Report No: 130/2022
PUBLIC REPORT

RUTLAND HEALTH AND WELLBEING BOARD

12 July 2022

BETTER CARE FUND PROGRAMME – 2021-22 END OF YEAR RETURN

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. Notes the Rutland 2021-22 Better Care Fund end of year return, whose submission to the BCF national team on 27 May was signed off by the HWB Chair. 2. Notes the update on the 2022-23 programming period.

1 PURPOSE OF THE REPORT

1.1 The purpose of this report is to brief the HWB on the 2021-22 Better Care Fund (BCF) annual report, and to update on the 2022-23 programming period.

2 BACKGROUND AND MAIN CONSIDERATIONS

2.1 The end of year report for the Rutland BCF programme for 2021-22, included as Appendix A, was submitted to the national BCF team on 27 May 2022. It reflects an overall successful year of delivery in the context of the second year of the global Covid-19 pandemic.

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

- Metrics

- Income and expenditure - the financial outturn
- Year-end feedback

2.1 Spend on the programme including the 2021-22 BCF, Improved BCF, and Disabled Facilities Grant allocations and previous underspend built into the programme totalled £2,898k relative to a planned programme value of £3,113. Unspent funds are carried forward within the programme and offer a potential element of flexibility which may be welcome in the context of the transition into the new Integrated Care System and launch of the Joint Health and Wellbeing Strategy alongside the BCF.

2.2 From a delivery perspective, the situation in 2021-22 was similar to that in 2020-21 as the programme was predominantly delivered as planned, but with a number of measures implemented at a smaller scale, for example where staff were on short-term redeployment or there was staff turnover. The resulting underspend offset some areas of marginal budget pressure due to wage costs and other on-costs including the rising cost of travel. Take-up was lower than anticipated for Assistive Technology, owing to the impact of the pandemic on services delivered at home. Underspend ringfenced for a preventative social prescribing platform was carried forward until pandemic measures were discontinued, enabling this to be purchased in Q1 of 2022-23. A modest amount of enablers funding (for technology, analysis and engagement) was also carried forward and will be helpful in enabling partners to progress priorities contained in the Joint Health and Wellbeing Strategy approved in April 2022. Finally, while there was a good pace of commitment of available DFG funds for home adaptation projects, it was again challenging to deliver projects because of the vulnerable health status of service users, intermittent lockdowns, challenges obtaining building materials and high competing demand for building services.

2.3 In terms of overall performance against nationally agreed BCF metrics, performance was very good for three key indicators, namely:

- Low permanent admissions to care homes, where we came in lower than our agreed target at 258 admissions per 100,000 over 65s, relative to a local target of 364. This compares with performance in Leicester and Leicestershire of 515 and 578, respectively.
- High levels of post-hospital reablement success, at 94-96% depending which measure is used (whole year or Q3, the latter being previous usual practice), relative to a target of 90%. Performance in Leicestershire was 89.4% and in City, 88.2%.
- Low avoidable hospital admissions with preliminary data indicating 513 per 100,000 population, relative to a local target of 539. Preliminary data indicate levels of 735 in Leicestershire and 1013 in Leicester.

2.4 Interim data also indicate we were broadly on track for discharge to normal place of residence, although when final figures are available, we may have missed the target by a narrow margin. Currently available data indicate that over 90% of patients in scope went straight home.

2.5 The most challenging target has been length of stay in hospital, where the aim is for shorter stays. Again, only interim data were available indicating that we may have exceeded our nationally set target for only 11% of stays to last 14 nights or more, with around 15% of stays having this duration. One hypothesis relates to the very low levels of avoidable admissions as set out in 2.3 above. This may mean that a greater

proportion of the people who do actually experience a hospital admission from Rutland have an on average greater need for care, leading to there being more longer stays than in places where avoidable admissions are higher. This metric would benefit from further investigation to understand the true picture and whether there are any further opportunities to reduce long stays. The CCG is currently applying to access more granular data to enable a more detailed analysis of this area.

2.6 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 four areas: falls prevention, hospital discharge, improved electronic information sharing and maintaining care market capacity.

2.7 Rutland's 2021-22 return was approved by John Morley on behalf of RCC, while all three LLR returns went to the LLR CCG Executive Management Team on 23 May for CCG approval. The associated LLR CCG paper, which sets out achievements, challenges and performance across all three LLR BCF programmes, is included for information at Appendix B. Finally, the HWB Chair approved the Rutland return on behalf of the Rutland Health and Wellbeing Board prior to its submission on 27 May 2022.

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

3 THE 2022-23 PROGRAMME AND BEYOND

3.1 A further one-year BCF programme is anticipated for 2022-23 which will largely to be a 'rollover' programme as we prepare in-year for a potentially two-year programme for 2023-25.

3.2 The guidance and templates for this year's programmes are now anticipated in mid-July. As in previous years, we have continued implementation of 2021-22 actions to bridge between programmes. The majority of this spend is on the continuation of staffing roles.

3.3 Some services part or wholly funded by the BCF were recommissioned during 2021-22 to start in 2022-23, leading to a disaggregation of the Community Wellbeing Service contract in particular into a number of smaller contracts broadly coherent with previous arrangements but with an adjusted scope, and to some transition of suppliers. These changes will be reflected in the 2022-23 programme when the national guidance is issued imminently.

3.4 Recently confirmed funding for 2022-23 is set out in Table 1. Minimum NHS funding contributions to the Better Care Fund, channelled via the integrated care boards (formerly via the Clinical Commissioning Groups), were confirmed on 9 May 2022. A uniform 5.66% increment has been awarded to all Health and Wellbeing Board areas. Rutland's total BCF allocation was £2.493m in 2021-22, and, on this basis, will be £2.634m in 2022-23, an increase of £141k. For the first time, this is an increment of less than inflation. This sum is shared 32.2% CCG/ICB, 67.8% RCC (see Table 1).

Table 1: BCF budget for 2021-22

Funds	LLR ICB (£k)	RCC (£k)	Total (£k)
Recurrent BCF funding	£848	£1,786	**£2,634**
Winter/Improved BCF		£219	**£219**
Disabled Facilities Grant		£270	**£270**
Additional contributions (prior years' underspend)	£94	£408	**£502**
Total	**£942**	**£2,682**	**£3,625**

3.5 The Disabled Facilities Grant allocation has been confirmed as £270k – equivalent to last year's allocation plus the in-year increment that was received. The Improved BCF is anticipated at last year's level plus 3%.

3.6 Additional RCC posts funded by the BCF (i.e. those not transferred into the programme at the outset of this instrument), do not currently have back office costs factored into them and we are working with RCC Finance to confirm a model and transitional arrangement to bring this about. This will bring practice into line with other partners, notably LPT, which is the other main employer in the programme, and with the other LLR BCF programmes. We anticipate this will absorb what remains of this year's Local Authority earmarked BCF increment once salary uplifts have been built in.

3.7 For 2022-23, the regional BCF team have invited requests for BCF advice and support. We are in dialogue with them about support to strengthen local skills and practice around public engagement, co-production and co-design. This aligns with increased requirements from Adult Social Care relating to co-production and national 'Thriving Places Guidance' (LGA and NHS, 2021, pp21) which sets out rich engagement and collaboration with 'experts by experience' and by profession as an important enabler for success in the delivery of the Joint Health and Wellbeing Strategies that will be running alongside and interlinked with the Better Care Fund programmes.

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 CCG, pending national publication of guidance.

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 CCG.

7.2 Arrangements for 2022-23 have yet to be confirmed. National guidance was

anticipated in May but has been delayed.

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 CCG 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 2021-22 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 2022-23 programme.

13 BACKGROUND PAPERS

13.1 There is one background paper referenced in the report:

- **Thriving Places: Guidance on the development of place-based partnerships as part of statutory integrated care systems**, LGA and NHS, 2021

  https://www.england.nhs.uk/wp-content/uploads/2021/06/B0660-ics-implementation-guidance-on-thriving-places.pdf

14 APPENDICES

14.1 Appendices are as follows:

1. Appendix A: Rutland 2021-22 BCF year end return – key sections
2. Appendix B: LLR BCF Annual Report 2021-22

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

Appendix A. Rutland 2021-22 BCF programme – end of year report

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 and definition	For information - Your planned performance as reported in 2021-22 planning				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)	539.0				On track to meet target	No support needs to highlight. GP services have been very challenged to meet needs, which could have pushed numbers of avoidable admissions up. In practice however this has not been the case. Local action is being taken around GP sufficiency in the context of Rutland's Joint Health and Wellbeing Strategy. Potentially, the logistical challenges in reaching acute hospitals reduce the tendency of the population to present with conditions that can be treated via alternative means. This would also potentially increase demand on GP services, something which is not necessarily factored into local contracts.	Local data indicate a rate of 513 for 2021-22, which is lower than the target we set, in spite of this having been a very challenging year for the availability of GP support, with high local demand and disruptions to the service offer both in Rutland and, particularly, in neighbouring Stamford.
LENGTH OF STAY Proportion of inpatients resident for: i) 14 days or	**14 days or more (Q3)**	**14 days or more (Q4)**	**21 days or more (Q3)**	**21 days or more (Q4)**	Not on track to meet target	We would appreciate access to Rutland long stay data broken down by Trust, to support accurate interpretation of patterns and the planning of relevant next steps. Based on available interim local data,	The Rutland Integrated Discharge Team, our in-house Micare homecare service, and care providers have worked very hard to maintain the flow of patients from acute care back to the community,

more ii) 21 days or more	11.0%	11.0%	6.9%	6.9%		we will have exceeded the heavily caveated targets for both 14 and 21 day stays. Stays appear to be on average somewhat higher in areas neighbouring Rutland but outside LLR (North Northants, Peterborough, Lincoln) than in Leicester and Leicestershire. As Rutland acute patients make significant use NWAFT (in Peterborough), this may account in part for the Rutland's rates being higher than those in the rest of LLR. In addition, ambulatory care sensitive admissions are very low on average for Rutland, which is likely to mean that those patients who do find themselves in hospital on average are more seriously ill, pushing up the percentage who become long stays.	as set out in the Year End Feedback tab.
DISCHARGE TO NORMAL PLACE OF RESIDENCE Percentage of people who are discharged from acute hospital to their normal place of residence	90.8%				On track to meet target	The over-stretched state of the homecare market in Rutland (as elsewhere) over the winter, with the tail end of pandemic conditions affecting the workforce, required a small number of people to return into temporary residential care rather than straight home to ensure their wellbeing while freeing up hospital capacity. This reflects safe care decisions, and maintains flow, but impacts on this indicator.	Available data indicates that this target may be narrowly missed at 90.1%. It is not surprising that winter conditions, on top of a range of other pressures in the homecare sector (see Year End Feedback) meant a marginally less good performance in the final two quarters of the year.

RESIDENTIAL ADMISSIONS Rate of permanent admissions to residential care per 100,000 population (65+)	364	On track to meet target	No challenges currently relating to this indicator. Care home capacity has increased with two significant care home openings over the last 2 years. At the same time, Adult Social Care has managed to keep admissions it is funding at a low level. We arguably have an imbalance of care capacity, with more capacity in care homes than required and ongoing challenges with homecare capacity.	We anticipated that there would be more care home admissions than usual this year, with people coming forward whose needs had increased during the lockdowns. In practice, the number permanently entering a care home and in scope for this indicator was just 27, or 258 per 100,000 over 65s.
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	No challenges requiring support. Important to ensure there is sufficient capacity for reablement given its role in maintaining independence and avoiding hospital readmission. This can be challenging where there is high demand for post-hospital care services that are not reablement based.	The custom has been to report on Q3 performance for this indicator (i.e. Oct-Dec). Q3 performance was 96% reablement success. The average across the whole year was only slightly lower at 94% of people receiving reablement still being at home 91 days after hospital discharge.

Income and Expenditure

Income

	2021-22	
Disabled Facilities Grant	£270,255	
Improved Better Care Fund	£212,391	
CCG Minimum Fund	£2,492,919	
Minimum Sub Total		£2,975,565

	Planned
CCG Additional Funding	£15,800
LA Additional Funding	£122,000
Additional Sub Total	£137,800

Actual		
Do you wish to change your additional actual CCG funding?	No	
Do you wish to change your additional actual LA funding?	No	

	Planned 21-22	Actual 21-22
Total BCF Pooled Fund	£3,113,365	£3,113,365

Expenditure

	2021-22
Plan	£3,113,365

Do you wish to change your actual BCF expenditure?	Yes

Actual	£2,897,645

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2021-22	A similar situation to 2020/21 in that whilst the programme was largely delivered as planned, a number of measures did not proceed or were implemented at a smaller scale because of the Covid-19 pandemic. For example, procurement of the planned social prescribing referral system was delayed (procured May 2022). While available DFG funds were committed to home adaptation projects, it was again extremely challenging to deliver projects because of the vulnerable health status of service users, lockdowns and challenges obtaining building materials. Two members of staff also left in February which has led to modest underspends.

Tab 6: 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	Agree	The BCF plan continues to promote and facilitate effective joint working at the scale of 'place' across social care and health colleagues from the various organisations that are active locally. A next phase of more fundamental integration, however, is yet to come. Significant change is difficult to facilitate via one year programmes developed to the timetable that has characterised the BCF. We are looking forward to a multi-annual BCF programme and to progressing the new Joint Health and Wellbeing Strategy for Rutland within the context of wider ICS plans.
2. Our BCF schemes were implemented as planned in 2021-22	Strongly Agree	The BCF is committed predominantly to ongoing contracts and core staffing. Therefore, the large majority of the programme was implemented as planned. We did see some areas of marginal budget pressure due to wage costs and other on-costs including the rising cost of travel. However, these were offset by other areas where take-up of services was lower than anticipated this year, for example in Assistive Technology, owing to the impact of the pandemic on services delivered at home. Underspend ringfenced for a preventative social prescribing platform was carried forward until pandemic measures were discontinued, enabling this to be purchased in Q1 of 2022-23. A modest amount of enablers funding (for technology, analysis and engagement) was also carried forward and will be helpful in enabling us to progress priorities contained in the parallel Joint Health and Wellbeing Strategy.

3. The delivery of our BCF plan in 2021-22 had a positive impact on the integration of health and social care in our locality	Agree	The BCF continues to support close joint working across various health bodies and social care. This instrument has not necessarily enabled further integration progress in 2021-22, however. This is in part owing to the pandemic which continued to mean an adjusted set of priorities for different stakeholders and demands on their staff which took them away from their business as usual focus. In parallel, however, joint work on the local Joint Health and Wellbeing Strategy, which will help to progress integration at 'place' over the coming five years, did provide space for visioning work around future joint working and integration, tailored to the specific needs of the Rutland population. We anticipate this, along with the launch of the Integrated Care Board and Partnership in 2022, will reinvigorate pathways to greater integration.

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 2021-22	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes

Success 1	5. Integrated workforce: joint approach to training and upskilling of workforce	In light of higher than average falls injuries locally, teams have worked proactively to target this area. This includes safeguarding for falls, and our falls prevention pilot within local care homes which is aimed at reducing hospital admissions and avoiding the increased need for care that can follow a fall and potential hip fracture. One care home in particular where falls tended to be higher introduced a falls coordinator who works closely with the BCF Therapy resource, improving safety and reducing preventable falls. In the community, we have also continued to be proactive in using adaptations to maintain independence, improve safety in the home and promote wider wellbeing, again to help to avoid hospital admissions, also working proactively to ensure adaptations are delivered in a timely way once a need is identified. Alongside this, we have taken part in a wider Leicester, Leicestershire and Rutland pilot of a rapid response callout service for fallers, helping to avoid the 'long lies' waiting for an ambulance that can lead to lasting health deterioration even in patients who have not sustained significant injuries during their fall.
Success 2	9. Joint commissioning of health and social care	Through additional 'headroom' staffing, full 7 day working was introduced in the local integrated health and care discharge team in 2021-22 to increase the fluidity of hospital discharges right across the week, better supporting our local acute hospitals to ensure patient flow and enhancing the onward journey of patients out of hospital. Many patients move into 'safety net' care initially, often provided by our in-house care service, Micare. Close working between Micare, social workers and our care brokerage service has also been essential in ensuring the flow of returning patients onward out of Micare's short-term services and into commercial short or long term care, freeing up Micare to play its full role in enabling further discharges. With capacity challenges in the homecare market due to Covid-related absences, the brokerage service also 'went the extra mile' to use detailed local knowledge to advise care agencies on opportunities to increase their capacity through practical adjustments to scheduling and routing.

5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2021-22	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	3. Integrated electronic records and sharing across the system with service users	We have been participating actively in the LLR Shared Care Record project to enable improved information sharing in support of swifter and more confident care decisions. The pace, quality and ambition of this project has been welcomed locally. As part of the project, Rutland County Council got its infrastructure in place in time for the national deadline of end September 2021 and has since been working towards starting live use of the platform, with an early adopter pilot starting in May involving the Rutland Discharge and Therapy Teams. While the project is worthwhile, we are conscious that it will take time for the system to mature to the point where the timeline of blended data that it presents offers sufficient information and in a clear enough format to save officer time and reliably inform next steps. There will be a need to continue enriching it for some time to really see the benefits. In addition, Rutland is distinctive in that at least a third of the hospital services used by its patients are sourced outside the ICS, over the border into Peterborough, Lincolnshire and Northamptonshire. As the LLR Care Record is currently only populated by LLR partners, this means that the full picture will not be available for many Rutland patients until much further into the future, when local systems are potentially linked together into a more comprehensive inter-operable infrastructure.

Challenge 2	6. Good quality and sustainable provider market that can meet demand	One of our biggest challenges in 2021-22 has been maintaining capacity in the care market, particularly the domiciliary care market, including as a result of workforce constraints. The dynamic has been one of constant fire-fighting across the year, often with multiple issues at play at any one time. The BCF funds dedicated roles who work actively with care providers, and this has been vital to sustaining services. The mandating of Covid vaccinations had only limited negative impacts locally, with high take-up of vaccination, including through proactive work by local clinicians to reassure staff reluctant to be vaccinated. However, pressures such as Covid outbreaks, staff sickness and staff isolation took their toll, as well as recruitment and retention challenges in a low paid, over stretched sector within an increasingly competitive labour market. In addition to distribution of significant additional funding to the care sector, specific work was done with domiciliary care agencies to maintain their viability, including supporting a new agency to put the relevant policies and procedures in place to pass their first CQC inspection, allowing us to contract with them and expand capacity in our local market. Other creative interventions included supporting agencies to increase the efficiency of their shift schedules to eke more care capacity from available staffing. The care market is not sustainably funded and, while some issues have abated as we emerge from the pandemic, remaining pressures are now being compounded by rising fuel prices which are having a marked impact on the viability of homecare delivery in a rural area like Rutland.