2021-22

Priority	Planned budget (£k)	Proportion of programme
1. Unified prevention	£485	15.58%
2. Holistic health management in the community for people living with ill health	£1,500	48.19%
3. Hospital flows – step up and step down	£1,012	32.51%
4. Enablers	£116	3.73%
Total	**£3,113**	**100.00%**

2.10 The conditions to be met by the programme are as previously, and are all met:

Condition	How met
A jointly agreed plan between local health and social care commissioners, signed off by the HWB	Working budget signed off by HWB in June, and full programme signed off by Cllr Walters on behalf of HWB partners in November. Agreement across CCGs and LA as commissioners. Retrospective approval requested of January 2022 HWB.
NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution.	£1,379k minimum budget allocation required, £1,567k planned
Invest in NHS-commissioned out-of-hospital services in line with the uplift to CCG minimum contribution.	£712k minimum budget allocation required, £802k planned
A plan for improving outcomes for people being discharged from hospital	Plan set out in the narrative plan (Appendix A) and associated targets set relating to discharge.

2.11 An updated set of metrics has been introduced to support monitoring of the impact of BCF programmes. Patterns of activity in 2020-21 and 2021-22 to date have been

atypical owing to the pandemic and its aftermath, making it more challenging to set meaningful targets. We understand that this will be taken into consideration in the assessment of the programmes submitted.

2.12 The primarily social care-related metrics have been retained as follows:

i. **Permanent admissions to care homes** (to be as low as possible). The proposed target has been set to 364 per 100,000 over 65 population. This is higher than pre-pandemic when there were typically under 300 per 100,000 65+ population, as we anticipate some admissions taking place which may have been delayed by pandemic conditions.
ii. **Reablement success** (still at home 91 days after hospital discharge having received reablement) to be as high as possible. Performance has remained very strong in this area throughout, so we have retained a high target of 90%.

2.13 It is a requirement of BCF plans that they include a plan for improving hospital flows and reducing acute pressures. Associated with this work, the hospital flow metrics have been revised. Formerly, indicators tracked the rate of non-elective admissions (NEAs) and additional bed nights due to delayed transfers of care (so-called DTOCs). These metrics have been replaced by three hospital flow indicators:

i. **Unplanned hospitalisation for chronic ambulatory care sensitive conditions** (i.e. admissions for conditions which could have been cared for elsewhere than hospital) to be kept as low as possible. Based on data available, Rutland performs well here, with its relative remoteness from acute facilities potentially contributing to this. For 2021-22, as things return towards normal, we have projected a similar level of activity to 2019-20, but with a drop of 5% factoring in the greater reluctance in the latter end of the pandemic for people to call on hospital services if avoidable. Other factors have been at play later in the year, however, which could drive increases to these admissions, including primary care access pressures in parts of Rutland and in Stamford.

ii. **Proportion of acute inpatients in scope who have a length of hospital stay of 14 or more nights, or 21 or more nights**, to be kept as low as possible**.** The aim here is for the whole system to keep hospital admissions to their necessary duration only, for the benefit of patients and the capacity of health and care services. The data for Rutland patients was relatively positive previously, but this has deteriorated in the last year, with proportions of longer stays that are both higher than previously on average and highly volatile month on month. Rutland's performance is now worse than the England average. Further work is needed to understand better the reasons for this. One factor is that we have fewer of the short avoidable admissions, which means that longer admissions may form a greater *proportion* of our overall admissions. Among the contributing factors may also be workforce and capacity issues which could be delaying treatment or discharge.

Initial targets were set conservatively against a challenging backdrop (14.1% of stays in scope being 14 or more nights, and 6.9% of stays being 21 or more nights). However, based on assurance feedback indicating a new national target ceiling of 11% for 14+ night stays, a decision was taken locally to adjust the target downwards while strengthening the caveats on this indicator (see Appendix B) to avoid delaying approval of the programme and diverting effort away from delivery.

This metric will benefit from close attention over the coming months. Alongside work within our associated acute trusts (e.g. maximising 'green' hospital days when purposeful activity is taking place), local teams will be continuing to work intensively together to progress swift discharges of those who are medically fit, to avoid stays extending to 14 or to 21 days unless this is in the interests of the patient.

iii. **Percentage of people discharged from acute hospital to their normal place of residence**, where the aim is for this to be as high as possible**.** This indicator tests to what extent the 'home first' principle is being applied. Data quality is challenging here, and associated definitions make this a problematic indicator. For example, departure to a care home is likely to include some of those for whom this is their normal place of residence as well as those for whom it is a temporary placement. In counties with a prison, it is also possible that release to a penal establishment is release to the individual's current normal place of residence. The target proposed for 2021-22 is to sustain the rate of discharges to normal place of residence, which was achieved from April to August 2021, of 90.8%. Targets notwithstanding, local teams manage hospital discharge with the aim of returning people home whenever this is possible, with interim care home beds used only when all other avenues have been exhausted or where this is necessary for patient safety.

2.14 Tracking the new indicators over the remainder of this financial year, and understanding the causes for patterns, will increase understanding of these metrics and may offer new insights into aspects of hospital flow that can help to inform ongoing improvement.

3 CONSULTATION

3.1 Time was not available to consult on this year's Better Care Fund programme. However, consultation is underway on the strategic priorities for the Health and Wellbeing Strategy 2022-25 which will guide health and wellbeing interventions going forward.

4 ALTERNATIVE OPTIONS

4.1 The purpose of the paper is a decision-making process which is already in train, so alternative options are not in scope. Declining the programme at this stage could lead to disruptions to a wide range of ongoing services.

5 FINANCIAL IMPLICATIONS

5.1 As in previous years, local partners have proceeded to deliver the BCF programme on trust, pending national approval. Anticipated approval of the submitted programme puts partners onto a more confident footing.

6 LEGAL AND GOVERNANCE CONSIDERATIONS

6.1 The Section 75 agreement that is required to accompany delivery of the programme was approved by the HWB in June 2021.

6.2 Arrangements for 2022-23 have yet to be confirmed. In parallel, the resurgence of the pandemic could delay the associated national decision-making.

7 DATA PROTECTION IMPLICATIONS

7.1 Data Protection Impact Assessments (DPIA) are undertaken as required for specific projects within the programme, but such an assessment is not meaningful for the programme as a whole.

8 EQUALITY IMPACT ASSESSMENT

8.1 An Equality Impact Assessment (EqIA) has not been completed as the programme is different only in minor ways to last year's programme and does not present any significant new implications.

9 COMMUNITY SAFETY IMPLICATIONS

9.1 There are no identified community safety implications.

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 CCG and LA funding to be used for integrated health and care interventions.

11 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

11.1 As set out above, the HWB are asked to confirm their retrospective approval of the programme, which was approved on their behalf by the then Chair of the HWB, and to note the new targets against which performance will be tracked.

12 BACKGROUND PAPERS

12.1 There are no additional papers to the report.

13 APPENDICES

13.1 Appendices are as follows:

- Appendix A: Rutland 2021-22 BCF programme – narrative
- Appendix B: Rutland 2021-22 BCF programme – planning return (To Follow)

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