BRIEFING	**TO:**	Health and Wellbeing Board
	DATE:	28th June 2023
	LEAD OFFICER	Steph Watt Joint Head of Adult Commissioning (Rotherham Place) E-mail: steph.watt@nhs.net
	TITLE:	BCF Year End Template 2022/23

Background

1.1 The purpose of this report is to note the content of the BCF Year End Template report to NHS England regarding the performance of Rotherham's Better Care Fund and Improved Better Care Fund in 2022/23.

1.2 The overall delivery of the Better Care Fund continues to have a positive impact and improves joint working between health and social care in Rotherham

Key Issues

2.1 The BCF Year End template for 2022/23 covers reporting on: national conditions, metrics, income and expenditure, year-end feedback and the use of the Adult Social Care Discharge Fund.

Below is a summary of information included within the BCF submission:

2.2 **National Conditions**

There is a total of 4 national conditions for 2022/23 which continue to be met through the delivery of the plan as follows:

- That a plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled budget governed under Section 75 of the NHS Act 2006.
- That the planned contribution to social care from the NHS minimum contribution is agreed in line with the BCF policy.
- That the agreement to invest in NHS commissioned out of hospital services is in place.
- That there is a plan in place for improving outcomes for people being discharged from hospital.

2.3 **BCF Metrics**

There is a total of four BCF metrics within the BCF Year End Template for 2022/23 which measures the impact of the plan as follows:

Avoidable Admissions - Unplanned hospitalisation for chronic ambulatory care sensitive conditions – Not on track to meet target**. Challenges and any support needs** - There have been higher levels of ACS admissions than planned during 22/23. This was particularly due to higher levels seen in Q3 and expected to be seen for Q4. This mirrors system pressures including challenges in primary care capacity related to high levels of attendances for conditions such as children's respiratory, covid, flu and strep A. **Achievements** - Q2 showed a positive position below plan.

Discharge to normal place of residence - Percentage of people who are discharged from acute hospital to their normal place of residence – On track to meet target. **Challenges /**

Achievements - February performance based on the BCF SUS data pack was 94%, above the planned level.

Residential Care Admissions – Rate of permanent admissions to residential care per 100,000 population (65+) – On track to meet target. **Challenges** - The Council acknowledges that further work is required to achieve a stepped reduction in placements and our plans will be monitored in year to support delivery of improvement. **Achievements** - Despite increased demand and admissions at the start of the year successful actions have been taken, which reduced the overall year end projections to within service targets. These will continue in 2023/24.

Reablement – Proportion of Older People (65 years and over) who are still at home 91 days after discharge from hospital into reablement / rehabilitation services (bed base and at home) – Not on track to meet target. **Challenges** - The impact of both increased numbers will be monitored being offered reablement in our bed base but also the challenge in maintaining the effectiveness rate due to the increased complexity of people accessing the service. **Achievements** - Increased numbers being supported by the service.

Income and Expenditure

2.4

The total BCF planned expenditure for 2022/23 was £46.483m (excluding ICB and LA Discharge funding) compared with the actual expenditure of £41.319m, resulting in an overall underspend of £5.164m. This is mainly due to slippage in delivery of approved schemes under the Disabled Facilities Grant and planned activity within the iBCF funding. The underspend will be carried forward into 2023/24 to meet the continued pressures facing both health and adult social care.

Adult Social Care Discharge Fund

2.5

Rotherham Council has been allocated £1.121 million and £1.652 million to South Yorkshire ICB (Rotherham Place), amounting to a total of £2.773 million of funding for Rotherham Place partners over the winter period.

The purpose of the fund is to support timely and safe discharge from hospital into the community by reducing the number of people delayed in hospital awaiting social care over the winter period. The majority of the funding has been used to support a 'home first' approach and discharge to assess (D2A) model of provision.

Funding has been used to increase additional or redeployed capacity of the workforce, improve retention of the workforce, assistive technology and equipment, re-ablement in a person's own home, bed based intermediate care services, short-term placements in residential care and administration costs.

The use of both elements of this funding has been agreed and fully spent by both partner organisations during the period 13th December 2022 to 31st March 2023.

Year End Feedback

2.6

The overall delivery of BCF has improved joint working between health and social care in Rotherham. Place partners continue to work closely together to support a system wide approach. The Integrated Health and Social Care Place Plan and BCF Plan is closely aligned with shared key priorities including integrated working for discharge to assess, intermediate care and enhanced support for care homes. The IBCF is used at Place to support system priorities including winter planning and surge planning. There are transformational joint posts in place, funded through the IBCF, to support implementation of ICP priorities. A joint approach to the allocation of discharge monies has enabled key system issues to be targeted and addressed and new ways of working trialled. This continues to increase collaboration between providers forged through commissioning relationships. Examples include development of a hybrid health and social care support worker role to work flexibly across admission avoidance and discharge pathways and our community services supporting the Council in providing services to carers where the independent sector have struggled to recruit.

	Our BCF schemes were implemented as planned in 2022/23. Expansion of bed base including winter pressures and surge beds have been in place to support winter planning in 2022/23. Work is ongoing to achieve the key priorities within the BCF and Integrated Health and Social Care Place Plan. The delivery of the BCF Plan in 2022-23 has had a positive impact on the integration of health and social care in Rotherham. Investment in services such as the Integrated Health and Social Care Discharge Teams, Community Hub, Integrated Rapid Response and Intermediate Care and Reablement teams has had a positive impact on the (Length of Stay) LOS in the Trust and those with No Right to Reside, albeit the challenges of Covid 19 and on going system pressures has meant performance has fluctuated. Key success through strong, system wide governance and systems leadership has been achieved. Governance and partnership arrangements have been re-aligned in the light of the formation of the South Yorkshire Integrated Care Board. Chief Executive Officers and senior officers from all partners provide strategic leadership which continues to strengthen existing excellent relationships, setting the ambition, spirit and culture by which partners work together to achieve the best for Rotherham. Strong governance and wider partnership engagement has informed the robust structure in the continued implementation of the Place Plan and provided an excellent foundation for development of an integrated strategic and operational response. This includes weekly Urgent and Emergency operational partner meetings for escalation and resolution of challenges and working together to identify and develop system solutions and partner executive meetings to support dealing with challenges as they arise (for admission avoidance/effective flow in acute/managing winter pressures and surge). Key success through joint commissioning of health and social care has been achieved. An Integrated Discharge Service Lead currently manages the Integrated Discharge Team which contributes to enabling the majority of patients being discharged home. An enhanced single digital referral process is in place which ensures a consistent approach to discharge of complex patients. Members of the team are now co-located with the acute site team (including a dedicated social worker in the emergency department), the community urgent response team and the community bed bases. This has led to positive outcomes of reducing long lengths of stay and people with no right to reside from hospital and the community bed base, reduced admissions and re-admissions to hospital and reduced the number of admissions to residential and nursing care. Through a joint Executive Discharge Lead and Capacity Manager significant progress has been made to develop robust escalation channels and shared information for strategic and operational decision making as well as national reporting. **Challenges** - Adult Social Care faces an increase in demand for services with an ageing population. Data from Census 2021 shows that the number of people aged over 80 years has increased by 16%. 25.8% of people are aged 60 years and over, an increase of 11.5% in the last 10 years. 23.2% confirmed they are disabled, 8% of people confirmed they are in bad or very bad health, 13.3% of older people are living on their own and 13% of people are providing unpaid care. As a result of the pandemic we are seeing people with higher levels of acuity, dependency and complexity. People are leaving hospital at a lower base line. Rising demand and the cost of living crisis is placing additional pressure on existing budgets, in particular direct payments, domiciliary and residential care. The increased costs of staffing alongside significant increases in fuel, cost of living, food, insurance and inflationary costs is also placing additional financial pressures for independent care providers which is having an impact on the sustainability of both the domiciliary care and residential and nursing care market, particularly nursing EMI. The care market now offers the Real Living Wage to carers. **Challenges** – The Adult Social Care Discharge Fund has provided additional funding to support discharge home though a home first/discharge to assess model of provision. A Fair Cost of Care Exercise and Market Sustainability Plan exercise has been carried out in 2022/23 to provide a sustainable market. The launch of the Provider Assessment and Market Management Solution (PAMMS) which is an on-line commissioning toolkit to support market shaping and oversight responsibilities and assesses the quality of care delivered by providers has been well embedded during 2022/23. This ensures better data collection, analysis and reporting to increase care quality and mitigate risks of provider failure. Adult social care providers have completed their QA self-assessments during 2022/23.

Key Actions and Relevant Timelines	
3.1	The BCF Year End Template for 2022/23 has now been submitted to NHS England on 23rd May 2023.
Implications for Health Inequalities	
4.1	Addressing health inequalities is integral to the allocation of BCF resource and funded schemes. This includes contributing to achieving the strategic aims of developing healthy lifestyles and prevention pathways, supporting prevention and early diagnosis of chronic conditions and targeting variation. BCF funded schemes which reduce health inequalities include social prescribing, Breathing Space and project support for the implementation of Population Health Management (PHM) priorities.
Recommendations	
5.1	**That the Health and Wellbeing Board notes the:** **(i) Documentation which has been submitted to NHS England (NHSE) on 23rd May 2023.**