

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 (2020-21) 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 **£31.511m** for Theme 2 Rehabilitation, Reablement and to include the Improved Better Care Fund (iBCF) and Winter Pressures funding.

Pool 2; Hosted by the CCG; Value of **£11.179m** 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 WITHIN 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 2020/21 will be **£23.222m** and the Council's base contribution, including the Improved Better Care Fund (iBCF) and Winter Pressures funding, will be **£19.468m** as per the table below:

BCF Budget 2020/21	2020/21 INVESTMENT			2020/21 SPLIT BY POOL	
BCF Investment	RCCG SHARE	RMBC SHARE	Total	Pool 1 RMBC Hosted	Pool 2 RCCG Hosted
THEME 1 - Mental Health Services	1,186		1,186		1,186
THEME 2 - Rehabilitation & Reablement	11,645	5,363	17,008	17,008	
THEME 3 - Supporting Social Care	3,617		3,617		3,617
THEME 4 - Care Mgt & Integrated Care Planning	4,985		4,985		4,985
THEME 5 - Supporting Carers	600	50	650		650
THEME 6 - Infrastructure	241		241		241
Risk Pool	500		500		500
Improved Better Care Fund		12,710	12,710	12,710	
Winter Pressures		1,345	1,345	1,345	
Population Health	448		448	448	
TOTAL	23,222	19,468	42,690	31,511	11,179

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 overspend in the pooled funds shall be subject to the risk share agreement (Section 8) in the first instance. If all appropriate options in this agreement have been explored it will need to be jointly agreed with the Chief Finance Officer of the CCG and the Strategic Director of Finance and Customer Services of the Council that the overspend be borne in equal shares and may, subject to any national conditions applying in any subsequent year, be deducted from the following year's contribution of both the CCG and the Council to the Pooled Fund.

- 6.5 Any underspending in one year will be refunded to each partner based on percentage contribution to the pooled budget, subject always to the powers of the parties to make grants to each other outside the terms of this agreement.
- 6.6 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.
- 6.7 The BCF includes the Improved Better Care Funding of £12.710m for 2020/21 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 2019-20 & 20-21 Better Care Fund Policy Framework and Planning Requirements.

- 6.8 Also included within the BCF is Winter Pressures revenue grant funding 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 be delayed, with the appropriate social care support in place, and which help promote people's independence
- 6.9 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 to the scheme commissioner pro rata to the proportion of that scheme commissioned. 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 that scheme commissioned, subject to the maximum level of funding each partner contributes to the pool 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 Over 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 within budget lines to be proposed in year which can utilise the resources in year.

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 - Adult Social Care, Housing and Public Health 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 (this may be via virtual communication) at a time to be agreed within 30 days following receipt of each quarterly report from each Pooled Fund Manager.

The quorum for meetings should they take place in person or via Microsoft Teams/Zoom 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 same principle should apply regarding agreement virtually via email.

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. This meeting may also take place virtually via Microsoft Teams/Zoom, with the same Quorate principles applying.

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 (applies to both virtual and face to face meetings).

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 the aggregate 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

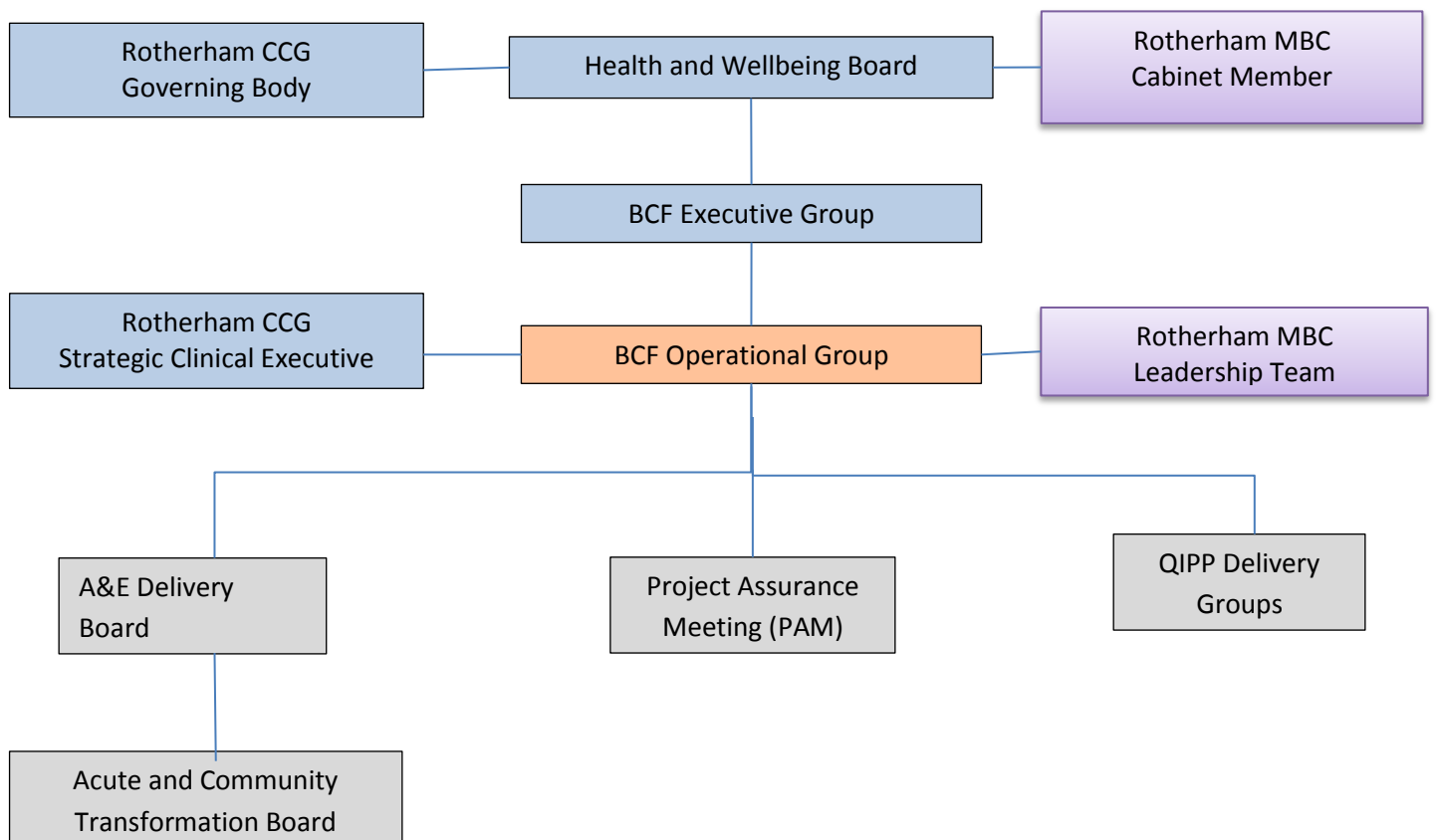
10.10 Information and Reports

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 where this takes place face to face or virtually via Microsoft Teams/Zoom will be co-chaired by the respective Accountable Officer and Cabinet Member for Public Health and Adult Social Care. The Executive Group may agree reports via email where appropriate.

Membership of the Executive Group

Cabinet Member for Public Health and Adult Social Care

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 (Adult Social Care, housing and Public Health)

RMBC 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 for face to face or virtual meetings.

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 17/18
- 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.

11.11 Rotherham CCG / RMBC BCF Metrics:

Rotherham CCG / RMBC BCF Metrics:

As part of the Better Care Fund Plan we will measure against the national metrics and Rotherham's agreed local metrics. The BCF Policy Framework establishes that the national metrics will continue as they were set out for 2019/20. In summary these are:

- Non-elective admissions (General and Acute)
- Admissions to residential and care homes
- Effectiveness of reablement

The Delayed Transfers of Care (DToC) has now been removed from the National Requirement due to the new discharge guidance published during the Covid Pandemic.

The detailed definition of the non-elective admissions (NEA) metric is set out in the Planning Round Technical Definitions. The level of non-elective activity which BCF plans seek to avoid, in addition to reductions already included within the calculation of CCG operating plan figures, are clearly identified in the BCF planning return. The detailed definitions of the other three metrics are set out in Table 4

Table 4 – BCF Metrics Definitions

Metric	Numerator	Denominator
2 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 nursing care during the year. Data from Short- and Long-Term Support (SALT) collected by HSCIC	Size of the older people population in area (aged 65 and over). This should be the appropriate ONS mid-year population estimate or projection
3 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.

Non-elective hospital admissions – The plan illustrated (within the BCF planning template) is the affordable level of non-elective admissions reflected in CCG contracts. The plan is a composite of shares of all the CCG’s plans covered by the

HWB area. The definitions and shares used for this target are set nationally by the BCF programme.

The Rotherham CCG plan for non-elective admissions is built up from growth assumptions produced by analysing local data on previous trends and from the planned impact of relevant quality improvement and targeted intervention programmes which are all established.

Key schemes for 2020/21 include the on-going implementation of an integrated Intermediate Care and Reablement Pathway, interventions in mental health liaison, ambulatory care, social prescribing, case management in risk stratified patients, integrated locality working and Hospice at Home services.

Non-elective activity and the impact of these schemes are monitored through a number of contractual processes and meetings.

No additional reductions have been planned in as part of BCF as the broader non elective plan already encompasses the key schemes impacting non elective admissions.

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. Final year end (published December 2020) admissions data for 2019-20 demonstrated an improvement in overall rate of 562 per 100,000 population, although a small rise of 2 admissions with 294 admissions in year when compared with previous year admissions of 292 (or a rate of 565) in 2018-19.

A repeat challenge of the 2019/20 target of 264 admissions (or a rate of 505) has been agreed for 2020/21.

The service continues mitigating the short stay risk by ensuring that officers explore alternative options and that these are only used in exceptional circumstances. The application of the *Home First* principles underpinning discharge, maximise opportunities for people to return to their homes and community where appropriate. The target takes account of recent trend analysis and is realistic when considering demographic pressures.

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 service users 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.

Performance for 2019/20 has seen a significant fall on the previous year (2018/19, 85.6%) to 72.3% against a target of 86%. Although proportion at home at 91 days declined, the service recognises that 2019/20 changes to the reablement cohort (offering service to people with more complex needs and younger than 65 years) and operating pathways, impacted more than estimated in terms of those people still at home a significant increase in the proportion offered the service improved from 1.6% to 2.1% and is now (2020-21) just below regional and national averages of 2.4% and 2.6% respectively.

A recovery target of above regional and national averages of 83% has been agreed for 2020/21 and data will be collected using the same criteria adopted in previous years.

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.

13. POOLED FUND MANAGER DETAILS

Partner	Lead Officer	Address	Telephone Number	Email Address
CCG	Chief Finance Officer	Oak House, Moorhead Way, Rotherham S66 1YY	01709 302025	Wendy.allott@nhs.net
RMBC	Head of Finance - Adult Social Care, Housing and Public Health	Riverside House, Main Street, Rotherham S60 1AE	01709 382121	Owen.campbell@rotherham.gov.uk

14. 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.

15. OTHER PROVISIONS

No other provisions.

16. AUTHORISATION

	Rotherham MBC	Rotherham CCG
Signature		
Date of signature		
Name of signatory (print)		
Title or role of signatory (print)		

Better Care Fund Budget 2020-21	Budget 2019-20	Additional Investment	Budget 2020-21
	£'000	£'000	£'000
THEME 1 - Mental Health Services			
Adult Mental Health Liaison	1,169	17	1,186
THEME 2 - Rehabilitation & Reablement			
Home Improvement Agency	75		75
Falls Service	462	6	468
Home Enabling Services :			
Reablement	1,085		1,085
Pressures on Domiciliary Care Budgets	756		756
Community Stroke Service	192	332	524
Community Neuro Rehab	159	2	161
Breathing Space	2,440	(629)	1,811
Expert Patient Programme	50	(50)	0
Otago	20		20
REWS	1,715	(10)	1,705
Community OT	786		786
Disabled Facilities Grant	2,700	364	3,064
Age UK Hospital Discharge	158		158
Stroke Association Service	50		50
Intermediate Care Pool:			
Intermediate Care Therapy(TRFT)	374	34	408
Therapy & Nursing cover to support vulnerable patients and Fast Response team	285	(178)	107
Increase residential capacity by 8 beds (Lord Hardy Court)	228	(228)	0
Intermediate Care Independent spot beds	30	(30)	0
Further Investment into Intermediate Care (LH/DC)	560	(560)	0
Intermediate Care (LH/DC)	2,916	(1,678)	1,238
Interim Care beds (Lord Hardy Court)	100	(100)	0
Short Term Residential/ Respite care for older people to avoid hospital admission or speed up discharge (Davies Court).	115	(115)	0
Intermediate Care beds (30) - Davies Court	0	1,452	1,452
Home first	0	777	777
Intermediate Care 24 Beds - Althorpe	0	1,322	1,322
RDASH Therapies	0	97	97
GP Support - medical cover	0	53	53
Other Intermediate care (TRFT)	0	330	330
Intermediate care Transition (RMBC) - ibcf b/fwd	0	561	561
THEME 3 - Supporting Social Care			
Direct Payments:			
Direct Payments/ Personal Budgets (Physical Disabilities)	395		395
Direct Payments (Older People)	525		525
LD Supported Living	409		409
Direct Payments (Learning Disabilities)	314		314
Direct Payment Support	46		46

Better Care Fund Budget 2020-21	Budget 2019-20	Additional Investment	Budget 2020-21
	£'000	£'000	£'000
Residential Care			
Mental Health rehabilitation services	209		209
Learning Disability Services:			
Learning Disabilities independent sector residential care/Transitional Placements	982		982
Learning Disabilities Domiciliary Care	37		37
Care Act - Older People Direct Payments	500		500
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	1,352	20	1,372
Care Home Support Service	277	5	282
Hospice - End of Life care	789	40	829
Social Prescribing	760	16	776
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		432
Early Planning Team	230		230
Mental Health Crisis Team	36		36
Care Co-ordination Centre	797	11	808
THEME 5 - Supporting Carers			
Carers Support Service:			
Early Planning Team	237		237
Carers Emergency Service	78		78
Direct Payments (Older People)	250		250
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 2020-21	Budget 2019-20	Additional Investment	Budget 2020-21
	£'000	£'000	£'000
Improved Better Care Fund			
Increase current capacity of social work resource within the localities	875	(875)	0
Increase capacity of the social prescribing service	100	(100)	0
Adaptation of Liquid Logic to support care pathways	88		88
Rotherham System Wide Escalation Management Tool	70		70
Head of Service for Adult Care, Operations, Integration and Transformation	60	32	92
RMBC / TRFT joint partnership provider lead post	60	(52)	8
Rotherham Place DTOC Project Manager, to manage and oversee implementation of the agreed DToC action Plan	60	20	80
Resource for Winter Bed Capacity	500	(500)	0
Age Uk 'Back to Home'	90	(70)	20
Trusted Assessor	0	70	70
Social Care Sustainability	7,244		7,244
Re-ablement capacity to commission additional hours during winter	235	(235)	0
Tactical Brokerage	110	(110)	0
Non Recurrent support for system transformation	600	(600)	0
Engagement with the independent sector providers in respect of fee increases due to increase in NLW	1,805	2,420	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
Winter Pressures/Population Health			
Re-ablement capacity to commission additional hours during winter	0	100	100
Supporting Discharge Pathways	151	(151)	0
Tactical Brokerage	0	110	110
Reablement additional staffing	107	(107)	0
Resource for Winter Bed Capacity	0	500	500
Intermediate Care Pathway triage - double running costs	178	22	200
Intermediate Care discharge Manager (50%)	33	(33)	0
Integrated Discharge Team	157	201	358
Mental Health Transformation	120	(43)	77
Spot purchase reablement beds	90	0	90
Perform Plus	300	(255)	45
Additional OT capacity - extension of contract in SPA	25	0	25
Digital Lead Project Manager	61	0	61
Commissioning - Brokerage support	123	0	123
LD Transformation (Attain replacement)	0	80	80
In-house transition support	0	24	24
GRAND TOTAL	40,381	2,309	42,690