

Title of report: Better Care Fund (BCF) year end report 2021-2022

Meeting: Health and wellbeing board

Meeting date: Thursday 21 July 2022

Report by: Project Manager – All Age Commissioning

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose

To review the better care fund (BCF) year-end 2021-2022 report as per the requirements of the programme.

Recommendation(s)

That:

- a) The Better Care Fund (BCF) 2021-2022 year-end template at appendix 1, as submitted to NHS England, be reviewed and the board determine any further actions necessary to improve future performance.**

Alternative options

1. There are no alternative options. The content of the return has already been approved by the council's acting director for community wellbeing and Herefordshire Clinical Commissioning Group's (CCG) accountable officer and submitted prior to the meeting of the board, in accordance with national deadlines, however this gives the board an opportunity to review and provide feedback.

Key considerations

2. A key principle of the BCF is to use a pooled budget approach in order for health and social care to work more closely together. As the population ages, the need for integrated care to improve people's experience of health and social care, the outcomes achieved and the efficient use of resources has never been greater. Within the overall One Herefordshire approach, the BCF plays a key enabling role in delivering our system-wide vision.
3. The National Better Care Fund (BCF) team agreed with national partners that BCF reporting for Q3 2021-22 would not take place given that plans had been assured; a year-end report for 2021-22 would still be required.
4. The national submission deadline for the year end 2021-2022 performance return has already passed (27 May 2022) and therefore the board is requested to note the completed data, attached at appendix 1, following its submission to NHS England.
5. The template asks for confirmation that the BCF national conditions continued to be met throughout the year, confirmation of actual income and expenditure in BCF section 75 agreements for 2021-22, details of significant successes and challenges during the year and, as in 2020-21, details of fee rates paid by councils for social care services that they fund.
6. Herefordshire has reported all national conditions have been met.
 - 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.
 - Planned contribution to social care from the CCG minimum contribution is agreed in line with the BCF policy.
 - Agreement to invest in NHS commissioned out of hospital services
 - Plan for improving outcomes for people being discharged from hospital
7. The end of year 2021-2022 performance report shows that Herefordshire did not meet the target for admissions to residential and care homes. Older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population target for 2021-22 was 408; data shows this target was not met showing a year-end total of 484.96 (235 admissions). Capacity within the home care market continues to challenge partners, specifically in relation to complex residential care. Discharge to Assess (D2A) has seen increase in system with a knock on effect on permanent admissions to care homes.
8. The effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation) metric shows Herefordshire on track with 82.5% against an 80% target. A robust monitoring and recording methodology for 91 day reviews has been introduced and refresher training to staff has been provided helping to achieve this target.
9. The Improved Better Care Fund (iBCF) has been invested in a number of services to help improve the health and wellbeing of people in Herefordshire, by enabling people to take greater control over their own health and the health of their families, and helping them to remain independent within their own homes and communities.
10. Talk Community has emerged as one of the council's primary approaches to demand management and admission prevention.

- 54 Talk Community hubs located across the county; making it as easy as possible for people, who might otherwise struggle, to get the help they need when they need it in a location accessible to them.
 - 50 volunteers trained in mental health first aid training and 150 volunteers in mental health awareness; enabling residents to access mental health support close to home in a safe environment and empowering volunteers to expand community support offer.
 - Launched and branded Talk Community, a one stop shop website for Herefordshire information; 450+ wellbeing pages, 950+ services, 300+ activities listed each month.
11. Avoidable admissions to hospitals (unplanned hospitalisation for chronic ambulatory care sensitive conditions). The previous measure on non-elective admissions was replaced with this measure. The planned performance was 729.4 but up to date data is not available to assess progress as this is published annually and not available currently. The National team have advised they are content that we are unable to report this information at year end. Once data becomes available, it can be reported at a later date if required.
 12. An integrated referral hub and urgent responses are provided across Health and social care. This is consistently achieving >70% of people at risk of conveyance/admission seen within 2 hours within their own home.
 13. From May 2021, revised metrics to track the implementation of the discharge policy (Length of Stay and Discharge Destination) started being collected via the Acute Daily Situation Report. This data is not currently collected at local authority footprint in national reporting. Discharge metrics for the BCF are therefore based on information available through hospital Patient Administration Systems, available through the Secondary Uses Services (SUS) database.
 14. SUS is the single, comprehensive repository for healthcare data in England which enables a range of reporting and analyses to support the NHS in the delivery of healthcare services.
 15. The Length of Stay (LOS) (reducing length of stay in hospital, measured through the percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days) metric did not meet the target for 2021-22 with data showing 11.3% (14 days or more) 6.3% (21 days or more) against targets of 11.1% (Q4) and 5.7% (Q4).
 16. Covid has impacted on LOS in many ways including Covid isolation and lack of D2A capacity to support timely discharges due to staffing issues and provider infection prevention control (IPC) issues.
 17. Discharge to normal place of residence (improving the proportion of people discharged home using data on discharge to their usual place of residence) metric of 92.4% was not met with data showing a total of 91.70% year-end total. Lack of capacity in Pathway 1 has affected people being discharged to own home. Whilst pathways and process in place, Covid has contributed to issues with staff sickness and recruitment into Pathway 1. With the need to rapidly discharge as per Covid19 national guidelines, bedded capacity has been utilised to support discharges whilst awaiting pathway 1 capacity.
 18. Data shows a significant underspend on Disabled Facilities Grants (DFG) during 2021/22 due to the COVID-19 pandemic. Although additional funds were available, funding was unable to be spent as access to people's homes was not available to undertake assessments and undertake any building works.

19. The Department for Levelling Up, Housing and Communities (DHLUC) and The Department of Health and Social Care (DHSC) have shared guidance for local authorities in England on the effective delivery of the Disabled Facilities Grant (DFG) which is a core part of the BCF.
20. This guidance advises local authorities in England how they can effectively and efficiently deliver Disabled Facilities Grant (DFG) funded adaptations to best serve the needs of local older and disabled people. It brings together and sets out existing policy frameworks, legislative duties and powers, together with recommended best practice, to help local authorities provide a best practice adaptation service to disabled tenants and residents in their area.
21. The overall delivery of the BCF in Herefordshire for 2021/22 has had a positive impact on integration. An integrated team approach is being provided to respond to urgent need in our community via a Community Integrated Response Hub. Health and social care staff working together to triage, plan and deliver urgent care. This opened January 2021 and is open 12 hours per day 7 days per week.
22. The local system continues to have a number of joint roles that work across health and social care, particularly in community services/hospital discharge. As this has proved successful the positions are now permanent. The local Integrated Care System are working together to provide a reporting and governance route to enable these integrated services to report once to the ICS, whilst ensuring both partners receive appropriate and relevant assurance.
23. There continues to be challenges in the system. Recruitment into care roles has, over the last 12 months, and continues to be, a significant challenge for the local system. There continues to be a high vacancy factor coupled with Covid-related sickness, which has seen capacity at a minimum. Action has been taken to try to support this. A joint approach to recruitment but also an increase in pay rates linked with BCF funding has recently been agreed by health and social care leaders.
24. Covid-19 continues to provide a challenge and has impacted on having enough capacity to meet demand in the market and this has and continues to be challenging. However through an integrated approach we are utilising health and social care colleagues working together to provided trusted assessment, for the care homes in particular, during these difficult times.
25. The section on ASC fee rates provides data on the average fees paid to external providers for home care, residential care (without nursing for clients aged 65+) and nursing care (for clients aged 65+). It collects what the council pays to providers (not covering self-funders, third party top ups and NHS Funded Nursing Care and not covering internal administration costs). It does not include client contributions.

Community impact

26. The BCF plan is set within the context of the national programme of transformation and integration of health and social care. The council and CCG continue to work together to deliver on the key priorities within the plan to achieve savings and improve the delivery of services in order to achieve the priorities of the health and wellbeing strategy in the most cost effective way.

Environmental Impact

27. Herefordshire Council provides and purchases a wide range of services for the people of Herefordshire. Together with partner organisations in the private, public and voluntary sectors

we share a strong commitment to improving our environmental sustainability, achieving carbon neutrality and to protect and enhance Herefordshire's outstanding natural environment.

28. Whilst this is a decision on back office functions and will have minimal environmental impacts, consideration has been made to minimise waste and resource use in line with the Council's Environmental Policy.

Equality duty

29. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to –

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

30. The council and CCG are committed to equality and diversity using the public sector equality duty (Equality Act 2010) to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. All equality considerations are taken into account. 27. It is not envisaged that the recommendations in this report will negatively disadvantage the following nine groups with protected characteristics: age, disability, gender, reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
31. The BCF programme aims to deliver better outcomes for older and disabled people and supports the council in proactively delivering its equality duty under the act. This is through improving the health and wellbeing of people in Herefordshire by enabling them to take greater control over their own homes and communities. There are no negative impacts for looked after children or with respect to the council's corporate parenting role.
32. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. The Sustainability and Transformation Partnership (STP) is developing a more joined up approach to its equality duties, and has an STP equality work stream which is developing a robust and uniform approach to equality impact assessment across Herefordshire and Worcestershire which the BCF will be included.
33. Where appropriate, an Equality Impact Assessment (EIA) is undertaken for separate schemes and services that are within the BCF. Where large changes are planned via the BCF an EIA will be completed.

Resource implications

34. The table below shows the summary outturn at month twelve (March 2022) for the schemes that make up the section 75 agreement (s.75). A more detailed forecast for each pool within the section 75 agreement is available upon request.

Section 75 Agreement- Summary of Pool Balances	Annual Plan	Forecast Out-Turn	Over / (Under) Spend	% Over / (Under) Spend
	£,000	£,000	£,000	
Total Pool One- Mandated Revenue & Capital Contributions to BCF	16,590	14,875	(1,715)	(10.3%)
Total Pool Three- Improved Better Care Fund	6,583	6,073	(511)	(7.8%)
Total Pool Five- Children's Services	5,487	5,639	151	2.8%
Total Pool Six- Integrated Community Equipment Store (ICES)	1,605	1,605	0	0.0%
Total Section 75 Agreement Funding	30,266	28,192	(2,074)	(6.9%)

Legal implications

35. The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the BCF. It allows for the Mandate to NHS England to include specific requirements to instruct NHS England over the BCF, and NHS England to direct Clinical Commissioning Groups to pool the necessary funding. The council is legally obliged to comply with grant conditions, which have been complied with.
36. Health and wellbeing boards are responsible for encouraging integrated working between health and social care commissioners, including partnership arrangements such as pooled budgets, lead commissioning and integrated provision.
37. Their purpose is to establish collaborative decision making, planning and commissioning across councils and the NHS, informed by the views of patients, people who use services and other partners.
38. Overseeing the deployment of BCF resources locally is a key part of their remit. BCF plans have to be signed off by the health and wellbeing board as well as the CCG (Clinical Commissioning Group), which represents the NHS side of the equation.

Risk management

39. The board is invited to review the content of the performance template, which is based on statistical and financial information and therefore the risk is minimal.
40. Monitoring the delivery of the Herefordshire BCF Plan is undertaken by the council and CCG. The project manager monitors a risk register and escalates to the directorate risk register where necessary. Higher risks will also be escalated to the council's corporate risk register in accordance with the council Risk Management Plan.

Risk / opportunity	Mitigation
Targets not being met	Partners will continue to work together to address demands and continue with a programme of improvements and regular monitoring

Risk / opportunity	Mitigation
Underspend on DFG and not achieving intended outcomes.	The practical end of COVID-19 restrictions should unlock one bottleneck in delivering home adaptations. A staffing restructure will improve the process of assessment, reducing the time from application to delivery.
The 2022/23 Better Care Fund (BCF) Policy Framework has not been released.	This is a national risk to all councils and council officers continue to work in partnership with health colleagues to develop integrated ways of working to improve outcomes whilst ensuring efficient services are delivered.

Consultees

41. Content of the returns have already been approved by the council's acting director for community wellbeing and Herefordshire Clinical Commissioning Group's (CCG) accountable officer and submitted prior to the national deadline.

Appendices

Appendix 1 – Better care fund 2021-2022 year end national performance template.

Background papers

None identified.

Report Reviewers Used for appraising this report:

Please note this section must be completed before the report can be published

Governance	Sarah Buffrey	Date 17/05/2022
Finance	Kim Wratten	Date 16/05/2022
Legal	Kate Coughtrie	Date 22/06/2022
Communications	Luenne Featherstone	Date 10/05/2022
Equality Duty	Carol Trachonitis	Date 10/05/2022
Procurement	Mark Cage	Date 10/05/2022
Risk	Paul Harris	Date 12/05/2022

Approved by [Click or tap here to enter text.](#) Date [Click or tap to enter a date.](#)

Acronym	Description
BCF	Better Care Fund
iBCF	Improved Better Care Fund
CCG	Clinical Commissioning Group
EIA	Equality Impact Assessment
DToC	Delayed Transfers of Care
D2A	Discharge to Assess
LoS	Length of Stay
SUS	Secondary Uses Services
DHLUC	The Department for Levelling Up, Housing and Communities
DHSC	The Department of Health and Social Care
DFG	Disabled Facilities Grant