



FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD

7 July 2022

**Report of the Report of Executive Director Adult Social Care and Health
Derbyshire County Council**

**Derbyshire Better Care Fund 2021-22:
BCF Outturn**

1. Purpose

- 1.1 To provide the Derbyshire Health and Wellbeing Board with an update on the outturn position of the Derbyshire Integration and Better Care Fund (BCF) through reporting of the required statutory return for 2021-22.

2. Information and Analysis

- 2.1 The Department of Health and Social Care's Better Care Support Team published the National Return template on the 8 April 2022 with the requirement that submissions would be made by Close of play on 27 May 2022, following sign-off from respective local Health and Wellbeing Boards (HWBs). Due to the meeting structures of the Health and Wellbeing Board this report is being presented retrospectively. It should be noted that, as with previous returns, the National Return Template was submitted on time.
- 2.2 The reporting requirements of the template are similar to those in previous periods with an additional section to reflect on successes and challenges over the course of the financial year. These were required to

be reported in-line with the Logic Model for Integrated Care (developed by the Social Care Institute for Excellence, SCIE).

3. Alternative Options Considered

- 3.1 The requirement nationally from NHS England and through the Section 75 governance arrangements is that the outturn for the BCF is presented and signed off at the Health and Wellbeing Board.

4. Implications

- 4.1 Appendix 1 sets out the relevant implications considered in the preparation of the report.

5. Consultation

- 5.1 There is no consultation requirement for this report.

6. Background Papers

- 6.1 Derbyshire Better Care Fund Plan 2021 – 2022, 10 February 2022 Health and Wellbeing Board:
<https://democracy.derbyshire.gov.uk/documents/s12814/HWB%20BCF%202021-22%20Plan.pdf>

7. Appendices

- 7.1 Appendix 1 – Implications.
7.2 Appendix 2 BCF spend and metrics

8. Recommendation(s)

That the Health and Wellbeing Board:

- a) Receive and sign off the report and note the responses provided in the Statutory Return.
- b) Continue to receive reports of the Integration and Better Care Fund throughout the 2022-23 financial year.

9. Reasons for Recommendation(s)

- 9.1 The Health and Wellbeing Board will be able to assure itself that the BCF programme is delivering its priorities in delivering community services to keep people healthy and independent as appropriate to a high standard

and is meeting the necessary reporting and governance arrangements. It is important that the HWB has oversight of the key developments within the BCF both for assurance across arrangements and awareness of developments, collaboration, and innovation for the benefit of the Derbyshire population.

Report Author: Parveen Sadiq

Contact details: parveen.sadiq@derbyshire.gov.uk

Implications

Financial

1.1 The total planned expenditure for the BCF for 21/22 is £108,600 million, the actual spend was £108,406 million. The BCF was spent in line with the schemes outlined in the HWB report presented in February 2022, there was a small underspend on home care provided by DCHS. Furthermore, the Clinical Commissioning Group committed an additional £10 million for the creation of a new community transformation fund which will be allocated in 2022-23 to address some of the priorities outlined below-:

- There are major capacity gaps in certain sectors – e.g social care and general practice - with no real shift in capacity being created
- Changing demography and the ageing population requires more solutions to be delivered within and by communities and individuals themselves
- Health inequalities continue to drive demand for health and care and the current model cannot be sustained
- High levels of ‘failure’ demand at acute and crisis access points
- Discharge pathways and community-based access points pathways have become overwhelmed and outcomes for patients impacted.

Legal

2.1 A Section 75 legal agreement was entered into in April 2015 between Derbyshire County Council Adult Care and the NHS body Derby and Derbyshire CCG and Tameside and Glossop CCG under Section 75 of the National Health Service Act 2006 (updated under the Health and Social Care Act 2012). It enables the local authority and NHS bodies (including clinical commissioning groups and foundation trusts) to enter arrangements in relation to the exercise of each other’s health-related functions where such arrangements will provide a more streamlined service if they are likely to lead to an improvement in the way those functions are exercised. The arrangements can mean that one body carries out the functions of both in providing the service; that the two bodies share functions with a pooled budget; or that one body commissions services on behalf of both. Where one party is commissioning services on behalf of both parties, that organisation’s procurement rules apply to the procurement.

The Section 75 agreement includes clearly defined shared performance measures, outcomes, aims and objectives, setting out the services to be delivered. It will also detail governance arrangements including accountability, financial reporting, management of risks, exit strategy and treatment of any overspends/under spends.

Performance

3.1 Performance against the national metrics was presented using the data available at the time, the returns were published as year-end data was not fully available. However, some of the full year end figures are provided below and also in a summary table at Appendix 2:

1. Proportion of inpatients resident for:
 - i) 14 days or more
 - ii) 21 days or more"

This is a new BCF indicator for 21/22 in relation to LOS and the data is available for the last 2 quarters of the year.

Despite an extremely challenging context, the system was close to achieving the targets that were set. In Q4, the plan for 14 day LoS was 8.5% and performance was 9.17%, and for 21 day LoS, the plan was 4.3% and actual performance was 4.87%.

Capacity for both home care packages and residential beds has been incredibly stretched due to several factors. Whilst we were able to secure some additional bedded capacity, availability of domiciliary care workers remains a challenge.

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

This is a new BCF indicator for 21/22 in relation to discharge to normal residency. This has been extremely challenging given the context, however performance was in line with the planned level of 92% at 92.39%. Again, availability of home care packages for those being discharged home but still in need of some support has been a continuing challenge.

3. Re-ablement 91-day indicator over 65's–

Full year-end result shows that 73.48% of clients remained at home after 91 days against a target of 81.1%. The main reason for this was workforce capacity due to recruitment and retention issues in both sectors. The rurality of Derbyshire is also a factor as recruitment is more difficult in some geographic areas.

4 Residential and Nursing Care Admissions for over 65's –

Performance as at year end showed admissions of 711 against a target of 526 admissions. Again this target was not met due to lack of capacity in the home care market which resulted in higher numbers into residential care together with the restrictions posed by covid and sickness levels.

Appendix 2 BCF metrics and Spend

	Derbyshire
Completed by:	Parveen Sadiq
E-mail:	parveen.sadiq@derbyshire.gov.uk
Contact number:	01629 532103
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No, subject to sign-off
If no, please indicate when the report is expected to be signed off:	Thu 07/07/2022
Please indicate who is signing off the report for submission on behalf of the HWB (delegated authority is also accepted):	
Job Title:	Cllr Carol Hart
Name:	Member for Health and Communities

2. National Conditions & s75 Pooled Budget

Confirmation of Nation Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in 2021-22:
1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006? (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the BCF policy?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Plan for improving outcomes for people being discharged from hospital	Yes	

3 Planned metrics see commentary above

Definition	For information - Your planned performance as reported in 2021-22 planning				Assessment of progress against the metric plan for the reporting period
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	902.7				Data not available to assess progress
Proportion of inpatients resident for: i) 14 days or more ii) 21 days or more	14 days or more (Q3)	14 days or more (Q4)	21 days or more (Q3)	21 days or more (Q4)	Not on track to meet target
	7.4%	8.5%	3.6%	4.3%	
Percentage of people who are discharged from acute hospital to their normal place of residence	92.0%				On track to meet target
Rate of permanent admissions to residential care per 100,000 population (65+)	526				Not on track to meet target
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	81.1%				Not on track to meet target

4. Income and Expenditure

Better Care Fund 2021-22 Year-end Template

5. Income and Expenditure actual

Selected Health and Wellbeing Board:

Derbyshire

Income		
	2021-22	
Disabled Facilities Grant	£7,898,005	
Improved Better Care Fund	£34,682,034	
CCG Minimum Fund	£62,837,882	
Minimum Sub Total		£105,417,921
	Planned	
CCG Additional Funding	£928,015	
LA Additional Funding	£2,258,267	
Additional Sub Total		£3,186,282
	Planned 21-22	Actual 21-22
Total BCF Pooled Fund	£108,604,203	£118,604,203

Actual		
Do you wish to change your additional actual CCG funding?	Yes	£10,928,015
Do you wish to change your additional actual LA funding?	No	
		£13,186,282

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Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2021-22

System partners agreed an additional non-recurrent NHS contribution of £10m to create a jointly controlled Community Future Fund, to accelerate delivery of community transformation.

Expenditure

	2021-22
Plan	£108,604,202

Do you wish to change your actual BCF expenditure? Yes

Actual	£118,406,418
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Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2021-22

£0.2m underspend against P1 Home Care Capacity service funded through Local Authority

5 Year End Feedback

Better Care Fund 2021-22 Year-end Template

6. Year-End Feedback

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. Covid-19 had a significant impact on services and schemes delivered on the ground which may have changed the context. However, national BCF partners would value and appreciate local area feedback to understand views and reflections of the progress and challenges faced during 2021-22. There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board:

Derbyshire

Part 1: Delivery of the Better Care Fund
 Please use the below form to indicate to what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	The Better Care Fund is one of a range of mechanisms that underpin a system based, collaborative approach in Derbyshire. We are considering how best to make use of the BCF in 2022/23 as part of our emerging 'Place' arrangements.
2. Our BCF schemes were implemented as planned in 2021-22	Agree	We did not make any significant changes to schemes in 2021/22. Some schemes were impacted by COVID but are now being recovered to pre-COVID capacity.

3. The delivery of our BCF plan in 2021-22 had a positive impact on the integration of health and social care in our locality	Agree	The Better Care Fund is one of a range of mechanisms that underpin a system based, collaborative approach in Derbyshire. We are considering how best to make use of the BCF in 2022/23 as part of our emerging 'Place' arrangements.
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Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.
Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2021-22	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	2. Strong, system-wide governance and systems leadership	As described in our 2021-22 BCF narrative plan, we have developed strong governance arrangements which focus on ensuring hospital discharge is operating as smoothly and effectively as possible. This has underpinned strong performance, despite an extremely difficult winter period.
Success 2	3. Integrated electronic records and sharing across the system with service users	The Derbyshire Shared Care Record is now implemented and being used by health and social care professionals to provide care much more seamlessly.

5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2021-22	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	6. Good quality and sustainable provider market that can meet demand	Availability of home care packages for people in some of the more rural areas of Derbyshire has been a challenge for some time. The COVID-19 pandemic has exacerbated this situation.
Challenge 2	5. Integrated workforce: joint approach to training and upskilling of workforce	There have been times where workforce shortages have reduced the capacity for social care and health to respond to escalating demand and there has not been a successful strategic plan or prioritisation mechanism developed to share and redeploy staff between organisations to assist with this. This was particularly acute during the Omicron wave where significant numbers of staff were unavailable to work.

6 Better Care Fund Dashboard - Derbyshire County Council Year on Year Comparator

	Exception Report	Data Source	Period	Plan	Q1			Q2			Q3			Q4			Trend			
					Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				
Admissions to residential and nursing care homes		Permanent admissions of older people (aged 65 & over) to residential and nursing care homes per 100,000 population	Adult Social Care Outcomes Framework Data Submitted Quarterly by Local Authorities	2014/15	688.4	707	677	703	745.4											
				2015/16	664.9	790.51	749.04	619.72	722.2											
				2016/17	743.6	756.4	722	668.5	688											
				2017/18	170.85	174.1	185.3	175.3	173.5											
				2018/19	161.775	182.5	175.9	190.3	183.1											
				2019/20	160	187.9	177.1	215.0	184.9											
				2020/21		31.9	24.1	33.7	41.0	33.7	41.6	59.0	70.5	49.4	59.0	45.8	54.2			
				2021/22		N/A	89.7		116.2			178.9			159.0					
Reablement/ rehabilitation services		Proportion of Older People (65 & Over) Who Were Still At Home 91 Days After Discharge From Hospital Into Reablement / Rehabilitation Services	Adult Social Care Outcomes Framework Data Submitted Quarterly by Local Authorities	2014/15	81.7%	81.6%	86.6%	79.0%	87.1%											
				2015/16	82.5%	84.1%	89.4%	82.4%	73.6%											
				2016/17	85.3%	88.4%	86.0%	84.8%	83.2%											
				2017/18	84.9%	83.4%	79.6%	76.6%	76.5%											
				2018/19	86.1%	75.2%	79.6%	82.1%	81.0%											
				2019/20	86.1%	80.9%	78.0%	71.9%	69.1%											
				2020/21		72.2%	78.3%	78.6%	73.5%	72.3%	68.7%	77.9%	79.3%	78.9%	68.2%	81.3%	70.0%			
				2021/22		N/A	75.5%		71.2%			78.7%			73.2%					
			75.8%	72.5%	74.8%	75.8%	69.7%	70.8%	75.8%	82.9%										
			81.1%	74.3%		72.2%														

	Exception Report	Data Source	Period	Actual / Plan	Q1			Q2			Q3			Q4			Trend
					Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Avoidable Admissions		Unplanned hospitalisation for chronic ambulatory care sensitive conditions (rate given as instances per 100,000 population)	Quarterly NHS Outcomes Framework (HES)	2019/20	Actual		220		223			246			213		
				2020/21	Actual		149		194			184			176		
				2021/22	Actual												
				Plan							902.7						

	Exception Report	Data Source	Period	Actual / Plan	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Trend	
					Proportion of patients with a total length of inpatient stay of 14+ days		Monthly Secondary Uses Service Data	2019/20	Actual	9.65%	8.27%	7.48%	7.30%	7.64%	8.02%	7.10%		7.53%
2020/21	Actual	6.73%	4.07%	5.35%				5.53%	5.34%	7.42%	7.88%	6.96%	8.17%	7.64%	8.08%	8.31%		
2021/22	Actual	7.14%	6.52%	7.31%				6.70%	7.68%	8.22%	8.09%	9.02%	8.65%	9.22%	9.78%	8.86%		
			Plan								7.4%			8.5%				

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Discharges	Proportion of patients with a total length of inpatient stay of 21+ days	Monthly Secondary Uses Service Data	2022/23	Actual	9.98%																	
			2022/23	Plan																		
			2019/20	Actual	5.11%	4.37%	3.69%	3.71%	3.67%	4.01%	3.60%	3.78%	3.96%	4.56%	4.14%	6.05%						
			2020/21	Actual	3.58%	1.66%	2.22%	2.28%	2.42%	3.13%	3.69%	3.06%	3.36%	3.42%	4.02%	3.89%						
			2021/22	Actual	3.36%	2.73%	3.11%	3.24%	3.38%	3.98%	3.89%	4.17%	4.13%	4.85%	5.14%	4.60%						
	2021/22	Plan									3.6%		4.3%									
	2022/23	Actual	5.02%																			
	2022/23	Plan																				
	Proportion of patients discharged to place of usual residence	Monthly Secondary Uses Service Data	2019/20	Actual	93.15%	93.59%	93.51%	93.94%	93.38%	92.69%	94.67%	93.12%	92.46%	92.72%	92.50%	92.02%						
			2020/21	Actual	90.16%	94.27%	92.67%	92.00%	94.24%	93.00%	93.33%	95.06%	92.25%	91.69%	91.02%	92.61%						
2021/22			Actual	92.37%	92.59%	92.14%	90.52%	92.29%	90.86%	93.17%	92.93%	92.14%	94.00%	91.68%	93.60%							
2021/22			Plan									92.0%										
2022/23			Actual	92.38%																		
2022/23	Plan																					

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