



FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE HEALTH AND WELLBEING BOARD

13 July 2023

Report of the Executive Director of Adult Social Care and Health

**Derbyshire Better Care Fund 2022-23
BCF Outturn**

1. Purpose

1.1 The Health and Wellbeing Board is asked to:

- a) sign off the update on the outturn position of the Discharge Grant and Better Care Fund (BCF) through reporting the required statutory return for 2022-23.
- b) agree to review the governance and terms in the S75 for 24/25
- c) approve a change to the governance and delegation for members to sign off interim reports as and when required.

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 20 March 2023 with the requirement that the discharge grant return be submitted by 2 May 2023 the remainder of the BCF was submitted on the 23 May. 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 for us 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 Partnership Opportunities

- 6.1 The BCF programme works across a number of organisations including the ICB, Acutes, Community health providers, private and voluntary sector, District Councils and Derby City. There are a number of opportunities to provide better outcomes for clients with collaborative working and commissioning jointly to be more cost effective. The ICB are an integral part of the process for the BCF as the resources and projects are jointly shared and commissioned within the two organisations. The relevant partner should note the recommendations.

7 Background Papers

- 7.1 Derbyshire Better Care Fund Plan 2022 – 2023, 29 March 2023 Health and Wellbeing Board:
<https://derbyshireintranet.moderngov.co.uk/documents/s19745/BCF%202022-23%20Plan.pdf>

8 Appendices

- 8.1 Appendix 1 – Implications.
8.2 Appendix 2 - BCF spend and metrics

9 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 in 2023-24
- c) Agree to review the governance and terms in the S75 for 24/25
- d) Agree to change the delegation of members in order to sign off interim reports where required

10. Reasons for Recommendation(s)

- 10.1 The Health and Wellbeing Board will be able to assure itself that the BCF programme is delivering its priorities through 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 Health and Wellbeing Board 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. The Health and Wellbeing Board should signoff any key changes to the programme including fundamental changes to the plan and/or governance.

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Organisation: Derbyshire County Council Adult Social Care and Health

HWB Sponsor: Simon Stevens Executive Director Adult Social Care and Health

Appendix 1

Implications

Financial

- 1.1 The total planned expenditure for the BCF for 22/23 is £119,702 million, including the discharge fund, the actual spend was £113,088 million on the BCF and £6.7million against the Discharge grant. The BCF was spent in line with the schemes outlined in the Health and Wellbeing Board report presented in March 2023 and there was a small overspend in home care provided by DCHS.

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.
- 2.2 Under the Health and Care Act 2022 The CCG has been reformed and is now named Derby and Derbyshire ICB which came into force on 1st July 2022. It now includes Glossop as part of the ICB and is co-terminus with the Derbyshire geographical footprint.
- 2.3 The S75 will be reviewed for 2024/2025 to include more robust governance and protection of budgets that are held within the BCF. It will also detail governance arrangements including accountability, financial reporting, management of risks, exit strategy and treatment of any overspends/under spends in more detail.
- 2.4 There is a finance and performance group in operation that will support the schemes in the BCF with clearly defined objectives, shared

performance measures, outcomes, aims and objectives, setting out the services to be delivered.

- 2.5 The frequency of reporting for the BCF has changed for 2023/2024 and includes quarterly reports that have to be signed off by the Health and Wellbeing Board, to this end the department is requesting delegated authority for the Chair, one ICB representative and one Health and Social Care representative to sign off reports and then present them retrospectively to the wider board.

Human Resources

- 3.1 There are no human resource implications of this report.

Equalities Impact

- 4.1 There are no equalities implications for this report.

Partnerships

- 5.1 There are no further considerations other than those already outlined in the report

Health and Wellbeing Strategy priorities

- 6.1 The BCF enables people in Derbyshire to live healthy lives by improving health outcomes through better access to services and initiatives to help people stay in their own home for as long as possible.
- 6.2 Some of the schemes in the BCF support individuals with mental health and wellbeing with a number of projects including mental health enablement.
- 6.3 The BCF programme supports our vulnerable populations to live in well-planned and healthy homes working with our District colleagues to improve housing through adaptations, safer home environments and initiatives like Warm Homes with Public Health.

Other implications

Performance

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

- Avoidable admissions for unplanned hospitalisation for chronic and ambulatory conditions

The planned target is 805.4 per 100,000 population

This is a new BCF indicator for 22/23 in relation to avoidable admissions, the data is not available for this metric to date.

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

This is 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 requiring some support has been a continuing challenge.

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

Year-end result shows that 66.6 % of clients remained at home after 91 days against a target of 81.1%, this is an estimate at this stage. The main reason for this is that this service is going through a restructure and is still to embed the -new ways of working which will improve efficiency and effectiveness for clients and the service.

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

Performance as at year end showed estimated admissions of 990 (TBC) against a target of 711 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 number of discharges from hospital and community.

Appendix 2 BCF Return, Spend and metrics performance

Health and Wellbeing Board:	Derbyshire
Completed by:	Parveen Sadiq
E-mail:	parveen.sadiq@derbyshire.gov.uk
Contact number:	01629532103
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No
If no, please indicate when the report is expected to be signed off:	Thu 06/07/2023

<< Please enter using the format, DD/MM/YYYY

2. National Conditions & s75 Pooled Budget

Better Care Fund 2022-23 End of Year Template

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Selected Health and Wellbeing Board:

Derbyshire

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 2022-23:
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 NHS 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 under Performance

Metric	Definition	For information - Your planned performance as reported in 2022-23 planning
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	805.4
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	92.0%
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	387
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	81.1%

4. Income and Expenditure

Better Care Fund 2022-23 End of Year Template

5. Income and Expenditure actual

Selected Health and Wellbeing Board:

Derbyshire

Income

	2022-23			
Disabled Facilities Grant	£7,898,005			
Improved Better Care Fund	£35,732,659			
NHS Minimum Fund	£66,394,506			
Minimum Sub Total		£110,025,170		
	Planned		Actual	
NHS Additional Funding	£651,015		Do you wish to change your additional actual NHS funding?	Yes £154,000
LA Additional Funding	£2,258,267		Do you wish to change your additional actual LA funding?	No
Additional Sub Total		£2,909,282		£2,412,267
	Planned 22-23	Actual 22-23		
Total BCF Pooled Fund	£112,934,452	£112,437,437		

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ASC Discharge Fund

	Planned		Actual
LA Plan Spend	£3,022,755		Do you wish to change your additional actual LA funding?
ICB Plan Spend	£3,744,991		Do you wish to change your additional actual ICB funding?
ASC Discharge Fund Total		£6,767,746	

	Planned 22-23	Actual 22-23
BCF + Discharge Fund	£119,702,198	£119,205,183

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2022-23	the difference is an overspend on a service
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Expenditure

	2022-23
Plan	£112,934,452

Do you wish to change your actual BCF expenditure?	Yes
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Actual	£113,088,452
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	ASC Discharge Fund
Plan	£6,767,746

Do you wish to change your actual BCF expenditure?	No
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Actual	£6,767,746
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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 2022-23	n/a
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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. 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 and Derby City. We are considering how best to make use of the BCF in 2023/24 as part of our emerging 'Place' arrangements and continued focus on supporting timely, safe and appropriate discharges.

<p>2. Our BCF schemes were implemented as planned in 2022-23</p>	<p>Agree</p>	<p>We did not make any significant changes to schemes in 2022/23. We aim to review the services funded by the plan during this next year to focus funds to promote greater performance management, whilst not jeopardising any current activity.</p>
<p>3. The delivery of our BCF plan in 2022-23 had a positive impact on the integration of health and social care in our locality</p>	<p>Agree</p>	<p>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 and especially the additional Hospital discharge funds in 2023/24 as part of our emerging 'Place' arrangements and move towards integrated community based short term provision.</p>

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.

<p>4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23</p>	<p>SCIE Logic Model Enablers, Response category:</p>	<p>Response - Please detail your greatest successes</p>
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Success 1	2. Strong, system-wide governance and systems leadership	As described in our 2021-22 BCF narrative plan, we have developed strong system 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. Care providers across Derbyshire and Derby City were supported with adopting new electronic recording systems and further plans to continue roll out are in place for 2022-23

5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
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<p>Challenge 1</p>	<p>6. Good quality and sustainable provider market that can meet demand</p>	<p>Availability of home care packages for people especially to assist with hospital discharge in Derbyshire has been a challenge, this has been especially problematic in the more rural parts of the County with low unemployment rates. Workforce constraints have impacted on all aspects of the care workforce across Derbyshire with some care homes being unable to make beds available due to difficulties experienced with recruitment and retention of nursing and care staff.</p>
<p>Challenge 2</p>	<p>5. Integrated workforce: joint approach to training and upskilling of workforce</p>	<p>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.</p>

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

Better Care Fund Dashboard - Derbyshire County Council

	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	N/A	89.7			116.2			178.9			159.0			
				2021/22	526	159.6			162.6			195.2			146.4			
				2022/23	387.4	54.8	76.5	74.1	60.8	47.0	53.6	71.7	72.3	52.4	50.0	40.4		
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	N/A	75.5%			71.2%			78.7%			73.2%			
				2021/22	81.1%	74.3%			72.2%			75.2%			72.5%			
				2022/23	81.10%	69.4%	69.3%	70.1%	69.7%	63.0%	64.0%	75.2%	54.6%	63.5%				
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													
				Actual														
				2022/23	Plan			185.0			211.0			197.0				
Exception Report	Data Source	Period	Actual / Plan	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Trend		
Discharges	Proportion of patients with a total length of inpatient stay of 14+ days	2019/20	Actual	9.65%	8.27%	7.48%	7.30%	7.64%	8.02%	7.10%	7.53%	7.71%	8.83%	8.19%	11.18%			
		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	6.86%	6.42%	6.93%	6.41%	7.37%	7.90%	7.79%	8.73%	8.29%	9.01%	9.34%	8.82%			
			Plan									7.4%		8.5%				
		2022/23	Actual	9.86%	10.42%	10.22%	9.87%	10.41%	10.38%	10.48%	10.20%	10.35%	10.25%	10.65%	10.44%			
	Proportion of patients with a total length of inpatient stay of 21+ days	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	3.23%	2.70%	2.99%	3.10%	3.25%	3.86%	3.74%	4.12%	3.88%	4.90%	4.90%	4.55%			
			Plan									3.6%		4.3%				
		2022/23	Actual	4.91%	5.53%	5.62%	5.31%	5.54%	5.83%	5.51%	5.64%	5.73%	5.80%	6.17%	6.13%			
	Proportion of patients discharged to place of usual residence	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%			
			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	92.65%	92.14%	92.34%	90.73%	91.91%	91.42%	93.26%	92.61%	92.57%	93.46%	92.34%	93.59%				
		Plan							92.0%									

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					Actual	93.48%	93.70%	92.66%	93.28%	93.00%	93.03%	94.91%	94.95%	94.73%	94.79%	94.63%	94.39%	
				2022/23	Plan	94.1%			94.1%			93.8%			93.9%			

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