



## **HEALTH AND WELLBEING BOARD: 26 MAY 2022**

### **REPORT OF DIRECTOR OF ADULTS AND COMMUNITIES**

#### **BETTER CARE FUND Q4 2021/22 PERFORMANCE**

##### **Purpose of report**

1. The purpose of this report is to provide the Health and Wellbeing Board with an update on the performance of the Better Care Fund (BCF) programme for 2021/22 and the associated national annual year end reporting requirements. The report also seeks approval for the submission of the year end template which sets out income and expenditure, performance against BCF metrics, successes and challenges and statements as to whether the national conditions have been met.

##### **Recommendation**

2. It is recommended that:
  - a) The performance against the Better Care Fund (BCF) outcome metrics, and the positive progress made in transforming health and care pathways in 2021/22 be noted;
  - b) The year-end BCF 2021-22 template, attached as the appendix to the report, be approved for submission to NHS England.

##### **Policy Framework and Previous Decision**

3. Nationally, the BCF plan for 2021/22 for Leicestershire was officially approved by NHSE in January 2022.
4. The national BCF team confirmed that as BCF policy guidance and framework was not published until October 2021, there would not be the usual requirement for quarterly returns required until after the Plan was approved.
5. National reviews and consultation on future BCF planning and assurance processes began in early February 2022, with a series of engagement events and workshops across regions. These sessions looked back on the previous planning rounds and consider lessons for 2022-23 planning guidance which is yet to be published. Future planning sessions will also aim to understand, system level governance changes already underway. E.g. Integrated Care System (ICS) development.

6. In the meantime, government have given an indication that the BCF policy is likely to continue for a further two years through to 2023/24, although the content of the policy framework over this period is not yet determined.

### **Background**

7. The Health and Wellbeing Board approved the BCF Plan for 2021/22 at its meeting on 25<sup>th</sup> November 2021 with an update on progress received at its meeting on 24<sup>th</sup> February 2022.
8. On 11<sup>th</sup> April 2022 the national BCF team published the year end template for reporting the position for the 2021/22 financial year which requires approval by the Health and Wellbeing Board.
9. The aim of the report and template is to inform the HWBB of progress against integration priorities and BCF delivery. BCF quarterly reporting can be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including clinical commissioning groups, local authorities and service providers).
10. The completed year end template is attached to this report as the Appendix. It must be submitted by the NHSE deadline of the 27 May 2022.
11. The template consists of tabs that update progress against the following:
  - Whether the four national conditions detailed in the Better Care Fund planning requirements for 2021-22 continue to be met through the delivery of the plan.
  - A confidence assessment on achieving the metric targets for each of the BCF metrics which includes a brief commentary outlining the challenges faced in achieving the target along with any support needs and successes that have been achieved.
  - Confirms the level of income received within the HWBB area against actual expenditure and any commentary noting any differences to planned expenditure
  - an opportunity to provide feedback on delivering the BCF in 2021-22 through a set of survey questions. These questions are kept consistent from year to year to provide a time series.
  - Data on average fees paid by the local authority for social care.

### **BCF Income and expenditure**

12. The increases for the WLCCG and ELRCCG minimum contributions for 2021/22 were 5.8% and 5.4% respectively. The BCF Plan for 2021/22 was submitted to NHSE/I in November and totalled £65.3m. The funding breakdown is shown in the table below:

<u>BCF Approved Budget</u>	<u>WLCCG</u>	<u>ELRCCG</u>	<u>LCC/DC</u>	<u>Total</u>
CCG Minimum Contributions	24,985	18,681		43,666
Disabled Facilities Grants (DFG)			4,447	4,447
Improved BCF Autumn 2015			11,353	11,353
Improved BCF Spring 2017			3,403	3,403
Winter Pressures			2,414	2,414
<b>Total Funding</b>	<b>24,985</b>	<b>18,681</b>	<b>21,617</b>	<b>65,283</b>

### 2021/22 Outturn

13. The outturn for the financial year is £76.7m. Additional contributions of £11.436m were made by ELR CCG in year. The contributions were used to support social care resilience in light of the increased demand for services during 2021/22.

	<u>Overall Financial Position</u>			<u>Forecast Position by Organisation</u>		
	<u>Allocation £'000</u>	<u>Outturn £'000</u>	<u>Variance £'000</u>	<u>WLCCG £'000</u>	<u>ELRCC G £'000</u>	<u>LCC / DC £'000</u>
BCF WLCCG	10,236	10,236	0	10,236		
BCF ELRCCG	7,348	7,348	0		7,348	
BCF LCC	37,518	37,518	0	14,749	22,769	
<b>Total BCF</b>	<b>55,102</b>	<b>55,102</b>	<b>0</b>	<b>24,985</b>	<b>30,117</b>	<b>0</b>
DFG	4,447	4,447	0			4,447
IBCF	17,170	17,170	0			17,170
<b>Total BCF Plan</b>	<b>76,719</b>	<b>76,719</b>	<b>0</b>	<b>24,985</b>	<b>30,117</b>	<b>21,617</b>

### Adult Social Care (ASC) Fee Rates

14. The ASC fee rates reported a reduction in the reported rates.
15. The average rates reported last year included additional support payments to County providers, as per the guidance. This year however, all of the additional payments made have been “whole market” support – and as such the guidance for the return is clear that they should be excluded.

### **Improved Better Care Fund (IBCF)**

16. The Improved Better Care Fund (IBCF) allocation for 2021/22 consisted of funding announced in the 2015 Autumn Statement which amounts to £11.4m for Leicestershire, in addition to funding announced in the Spring 2017 Budget of £3.4m and Winter Pressures funding of £2.4m.
17. The £11.4m from the Autumn 2015 announcement is recurrent and has been used to offset growth pressures experienced in demand led commissioned services due to demographic changes.
18. The £3.4m is non-recurrent and has been used to fund a range of transformational work and short-term schemes. Winter Pressures Funding of £2.4m is also non-recurrent and will be used to fund schemes which focus on specific winter pressures, and support new ways of working

### **BCF Metrics**

19. The below table shows the BCF metrics for this financial year, the targets and projected outturns for the 2021/22 financial year (projections are required as year-end national data has yet to be released):

<b>Metric</b>	<b>Target</b>	<b>Projected outturn</b>	<b>Commentary</b>
Unplanned admissions for chronic ambulatory care-sensitive conditions.	775	735.1	The target for this indicator is projected to have been exceeded by approximately 5%. Therefore, fewer non-planned admissions occurred than predicted.
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	85%	89.4%	This metric is on track exceed the target by approximately 4.3%. The focus on reablement in hospital and the community has improved performance against this metric within the financial year. ASC teams have been restructured to maximise the reablement function.
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (excluding RIP)	93.10%.	92.3%	This metric is slightly off target (0.8%). However, it was an ambitious target for post-pandemic recovery. It does, however, represent an improvement on both previous years' data.

<p>Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for:</p> <p>i) 14 days or more ii) 21 days or more</p>	<p>Weighted data = 14+ days = 10% 21+ days = 4.6%</p>	<p>14+ days = 11.2% 21+ days = 5.4%</p>	<p>Both targets have been missed by approximately 1%. With data for 14+ days at 11.2% and 21+ days at 5.4%. This has been reflected on as a system acknowledging a focus on those with more acute needs being in hospital for longer. There will be a review of actions across LLR to impact on this during the 2022/23 BCF planning.</p>
<p>Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population</p>	<p>Planned rate of 519</p>	<p>574.7 (per 100,000 population)</p>	<p>Currently data suggests that this is not on target and will miss this be approximately 10%. Additional use of residential care settings has led to increased admissions. Support has been requested from health colleagues on the focus on reablement and to ensure that community teams are better placed to case manage people in their own homes with a fully-operational Home First model of care. The population rate has not been published as yet, so this may reduce the rate when known.</p>

### **Update against national conditions for the 2021/22 Plan**

#### **National condition 2 – Social Care Maintenance**

20. National condition 2 (1 being a joined up BCF submission – completed Nov 2021) focuses on Social Care Maintenance and ensuring that CCG contributions to social care spend continue to match or exceed the minimum required.
21. Finance leads between organisations have regularly reviewed social care costs and have worked with CCG colleagues to secure additional in year funding to support increased demand for social care services.
22. In addition, system headroom funding bids have been agreed to support social care expenditure on community services e.g. brokerage and review teams.

#### **National condition 3 – NHS Commissioned out of hospital services**

23. During the re-emergence of the pandemic, there continued to be commissioning of care and services with health partners in the community.

24. Key activity commissioned over the financial year includes:
- Discharge to recover therapy-led beds
  - Care co-ordination
  - Interim bed contracted framework
  - Complex patient case-management function
  - Support to provider market over winter pressures to expand staffing availability

**National condition 4 – Plan for improving outcomes for people being discharged from hospital**

25. The BCF plan submitted in November 2021, included robust plans to enable safe and timely discharge for patients across Leicestershire.
26. In January 2022, the regional team requested an update for NHS England to briefly describe in bullet points, some of the actions that have taken place over the winter period in each HWBB area.
27. This was reported in full to the Health and Wellbeing Board at its meeting in February 2022 and is summarised below:
- Development of the discharge hub.
  - Expansion of the Community Response Service
  - Re-commissioned therapy-led beds and interim beds
  - UHL and LPT Multi-agency discharge events (MADE)
  - The commissioning of home care provision (Home Care for Leicestershire)
  - ASC staff working on wards to co-triage patients
  - Commissioning of case management for complex nursing patients
  - A review of commissioning for D2A residential placements

**Next Steps**

28. The BCF schemes and associated funding has been reviewed by a working group of the County Council and CCG colleagues for 2022/23 expenditure.
29. An updated BCF expenditure plan is in development. This will be predicted based on the estimated national uplift in minimum CCG contributions of 5.66%. This will await the minimum contribution and allocation national guidance and confirmation.
30. Any further policy and planning template timelines will be adhered to once they are known for the next financial year.

**Circulation under the Local Issues Alert Procedure**

None

**Officer to Contact**

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**Appendix**

BCF 2021-22 Year End Template

**Background Papers**

BCF Policy Framework 2021/22

<https://www.gov.uk/government/publications/better-care-fund-policy-framework-2021-to-2022/2021-to-2022-better-care-fund-policy-framework#:~:text=The%202021%20to%202022%20Better,system%20recovery%20from%20the%20pandemic.>

BCF Planning Requirements 2021/22

<https://www.england.nhs.uk/wp-content/uploads/2021/09/B0898-300921-Better-Care-Fund-Planning-Requirements.pdf>

BCF Report to the Health and Wellbeing Board – 25<sup>th</sup> November 2021

[Agenda for Health and Wellbeing Board on Thursday, 25 November 2021, 2.00 pm - Leicestershire County Council \(leics.gov.uk\)](#)

BCF report to the Health and Wellbeing Board – 24 February 2022

<https://politics.leics.gov.uk/ieListDocuments.aspx?CId=1038&MId=6942&Ver=4>

**Relevant Impact Assessments****Equality and Human Rights Implications**

31. The BCF aims to improve outcomes and wellbeing for the people of Leicestershire, with effective protection of social care and integrated activity to reduce emergency and urgent health demand.
32. An equalities and human rights impact assessment has been undertaken which is provided at <http://www.leicestershire.gov.uk/sites/default/files/field/pdf/2017/1/11/better-care-fund-overview-ehria.pdf>.

This concluded that the BCF will have a neutral impact on equalities and human rights.

33. A review of the assessment was undertaken as part of the BCF submission for 2021.

#### Partnership Working and associated issues

34. The delivery of the BCF plan and the governance of the associated pooled budget is managed in partnership through the collaboration of commissioners and providers in Leicestershire.
35. Day to day oversight of delivery is via the Integration Executive through the scheme of delegation agreed via the Integration Executive's terms of reference which have been approved by the Health and Wellbeing Board.
36. The delivery of the Leicestershire BCF ensures that several key integrated services are in place and contributing to the system wide changes being implemented through the five-year plan to transform health and care in Leicestershire, known as the Sustainability and Transformation Partnerships <http://www.bettercareleicester.nhs.uk/>