Appendix 2

Better Care Fund (BCF) – Call Off Partnership Agreement/ Work Order

1. OBJECTIVES OF THE SCHEME

Department of Health and Social Care, Ministry of Housing, Communities and Local Government and NHS England have specifically requested in the BCF Planning Requirements (2021-22) that all funding is transferred into one or more pooled funds, established under Section 75 of the NHS Act (2006) and agreed through the Health and Wellbeing Board.

The Better Care Fund has been established by the Government to provide funds to local areas to support the integration of health and social care and to seek to achieve the National Conditions and Local Objectives. It is a requirement of the Better Care Fund that the CCG and the Council establish a pooled fund for this purpose. Partners may wish to extend the use of pooled funds to include funding streams from outside of the Better Care Fund.

2. AIMS AND OUTCOMES

The aims and benefits of the Partners in entering into this agreement are to:

- Improve the quality and efficiency of the services;
- Meet the National Conditions and Local Objectives;
- Drive integration between the Health and Social Care Economy;
- Make more effective use of resources through the establishment and maintenance of a pooled fund for revenue expenditure on the services.

3. THE ARRANGEMENTS

In meeting its duties and responsibilities to develop a pooled arrangement to support the BCF Plan, the Partners and Rotherham Health and Wellbeing Board have agreed the establishment of the following pooled arrangements:

Pool 1; Hosted by RMBC; Value of **£34.150m** for Theme 2 Rehabilitation, Reablement and to include the Improved Better Care Fund (iBCF) and other grant funding.

Pool 2; Hosted by the CCG; Value of **£11.336m** for all Themes excluding Theme 2 Rehabilitation, Reablement and Intermediate Care and to include a Risk Pool.

4. FUNCTIONS

The CCG and Council shall utilise funds to deliver against agreed objectives set out within the BCF Plan.

5. SERVICES WTIHIN THE SCHEME

5.1 Persons Eligible to Benefit

5.1.1 Services commissioned by the CCG shall be commissioned for the benefit of individuals for whom in relation to that service the CCG is the responsible commissioner; for services commissioned by the Council, the services shall be commissioned for the benefit of individuals who are ordinarily resident in the Borough of Rotherham.

5.1.2 The CCG and the Council shall each liaise with any relevant neighbouring authority or CCG in respect of individuals who are the responsibility of either the CCG or the Council but not both.

5.2 Commissioning Arrangements

Each partner organisation will manage the commissioning of specific services for which it is identified as the responsible organisation, in line with its own internal processes.

5.3 Contracting Arrangements:

Each partner organisation will manage the contracting of specific services for which it is identified as the responsible organisation, in line with its own internal processes

6. FINANCIAL CONTRIBUTIONS

6.1 The CCG's base contribution for 2021/22 will be **£23.039m** and the Council's base contribution, including the Improved Better Care Fund (iBCF), will be **£22.447m** as per the table below:

BCF Budget 2021/22	2021/22 INVESTMENT			2021/22 SPLIT BY POOL	
BCF Investment	**RCCG SHARE**	**RMBC SHARE**	**Total**	**Pool 1 RMBC Hosted**	**Pool 2 RCCG Hosted**
	£000	**£000**	**£000**	**£000**	**£000**
THEME 1 - Mental Health Services	1,209		1,209		1,209
THEME 2 - Rehabilitation & Reablement	11,253	6,716	17,969	17,969	
THEME 3 - Supporting Social Care	3,624		3,624		3,624
THEME 4 - Care Mgt & Integrated Care Planning	5,111		5,111		5,111
THEME 5 - Supporting Carers	601	50	651		651
THEME 6 - Infrastructure	241		241		241
Risk Pool	500		500		500
Improved Better Care Fund		15,666	15,666	15,666	
Other Health/Grants Funding	500	15	515	515	
TOTAL	**23,039**	**22,447**	**45,486**	**34,150**	**11,336**

Appendix 2A provides a list of detailed schemes under each theme.

6.2 In the event that the partners agree to extend this agreement, there will be no automatic annual uplift to the amounts stated in this agreement for any subsequent year. Any uplift to these figures in future years will be determined by both partners as part of their budget setting process.

6.3 It is expected that the Pool Fund Managers will manage the Agreement within the approved budget for the financial year. Any proposed expenditure over and above the approved budget must be agreed in writing by the Chief Finance Officer of the CCG and the Strategic Director of Finance and Customer Services of the Council prior to any additional expenditure being incurred.

6.4 Any over or underspend in the pooled funds shall be subject to the risk share agreement (Section 8) in the first instance.

6.5 Separate to any base contribution, further contributions may be agreed between parties in year or removal/alteration of services may be agreed through the scheme governance arrangements. Any base or subsequent contribution will be agreed and notified between the joint fund managers of the CCG and RMBC.

6.6 The BCF includes the Improved Better Care Funding (iBCF) of £14.055m for 2021/22 which are subject to the following grant conditions:

- Meeting adult social care needs

- Reducing pressures on the NHS – including supporting more people to be discharged from hospital when they are ready
- Ensuring that the local care provider market is supported

There is no requirement to spend across all three purposes, or to spend a set proportion on each. However, the grant determination requires the Council and the CCG and providers to meet the National Condition 4 (Managing Transfers of care) in the 2021-22 Better Care Fund Policy Framework and Planning Requirements.

6.7 Included within the iBCF is funding for Winter Pressures of £1.345m which must be used for the purposes of supporting the local health and care system to manage demand pressures on the NHS, with particular reference to seasonal winter pressures including on interventions which support people to be discharged from hospital, who would otherwise by delayed, with the appropriate social care support in place, and which help promote people's independence

6.8 Where capital expenditure forms part of the Pooled Fund it shall be identified and accounted for separately from revenue expenditure and treated in accordance with any specified grant funding conditions. Capital funding cannot be used to finance revenue expenditure, however, revenue funding may be used to fund capital expenditure if in agreement with the BCF Executive Group and is in compliance with Financial Regulations and Standing Orders and recommended accounting codes of practice of the lead commissioner. Any capital asset acquired from the Pooled Funds shall be the property of the Council, who shall be responsible for it.

7. PAYMENT TERMS

7.1 The Council will invoice the Rotherham Clinical Commissioning Group in arrears one quarter of the estimated annual costs of the schemes.

7.2 The CCG will invoice the council in arrears one quarter of the estimated annual costs of the IBCF schemes.

7.3 Each party shall provide such accounting information as may be required for the preparation of accounts and audit as may be required both during and at the end of each financial year recognising the need to ensure that both the Council and the CCG meet their specific financial reporting deadlines.

7.4 The Council and the CCG will pay invoices within 30 days of receipt.

8. RISK SHARE ARRANGEMENTS

8.1 The areas of risk are under or overspending of budgets within Better Care Fund budget lines and exceeding affordable levels of care outside the Better Care Fund.

8.2 As part of the initial development of the BCF pooled budget a number of risks were identified where the individual schemes would potentially result in additional demand for services and/or additional costs, or the required efficiencies and reductions do not materialise to the extent planned. The pooled budget in total includes an amount of £0.5m as a risk pool. In applying the risk pool funding it is important to have a jointly agreed approach.

8.3 It is proposed that the BCF Executive Group is the forum where decisions on the application of risk pool funding for either pool is made.

8.4 Risk is attributable pro rata to the proportion of that scheme commissioned by each partner organisation. This is to reflect where the levers for change and control sit. Similarly, where the scheme is joint and there is one lead commissioner, the risk should be shared pro-rata to the proportion of each partners contribution, subject to the maximum level of funding each partner contributes to the scheme unless agreed by the Chief Finance Officer of the CCG and the Strategic Director of Finance and Customer Services of the Council prior to any additional expenditure being incurred (paragraph 6.3).

8.5 **Overspends and Underspends**

If an overspend is identified the following approach will be taken:

- Seek to cover the overspend from areas of underspend identified within either pool;
- Utilise the risk pool funding;
- Reduce uncommitted scheme allocations;
- Cover from resources outside the pool.

If an underspend is identified the following approach will be taken:

- Underspends remain within the pooled arrangement to support overspends elsewhere in the pool;
- Further joint schemes to be proposed in year which can utilise the resources in year.
- Underspends may be carried forward to meet ongoing financial pressures subject to each organisation's own governance arrangements. Allocation of funding will be subject to agreement of the pooled fund partners as part of the BCF governance.

In all of these scenarios the BCF Executive Group is the forum where decisions would be made.

8.6 The use of the BCF pooled budget is anticipated to deliver greater outcomes for patients and the public, as well as anticipated reductions in non-elective spend. In the event that demand for acute non-elective care exceeds affordable levels it is proposed that the approach suggested above is taken.

8.7 Where issues arise under this category the Partners shall meet and discuss the appropriate means of addressing the problem through the Health and Wellbeing Board or such other forum as the Partners may decide.

9. FINANCIAL MANAGEMENT AND YEAR END ARRANGEMENTS

9.1 Except by prior agreement between the CCG and the Council, expenditure to be made from the scheme otherwise than in respect of the performance of the services identified above is not permitted.

9.2 Both parties will keep proper accounts in relation to the use of the funds for which it is responsible under the agreement. Accounts will be open to inspection at any reasonable time together with all invoices, receipts and any other related documents.

9.3 Both parties will arrange for the funding and related expenditure to be audited by its respective external auditors as part of the accounts process of each organisation.

9.4 Monitoring information, financial or otherwise, will be provided as required and in accordance with the agreed format.

9.5 All utilisation of the budget and day to day management of services delivery will be subject to each Partner's scheme of reservation and delegation.

9.6 The budget will be governed by any regulatory requirements of each Partner as necessary.

9.7 Funds will be provided to each organisation in line with its delegated commissioning responsibilities net of VAT implications. Utilisation of funds delegated will then be subject to each partners' relevant VAT regime.

9.8 To meet requirements in relation to the preparation of annual accounts SI 2000/617 paragraph 7(6) the host must prepare and publish a full statement of spending signed by the accountable officer or section 151 officer, to provide assurance to all other parties to the pooled budget. This is required to meet the specified timescales for the publication of accounts and should include:

- Contributions to the pooled budget, cash or kind;
- Expenditure from the pooled budget;
- The difference between expenditure and contributions;
- The treatment of the difference;
- Any other agreed information.

10. GOVERNANCE ARRANGEMENTS

10.1 The joint Fund Managers for the scheme shall be the CCG Chief Finance Officer and the Head of Finance (Adults, Public Health and Housing) for RMBC, working in collaboration.

10.2 The fund managers shall jointly agree appropriate use of the fund in line with the objectives of the scheme, and ensure the scheme is appropriately transacted.

10.3 Using the governance framework set out below, all partners will monitor the BCF plan effectively ensuring plans are delivered through each scheme.

10.4 The CCG and RMBC have co-terminus boundaries which supports the delivery of good governance. The BCF plan was produced through effective governance mechanisms which have been reviewed and updated to facilitate the implementation and delivery of the BCF plan.

10.5 These mechanisms are known and agreed with all partners within the health and social care sector in Rotherham, and there is a commitment from all, including TRFT and RDaSH to work within the governance framework.

10.6 **Governance Framework**

The Health and Wellbeing Board will have overall accountability for the delivery of BCF plan, and for the operation of the delivery of this Section 75 Partnership Framework Agreement they will:

- monitor performance against the BCF Metrics (National/Local) and receive exception reports on the BCF action plan;
- agree the Better Care Fund Commissioning Plan;
- agree decisions on commissioning or decommissioning of services, in relation to the BCF.

The framework below demonstrates the decision making structure and how the BCF plan will be delivered.

The management and oversight of the delivery of the BCF plan has been delegated to the BCF Executive Group, chaired by the HWB chair and including senior representatives from both the council and CCG.

The BCF Executive Group is supported by the BCF Operational Group, which is made up of the identified lead officers for each of the BCF actions within the plan, plus other supporting officers from the Council and CCG. The BCF Operational Group meets on a quarterly basis and reports directly to the BCF Executive Group.

10.7 **BCF Executive Support**

The BCF Executive Group and BCF Operational Group will be supported by officers from the Partners from time to time.

10.8 **Meetings**

The BCF Executive Group will meet quarterly at a time to be agreed within 30 days following receipt of each quarterly report from each Pooled Fund Manager.

The quorum for meetings of the BCF Executive Group shall be a minimum of one representative from each of the Partner organisations with a minimum of two members of the group present.

The BCF Operational Group meets on a quarterly basis. Quorum for these meetings will be a minimum of four representatives from each of the schemes with at least two representatives from each organisation present

Where a Partner is not present and has not given prior written notification of its intended position on a matter to be discussed, then those present may not make or record commitments on behalf of that Partner in any way.

Minutes of all decisions shall be kept and copied to the Authorised Officers within seven (7) days of every meeting.

10.9 **Delegated Authority**

The BCF Executive Group is authorised within the limits of delegated authority for its members (which is received through their respective organisation's own financial scheme of delegation) to:

- authorise commitments which exceed or are reasonably likely to lead to exceeding the contributions of the Partners to any Pooled Fund subject to the agreement of the Chief Finance Officer of the CCG and the Strategic Director of Finance and Customer Services of the Council; and

- authorise a Lead Commissioner to enter into any contract for services necessary for the provision of Services under an Individual Scheme

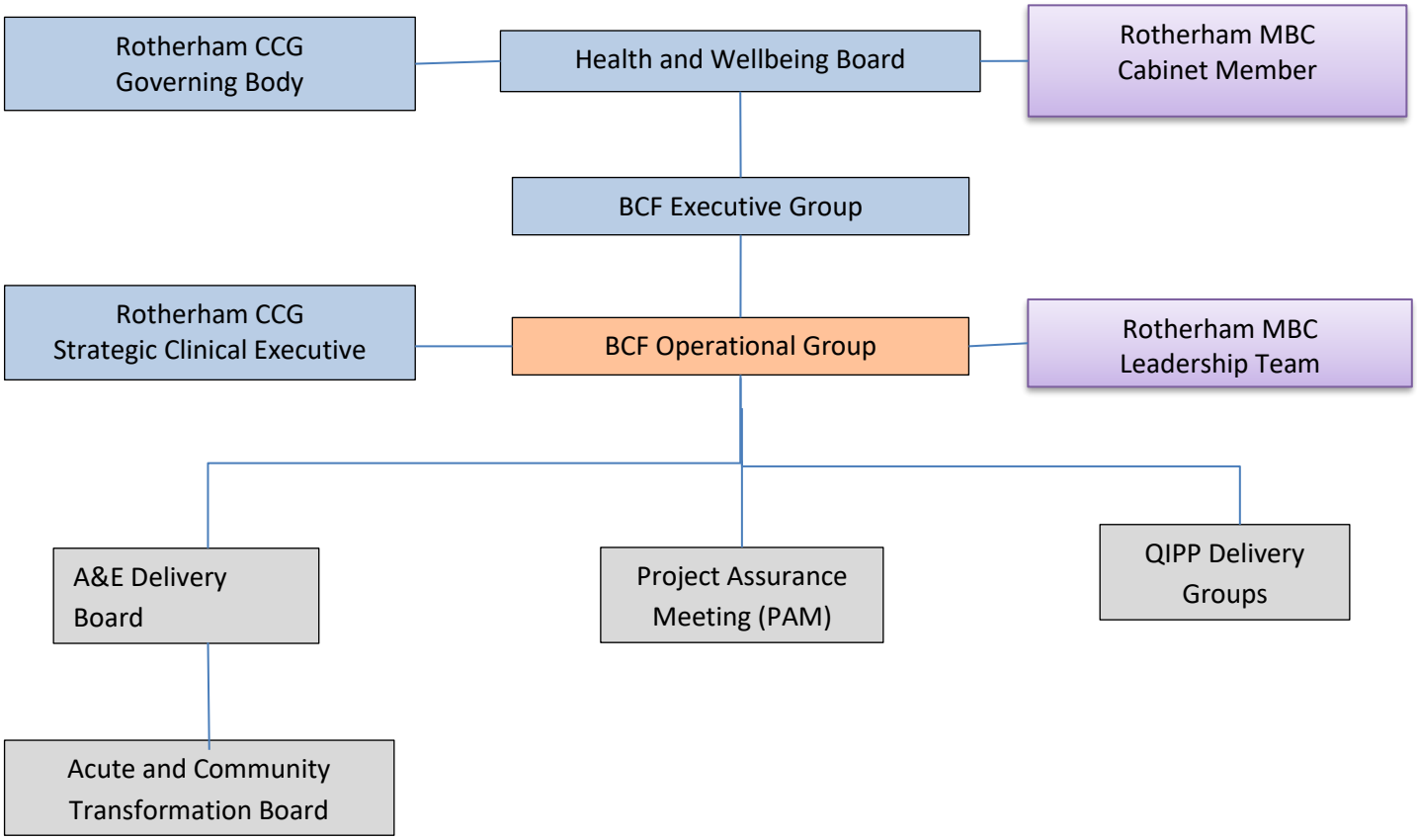
10.10 **Information and Reports**

Each Pooled Fund Manager shall supply to the BCF Executive Group on a Quarterly basis the financial and activity information as required under the Agreement.

10.11 **Post-Termination**

The BCF Executive Group shall continue to operate in accordance with this Schedule following any termination of this Agreement but shall endeavour to ensure that the benefits of any contracts are received by the Partners in the same proportions as their respective contributions at that time.

10.12 **BCF Governance - Reporting Structure**



ROTHERHAM METROPOLITAN BOROUGH COUNCIL ADULT CARE, HOUSING AND PUBLIC HEALTH

ROTHERHAM CLINICAL COMMISSIONING GROUP BETTER CARE FUND (BCF)

BCF EXECUTIVE GROUP

Purpose of the Executive Group
The purpose of the BCF Executive Group is to take responsibility for the delivery of the Better Care Fund plan for Rotherham; the strategic operation and delivery of the Framework Partnership Agreement; and to make recommendations for the strategic direction and management of the Better Care Fund to the Health and Wellbeing Board (HWB).

Functions of the Executive Group

- Take responsibility for the fund's feasibility, business plan and achievement of outcomes;
- Defining and realising benefits and budgetary strategy
- Monitor delivery of the Better Care Plan through quarterly meetings
- Ensure performance targets are being met
- Ensure schemes are being delivered and additional action put in place where the plan results in unintended consequences
- Undertake an annual review ("**Annual Review**") of the operation of this Agreement
- Undertake or arrange to be undertaken a review of each Pooled Fund, Non Pooled Fund and Aligned Fund and the provision of the Services within 3 Months of the end of each Financial Year.
- Arrange or oversee the production of a joint annual report- to be presented to the Executive Group within 20 Working Days of the presentation of the annual review ensure the fund's scope aligns with the requirements of the stakeholder groups;
- Address any issue that has major implications for the fund;
- Keep the fund scope under control as emergent issues force changes to be considered;
- Reconcile differences in opinion and approach, and resolve disputes arising from them;
- Report quarterly to HWB, and
- Take responsibility for any corporate issues associated with the fund.

In the event that the Partners fail to meet the requirements of the Better Care Fund Plan and NHS England the Partners shall provide full co-operation with NHS England to agree a recovery plan.

The role of the individual members of the BCF Executive Group Fund Board includes:

- Understand the strategic implications and outcomes of initiatives being pursued through fund outputs;
- Appreciate the significance of the fund for stakeholders and ensure the requirements of stakeholders are met by the fund's outputs;
- Be an advocate for the fund's outcomes;
- Have a broad understanding of fund management issues and the approach being adopted;
- Help balance conflicting priorities and resources;
- Review the progress of the fund;
- Check adherence of fund activities to standards of best practice, both within the organisation and in a wider context.
- To ensure the customer journeys/experience are delivering increased customer satisfaction as shown by the delivery of the measures, i-statements and the plan.

Chair
The meeting will be co-chaired by the respective Accountable Officers.

Membership of the Executive Group
Elected Member
CCG Chief Officer
CCG Chief Finance Officer
CCG Deputy Chief Officer
CCG Assistant Chief Officer
RCCG/RMBC (Joint) Head of Adult Commissioning
RMBC/RCCG (Joint) Strategic Commissioning Manager
RMBC Chief Executive
RMBC Head of Finance (Adults , Public Health and Housing)
RMBC Strategic Director of Adult Care, Housing and Public Health (DASS)

RMBC Assistant Director, Strategic Commissioning RMBC Director of Public Health Both parties will call in relevant officers for specific topics where required and a standing invitation will be made to Public Health Director to attend.

Quorate
One representative from each of the organisations, with a minimum of two members present

Frequency of Meetings
Quarterly

Co-ordination of Meetings
Strategic Commissioning Manager, RMBC/RCCG will co-ordinate.

Governance
The group will report to the HWB.

Key Deliverables
• Ensure that the financial reporting framework is adhered to. • To be responsible for maintaining the risk register and ensuring risk mitigation plans are in place. • Recommend actions and deliver reports to the HWB, LGA and NHSE.

ROTHERHAM METROPOLITAN BOROUGH COUNCIL ADULT CARE, HOUSING AND PUBLIC HEALTH

ROTHERHAM CLINICAL COMMISSIONING GROUP

BETTER CARE FUND (BCF) OPERATIONAL GROUP

Purpose of the Group
To oversee the delivery of the Better Care Fund Plan for Rotherham, making recommendations to the Better Care Fund Executive Group to ensure effective action and implementation of the plan

Functions of the Group
• To provide the forum for BCF accountable operational leads to co-ordinate the delivery of the BCF Performance Measures and BCF Action Plan. • To ensure that effective performance management of the BCF Performance Measures takes place and where performance is not meeting targets appropriate and timely action is taken. • To ensure the effective delivery of the BCF action plan at operational level and allow for necessary operational partnership discussions to take place to meet the outcomes of the plan. • To ensure that the accountable leads of the BCF performance measures and the BCF action plan are collectively discussing their progress and key actions. • To identify the areas which need to be reported on progress and performance by exception to the BCF Executive Group. • To ensure the BCF conditions are met. • To co-ordinate partner activity within the BCF Plan, ensuring that all elements of the plan are linked together to deliver positive outcomes. • To ensure the Rotherham BCF Scorecard is updated on a monthly basis. To review risk and to oversee the implementation of mitigating action plans. • To ensure the customer journeys/experience are delivering increased customer satisfaction as shown by the delivery of the measures, i-statements and the plan.
Chair
The meeting will be co-chaired by the CCG Chief Finance Officer and the Strategic Director of Adult Care, Housing and Public Health

Membership of Group
RCCG Chief Finance Officer RCCG Assistant Chief Officer RCCG Performance and Intelligence Manager RCCG/RMBC (Joint) Head of Adult Commissioning RMBC/RCCG (Joint) Strategic Commissioning Manager RMBC Public Health Principal RMBC Finance Manager (Adult Social Care, Housing and Public Health) RMBC Assistant Director, Independent Living and Support RMBC Assistant Director, Strategic Commissioning RMBC Performance Manager Both parties will call in relevant officers for specific topics where required

Quoracy
Two representatives from each of the organisations

Frequency of Meetings
Quarterly

Co-ordination of Meetings
Strategic Commissioning Manager, RMBC/RCCG will coordinate.

Governance
Each organisation maintains accountability for service specific operational delivery. The group will report to the BCF Executive Group. This does not replace existing performance management and accountability mechanisms, but will provide a specific focus and bring coordination to the BCF targets and actions.

Key Deliverables
• Maintain financial reporting framework. • Maintain a risk register appropriate to the level of group operation. • Coordinate the completion of reports for the Health and Wellbeing Board and the Department of Health

11. INTEGRATED PROVIDER PERFORMANCE MANAGEMENT FRAMEWORK

11.1 Purpose

To ensure that Partners adopt an integrated performance management framework in order to plan, deliver, review and act on relevant information to commission improved outcomes for the people of Rotherham. It is the expectation that the Lead for each BCF Scheme will be responsible for ensuring this framework will be completed for each scheme.

The BCF Executive, supported by the BCF Operational Group will be responsible for ensuring the performance management framework for the BCF programme is in place, updates produced, and reports compiled for NHS England and the Health and Well Being Board.

11.2 Definition

For the purposes of this Schedule, “performance management” shall mean the overall process that integrates planning, action, monitoring and review and shall incorporate the following:

- Identifying the aim, (e.g. purpose, mission, corporate aims, strategic goals etc.) and the action required to meet the aim (e.g. business plan, project plan, etc.);
- Identifying priorities and ensuring there are sufficient resources to meet them;
- Monitoring performance of any commissioned provider or voluntary organisation;
- Reviewing progress, detecting problems and taking action to ensure the aim is achieved;
- Determining which services should be delivered; benchmarking performance against an agreed and transparent set of measures.

11.3 Outline Framework

The performance management framework should incorporate three processes in relation to joint commissioning, i.e. Business Planning, Reporting and Review and Performance Improvement.

11.4 Commissioning Business Planning Process

This process consists of integrated commissioning plans, which should set out:

- strategic objectives and key performance measures for 2021/22
- the commissioning intentions for the strategic objectives and
- the timescales for achievement.

Contracts with service providers that state how performance shall be monitored, reported and reviewed will also be required.

11.5 Reporting and Review Process

This will involve monitoring overall progress against:

- delivery of the strategic objectives in the integrated commissioning plans,
- delivery of the contracts as detailed in Schedule 4
- identifying the reasons for any under-performance of service providers.

11.6 Performance Improvement Process

To ensure action is taken where the continuation of current performance would lead to an outcome/target not being met.

The application of a range of tools and techniques to improve overall performance.

11.7 Commissioning Plan

The Partners shall agree an Integrated Commissioning Plan for each Service by 1 April each year. This will set out the “direction of travel” and the shared commissioning intentions for the development of the Services The plans shall be agreed by the Partners.

11.8 Contracts with Service Providers

The lead commissioner shall be required to agree a contract with each third party provider regarding the outcomes they are to deliver.

Contracts with third party providers should:

- Take account of the requirements of the relevant current plans of the respective partners and the actions agreed in response to external review;
- Include a requirement that the service provider develop a detailed service plan, which covers how the provider intends to achieve the said outcomes and the risk associated with not achieving them.
- Require the provider to regularly measure progress against achieving the outcomes and to report this to the Host Partner at a frequency to be agreed

- Require the provider to provide an improvement plan in the case of significant under or over performance.
- Include a process whereby outcomes may be added/removed as a result of changing needs.

11.9 Reporting and Review Process

Regular meetings should be held between the Host Partner and the service provider to review the latter's performance.

The Host Partner shall monitor services having regard to national, regional and local key performance indicators, including:

- Performance assessment framework indicators
- National performance indicators
- Audit and inspection recommendations
- Self-assessment Statement actions
- Relevant operational plan indicators
- NHS clinical commissioning board targets
- Relevant core and Care Quality Commission standards
- Patient and Customer feedback

11.10 Performance Reporting and Review of the Section 75 Agreement

The pooled fund manager will be responsible for producing quarterly reports to the BCF Executive Group and Health and Wellbeing Board on a quarterly basis.

The pooled fund manager will be responsible for producing an annual report to the BCF Executive Group and Health and Wellbeing Board.

The BCF Executive Group will be responsible for ensuring the timeline to ensure the data is collected, reported, authorised by the health and wellbeing Board, and submitted to the NHS England on their specified reporting dates, these being one day after the dates specified in section 9.1.

11.11Rotherham CCG / RMBC BCF Metrics:

As part of the Better Care Fund plan, the national metrics will be monitored by Rotherham MBC and Rotherham CCG. The national metrics include some changes for 2021/22. The metrics included for 2021/22 are as follows.

Unplanned hospitalisation for chronic ambulatory care sensitive conditions.

- Percentage of in patients, who have been an inpatient in an acute hospital for 14 days or more and 21 days or more.

- Percentage of people, who are discharged from acute hospital to their normal place of residence.
- Admissions to residential and care homes.
- Effectiveness of reablement

The metrics relating to non-elective admissions and delayed transfers of care are no longer included.

Metric descriptions are below. The SUS metric descriptions have been amended by the national team since the original guidance was published. These metrics will be monitored based on the updated guidance on the NHS Futures site.

Table 4 – BCF Metrics Definitions

	Metric	Numerator	Denominator
1	Unplanned hospitalisation for chronic ambulatory care sensitive conditions.	Unplanned hospitalisation episodes for chronic ambulatory care sensitive conditions, taken from SUS (Secondary Uses Service).	Mid-year population estimates for England published by the Office for National Statistics (ONS)
2	Percentage of inpatients, who have been an inpatient in an acute hospital for, 14 days or more and 21 days or more.	Number of inpatients staying over 14 or 21 days in an acute setting. Taken from SUS.	Total number of discharged patients from an acute setting. Taken from SUS.
3	Percentage of people, who are discharged from acute hospital to their normal place of residence.	Number of patients discharged to usual place of residence. Taken from SUS.	Total number of discharged patients from an acute setting. Taken from SUS.
4	Admissions to residential and care homes	The sum of the number of council-supported people (aged 65 and over) whose long-term support needs were met by a change of setting to residential and	Size of the older people population in area (aged 65 and over). This should be the appropriate ONS mid-year population estimate or projection

	Metric	Numerator	Denominator
		nursing care during the year. Data from Short- and Long-Term Support (SALT) collected by HSCIC	
5	Effectiveness of reablement	Number of older people discharged from acute or community hospitals to their own home or to a residential home for rehabilitation, with a clear intention that they will move on/back to their own home who are at home 91 days after the date of their discharge from hospital.	Number of older people discharged from acute or community hospitals to their own home or to a residential home for rehabilitation, with a clear intention that they will move back to their own home.

Unplanned hospitalisation for chronic ambulatory care sensitive conditions

An increase is expected in 2021/22 due to a change in recording in response to national guidance. Emergency assessment activity which will include some ACS activity is now included in SUS. The plan is based on maintaining the current position using the first 4 months data of 2021/22. The expansion of Rotherham's local Clinical Assessment Service model is expected to support managing of ambulatory care sensitive admissions. The Care Co-ordination Centre (CCC) is already complimented with Mental Health practitioners with plans to expand this. The plans in 2021-22 to build a community hub model with social care will support preventing hospital admission through out of hospital services.

Percentage of inpatients, who have been an inpatient in an acute hospital for, 14 days or more and 21 days or more

A Position of holding current performance has been planned due to pressure seen during October and the early part of November, which is expected to continue into Q4. Work streams expected to impact this metric include increased resources across Reablement and Rapid Response to support community services (hospital avoidance/effective discharge) and funded brokerage to provide support over the weekend to facilitate hospital discharges. The potential implementation of a discharge to assess community unit with nursing would also support this metric in the future.

Percentage of people, who are discharged from acute hospital to their normal place of residence.

As above maintaining current performance given pressure seen during October and the early part of November, which is expected to continue into Q4, is planned. Current initiatives including a Discharge Doctor on site to support weekends support this metric. The increased capacity within community services to ensure 7 day discharges are facilitated 8am to 8pm and 7 day equipment access will support this metric. The Discharge Action Plan being implemented following the Attain review will also support this metric.

Permanent admissions of older people to residential and nursing care homes (per 100,000)

In order to provide customers with greater independence and choice within a recovery model, admission to 24 hour care is provided only for those people who can no longer be supported to have their needs met by remaining at home in the community. The application of the *Home First* principles underpinning discharge, maximise opportunities for people to return to their homes and community where appropriate.

A challenging stretch performance target for 2020-21 of 30 fewer new admissions was set to achieve service continuous improvement by reducing the number of total admissions to 264 which if achieved would have represented a 10.2% improvement and better national and regional average rates of neighbouring local authorities. The stretch target took account of recent trend analysis and whilst challenging, was considered realistic when considering demographic pressures. At the time of setting the target for 2020-21 the likely impact of the coronavirus pandemic Covid-19 was unknown, but by year end reporting, we had significantly fewer admissions than were expected at 227 admissions, 67 fewer admissions than the 294 in 20/21 and 37 fewer than the stretch target of 264.

National benchmarking figures published October 2021 show that fewer residential admissions were made by Councils in 2020/21. Significantly Rotherham's comparative performance improvement resulting from admitting fewer people at a reduction rate of 131 people (+23.3%) per 100,000 per population was higher than of both regional 105 fewer people (+16%) or the 86 fewer people nationally (+14.7%).

The Service is continuing to support people to remain independent in their own homes as far as possible plus continuing to support hospital discharges, to reduce pressure but this in turn also adds pressure to the social care system. It is expected that some people who may be did not present or require council funding support last year will present in 2021/22 and as result we are likely to see higher new admission rates. This has been evidenced in first two quarters of the year. A target of 314 admissions applicable rate of 584 admissions per 100,000 population has been set and this is equal to the 2019/20 (pre-covid) national average.

Proportion of older (over 65) people still at home 91 days after discharge from hospital into rehabilitation and reablement services

This is an annual measure and collation of data is undertaken during January to March period each year, to track people aged 65 and over, who have been 'offered' (i.e., commenced) the service during the previous October to December period, to identify those who were still at home 91 days following discharge from hospital.

The offer pathway and delivery experience in 2020/21 has been affected due to the urgent need to respond to the Covid-19 pandemic. The traditional mix of 'bed based' intermediate care and reablement in people's own homes, have seen changes to best support the response.

Overall, there has been a small reduction of 2.3% percentage points in 20/21 performance since last year at 70.0%, with 119 people from the 170 still being home 91 days after discharge. National benchmarking figures published October 2021 show that Rotherham's performance fell by -3.2% but this was not as much as was seen at both regional (-5.0%) or nationally (-3.5%).

This retained the broad 7 in 10 people benefitting from the service seen last year. However, the delivery and cohort make up in 2020/21, also reflected, that in order to support timely discharges from hospital the use of commissioned additional bed-based capacity from two additional 24-hour care providers probably included people who presented with more complex needs. The breakdown of the provision shows that 76.6% (85 out of 111) of users were still at home after 91 days from traditional intermediate care and reablement providers but 57.6% (34 out of 59) from the two new 'pathway' providers.

Although, the number of people who used (offered) the service in the sample period (October 20 – December 20), also saw a reduction of approximately 10% with 18 fewer overall from 188 to 170, this is still considerably higher than 2018/19 outturn which had only 132. It will be difficult to assess the impact of all the contributing positive and negative factors, but there would have been some reduced activity; as people chose to not take up the offer of service due to Covid prevalence, considerations and preference during peaks or lock down periods.

The Service had recognised that it may not be able to fully meet the 2020-21stretch target set of 83% as the pandemic impact unfolded during the year.

The coming year will provide an opportunity to see how far the service can 'bounce back' towards matching comparator averages of 76.4% regionally (Y&H) and 79.1% nationally, as it plans for an expected uptick in provision and outcomes and has set a stretch target to increase 20/21 performance by 8 percentage points, to achieve 78% for 2021/22.

12. NON FINANCIAL RESOURCES

Non-financial contributions to the Schemes are confined to current support for joint and integrated commissioning arrangements and will continue with no charges being made to the pooled fund.

13. ASSURANCE AND MONITORING

The Fund Managers will make financial information available quarterly to the BCF Executive and Operational Groups, reporting on performance against the BCF metrics and in each of the 6 Themes listed above.

14. POOLED FUND MANAGER DETAILS

Partner	Lead Officer	Address	Tel. No.	Email Address
CCG	Chief Finance Officer	Oak House Moorhead Way Rotherham S66 1YY	01709 302025	wendy.allott@nhs.net
RMBC	Head of Finance – (Adults, Public Health and Housing)	Riverside House Main Street Rotherham S60 1AE	01709 822098	owen.campbell@rotherham.gov.uk

15. DURATION AND EXIT STRATEGY

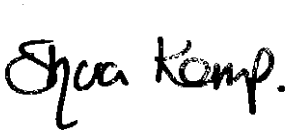
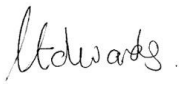
There is no requirement for an exit strategy, over and above each organisation's own strategies.

Responsibility for any debts, liabilities, record-keeping, equipment and contractual arrangements will remain with the relevant Partner.

16. OTHER PROVISIONS

No other provisions.

17. AUTHORISATION

	Rotherham MBC	Rotherham CCG
Signature		
Date of signature	21st December 2021	21st December 2021
Name of signatory (print)	Sharon Kemp	Chris Edwards
Title or role of signatory (print)	Chief Executive	Accountable Officer

Appendix 2A – Detailed BCF Schemes

Better Care Fund Budget 2021-22	Budget 2020-21	Additional Investment	Budget 2021-22
	£'000	£'000	£'000
THEME 1 - Mental Health Services			
Adult Mental Health Liaison	1,186	23	**1,209**
THEME 2 - Rehabilitation & Reablement			
Home Improvement Agency	75	(37)	**38**
Additional Occupational Therapist post	0	30	**30**
Falls Service	468	2	**470**
Home Enabling Services :			
Reablement	1,085	2	**1,087**
Pressures on Domiciliary Care Budgets	756	2	**758**
Community Stroke Service	524	3	**527**
Community Neuro Rehab	161	1	**162**
Breathing Space	1,811	9	**1,820**
Otago	20		**20**
REWS	1,705	3	**1,708**
Community OT	786	2	**788**
Disabled Facilities Grant	3,064	1,723	**4,787**
Age UK Hospital Discharge	158		**158**
Stroke Association Service	50		**50**
Intermediate Care Pool:			
Intermediate Care Therapy(TRFT)	408	1	**409**
Therapy & Nursing cover to support vulnerable patients and Fast Response team	107	1	**108**
Intermediate Care (LH/DC)	1,238	197	**1,435**
Intermediate Care beds (30) - Davies Court	1,452	(413)	**1,039**
Home first	777	4	**781**
Intermediate Care 24 Beds - Althorpe	1,322	7	**1,329**
RDASH Therapies	97		**97**
GP Support - medical cover	53	(17)	**36**
Other Intermediate care (TRFT)	330	2	**332**
Intermediate care Transition (RMBC) - ibcf b/fwd	561	(561)	**0**
THEME 3 - Supporting Social Care			
Direct Payments:			
Direct Payments/ Personal Budgets (Physical Disabilities)	395	1	**396**
Direct Payments (Older People)	525	1	**526**
LD Supported Living	409	1	**410**
Direct Payments (Learning Disabilities)	314	1	**315**
Direct Payment Support	46		**46**

Better Care Fund Budget 2021-22	Budget 2020-21	Additional Investment	Budget 2021-22
	£'000	£'000	£'000
Residential Care			
Mental Health rehabilitation services	209		**209**
Learning Disability Services:			
Learning Disabilities independent sector residential care/Transitional Placements	982	2	**984**
Learning Disabilities Domiciliary Care	37		**37**
Care Act - Older People Direct Payments	500	1	**501**
Care Act - IT (Liquid Logic)	60		**60**
Care Act - LD Domiciliary Care	30		**30**
Care Act - PD Domiciliary Care	60		**60**
Care Act - OP Domiciliary Care	10		**10**
Care Act - DoLs	40		**40**
THEME 4 - Care Mgt & intergrated Care Planning			
GP Case Management	1,372	108	**1,480**
Care Home Support Service	282	1	**283**
Hospice - End of Life care	829	11	**840**
Social Prescribing	776	1	**777**
Social Work Support (A&E, Case management, Supported Discharge):			
Single Point of Access	100		**100**
Fast Response Twilight Service (TRFT)	60		**60**
Fast response Nursing team(TRFT)	60		**60**
Supported Discharge Pathways Team	432	1	**433**
Early Planning Team	230		**230**
Mental Health Crisis Team	36		**36**
Care Co-ordination Centre	808	4	**812**
THEME 5 - Supporting Carers			
Carers Support Service:			
Early Planning Team	237		**237**
Carers Emergency Service	78		**78**
Direct Payments (Older People)	250	1	**251**
Carers Centre	35		**35**
Crossroads	50		**50**
THEME 6 - Infrastructure			
Joint Commissioning Team	49		**49**
IT to support Comm Trans	192		**192**
RISK POOL			
Risk pool	500		**500**

Better Care Fund Budget 2021-22	Budget 2020-21	Additional Investment	Budget 2021-22
	£'000	£'000	£'000
Improved Better Care Fund			
Adaptation of Liquid Logic to support care pathways	88		**88**
Rotherham System Wide Escalation Management Tool	70	(70)	**0**
Head of Service for Adult Care, Operations, Integration and Transformation	92	(92)	**0**
RMBC / TRFT joint partnership provider lead post	8	(8)	**0**
Rotherham Place DTOC Project Manager, to manage and oversee implementation of the agreed DToC action Plan	80		**80**
Age Uk 'Back to Home'	20	(20)	**0**
Health Inequalities	0	90	**90**
Trusted Assessor	70		**70**
Social Care Sustainability	7,244		**7,244**
Engagement with the independent sector providers in respect of fee increases due to increase in NLW	4,225		**4,225**
Changes to HMRC in relation to sleep in arrangements - impact on LD provider fees	553		**553**
External Shared Lives support/Supporting LD transformation	200		**200**
Advice and Guidance VCS support - SPA	50		**50**
Social Isolation	10	(10)	**0**
Speak up	0	50	**50**
Additional Legal Support Costs	0	60	**60**
Attain	0	300	**300**
My Front Door	0	350	**350**
Winter Pressures/Population Health			
Re-ablement capacity to commission additional hours during winter	100	(100)	**0**
Tactical Brokerage	110		**110**
Resource for Winter Bed Capacity	500		**500**
Intermediate Care Pathway triage - double running costs	200	(200)	**0**
Integrated Discharge Team	358		**358**
Mental Health Transformation	77	(77)	**0**
Targeted Review Team		377	**377**
Reablement		521	**521**
IDT		289	**289**
Additional Winter Capacity		151	**151**
Spot purchase reablement beds	90	17	**107**
Perform Plus	45		**45**
Additional OT capacity - extension of contract in SPA	25	(25)	**0**
Digital Lead Project Manager	61		**61**
Commissioning - Brokerage support	123	(123)	**0**
LD Transformation (Attain replacement)	80	(80)	**0**
In-house transition support	24	(24)	**0**
Double Handling - IMC beds at Davies Court	0	100	**100**
Additional Winter capacity	0	100	**100**
Reablement - 2 posts	0	87	**87**
IDEA Small Grants - Assessment & Review Co-ordinator	0	15	**15**
GRAND TOTAL	***42,690***	***2,796***	***45,486***