

Place Board Incorporating the Health and Wellbeing Board

DATE	11 th July 2022
REPORT OF	Councillor Stan Shreeve Portfolio Holder for Health, Wellbeing and Adult Social Care
RESPONSIBLE OFFICER	Bev Compton, director of adult services
SUBJECT	Better Care Fund (BCF)
STATUS	Open
FORWARD PLAN REF NO.	N/A

CONTRIBUTION TO OUR AIMS

The continued receipt of BCF monies contributes to the aims of stronger economy and stronger communities

EXECUTIVE SUMMARY

The Better Care Fund (BCF) is designed to promote integration between health and social care, and to create a local single pooled budget to incentivise the NHS and local government to work more closely together. BCF has not been the driver for integration in North East Lincolnshire (NEL), where an agreement under s75 of the NHS Act 2006, and pooled budget arrangements, have been in place since 2007.

Regular reports on BCF activity are required by NHS England (NHSE). Reporting requirements have been reduced during covid. This report attaches the end of year/ quarter four report for 2021/22, submitted to NHSE in May 2022.

RECOMMENDATIONS

Approve the end of year/ quarter four reporting submission, 2021/22 (submitted via the delegated authority of the then portfolio holder, Councillor Cracknell).

REASONS FOR DECISION

Cllr Cracknell, with the support of the BCF steering group, oversaw BCF activity and ensured national reporting compliance on behalf of the Board for the period 2021/22. As the Board has ultimate responsibility for compliance, the purpose of this report is to a) secure retrospective approval for the report already submitted, b) ensure that the Board remains up to date with activity.

Note that since the end of year/ quarter four report was submitted, Councillor Stan Shreeve has become the relevant portfolio holder in place of Cllr Cracknell.

1. BACKGROUND AND ISSUES

1.1 Delayed receipt of BCF requirements

The BCF conditions for the year 2021/22 were not made available until October 2021. Areas were asked to submit their plans for informal feedback, for the year 2021/22, within around three weeks from receipt of conditions. Informal feedback on the draft was received in early November 2021 from the regional BCF team, revised in response to it, and resubmitted later in November, within the deadline.

The Board approved the plan on 22nd November 2021. After that time - in response to a request from NHS England for clarification on minor points - the plan was resubmitted with modest amendments, on 30th November 2021. National approval of NEL's plan was received mid-January 2022.

The attached end of year/ quarter four report, already submitted to NHS England, sets out activity against the approved plan.

1.2 National conditions

The national conditions are:

1. Plans jointly agreed by the CCG/ council
2. NHS contribution to adult social care maintained in line with the uplift to CCG Minimum Contribution
3. Invest in NHS-commissioned out-of-hospital services
4. A plan for improving outcomes for people being discharged from hospital (this includes implementation of the hospital discharge policy, and continued implementation of the High Impact Change Model for Managing Transfers of Care. Reporting of delayed transfers of care (DToC) was suspended in March 2020 and replaced with a situation report that reflects the revised hospital discharge policy).

The end of year/ quarter four return confirms that national conditions are met.

1.3 National Metrics

The metrics are:

1. Avoidable admissions: unplanned admissions for chronic ambulatory care sensitive conditions
2. Length of stay: 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*
3. Discharge to normal place of residence: improving the proportion of people discharged home using data on discharge to their usual place of residence*
4. Residential care admissions: annual rate of older people whose long-term support needs are best met by admission to residential and nursing care homes
5. Effectiveness of reablement: people over 65 still at home 91 days after discharge from hospital with reablement.

The metrics marked with * are new for 2021/22, in replacement of previous DToC metrics. There have been significant national difficulties with the data supplied to local systems, making achievement of targets more difficult to

assess.

The end of year/ quarter four return confirms the following progress on the metrics:

1. Avoidable admissions: at the time of submitting the report, national data was not available to confirm whether the metric was being met. Local data suggests that NEL is not on track to meet the target, and the return sets out the actions being taken to address this
2. Length of stay: NEL is not on track to meet the target, and the return sets out the actions being taken to address this
3. Discharge to normal place of residence: on track to meet target
4. Residential admissions: on track to meet target
5. Effectiveness of reablement: on track to meet target.

1.4 Agreed spend

The attached template is the required template for submission to NHS England. It requests information on planned and actual spend, and local fee rates, and shows the position up to 31st March 2022.

Summary finance information is provided below and shows the relative split of the 2021/22 £24.3m pooled fund:

Funding received by	BCF element	Revenue/Capital	Allocation 21/22 £'000	Planned Expenditure £'000	Planned Variance £'000
NELC	Disabled facilities Grant (DFG)	Capital	3,221	2,959	262
NEL CCG	CCG contribution *	Revenue	13,244	13,244	0
NELC	IBCF	Revenue	7,822	7,327	495
Total			24,287	23,530	757

* £4.8m of the CCG contribution is directed to support adult social care and is managed within the adult social care s75 budget envelope. In addition, the £7.8m iBCF (improved better care fund) is used by the council to support adult social care services. The iBCF underspend of £495k relates to planned expenditure for provider workforce support, which was mitigated by central

government workforce covid grants.

The following table demonstrates the minimum required spend is planned to be achieved in 2021/22:

Required Spend	Minimum required Spend £'000	Planned spend 21/22 £'000	Underspend £'000
Out of hospital spend from the minimum CCG contribution	3,764	8,455	0
Adult social care services spend from the minimum CCG allocations	1,943	4,789	0

2. RISKS AND OPPORTUNITIES

There are no known risks attached to BCF not already listed above (in respect of unmet metrics), with one caveat. Due to prioritising pandemic responses, BCF spend has not been completely as anticipated. Specifically, progress on delivery of the disabled facilities grant (DFG) programme has remained challenging due to shortages of occupational therapy input and reduced face to face contact with clients, and because national guidance with regard to support to care homes, hospital discharge and winter plans has taken precedence. However, performance monitoring of DFG has now been strengthened and improved progress is anticipated moving forward.

3. OTHER OPTIONS CONSIDERED

N/a. Confirmation of compliance with conditions/ agreement on spend are nationally mandated.

4. REPUTATION AND COMMUNICATIONS CONSIDERATIONS

The area would be likely to suffer some reputational damage if national reporting requirements were not met.

Planning in the areas to which BCF relates or is linked, for example winter planning and the disabled facilities grant, are heavily reliant upon partnerships within and outside of the CCG and council, and high levels of cooperation and communication.

5. FINANCIAL CONSIDERATIONS

Financial considerations are considered within the main body of the report above. The current s75 agreement between the council and CCG provides the mechanism for pooling resources and for sharing risks.

6. CHILDREN AND YOUNG PEOPLE IMPLICATIONS

The focus of the BCF is on adult services. There are no known implications arising from this report, for children and young people.

7. CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS

There are no known climate change or environmental implications arising from the matters in this report

8. CONSULTATION WITH SCRUTINY

No consultation with Scrutiny or otherwise is planned.

9. FINANCIAL IMPLICATIONS

- 9.1. There are no direct financial implications as a result of this report, which outlines spend for inclusion within a periodic return. Spend against budgets and utilisation of available funding is reported as part of the Council's regular budget monitoring processes and through reports to Cabinet.

10. LEGAL IMPLICATIONS

The Care Act 2014 introduced the BCF. Compliance with its annual and quarterly reporting regime is mandatory. Quarterly reporting was partly suspended for 2021/22; a year end/ quarter four report was required for submission in May 2022 (and is attached).

11. HUMAN RESOURCES IMPLICATIONS

There are no HR implications.

12. WARD IMPLICATIONS

There are no known individual ward implications. BCF monies are spent for the benefit of NEL as a whole.

13. BACKGROUND PAPERS

N/A

14. CONTACT OFFICER(S)

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