

To: **Health and Wellbeing Board**
7th September 2022

Better Care Fund – Year End Report 2021/2022
Executive Director of People

1 Purpose of Report

- 1.1 The government's mandate to the NHS, published in March 2020, set a deliverable for the NHS to 'help ensure delivery of its wider priorities, which include manifesto commitments to further improve the experience of NHS patients, working with local government to support integration and the sustainability of social care through the Better Care Fund (BCF)'.
- 1.2 Health and Wellbeing Boards (HWB) are required to provide an end of year reconciliation to Departments and NHS England/ Improvement, confirming that the national conditions have been met, total spend from the mandatory funding sources and a breakdown of agreed spending on social care from the CCG minimum contribution.
- 1.3 This report asks the HWB to approve the attached Year End template. The report also provides additional information about the performance against national metrics, local achievements in 21/22

2 Recommendation(s)

- 2.1 For the HWB to approve the Year End Report for the Bracknell Forest Better Care Fund 2021/22.

3 Reasons for Recommendation(S)

- 3.1 To comply with the NHS and Departments' requirement to submit HWB approved Year End Report.

4 Alternative Options Considered

- 4.1 No alternative to approving the Year End report has been considered as this is a national requirement.

5 Supporting Information

National Metrics

- 5.1 The BCF 21/22 reported against five national metrics:

Metric	Summary
Avoidable admissions	At the time of reporting there was no available data to determine progress against this metric. Data recently published

Length of Stay (LOS)	Targets of 9.4% for 14 or more days LOS and 4.5% for 21 or more days were not achieved. This is attributed to recruitment difficulties and the impact of Covid sickness of staff on capacity as well as an increase in complex discharges.
Discharge to normal place of residence	Target of 92.5% was met with 92.9% achieved
Residential Admission	Target of 579 per 100,000 was not met – 596 per 100,000 achieved. This equates to one extra person placed in a care home.
Reablement	Target for effective reablement of people 65 and over who were still at home 91 days after discharge from hospital into a reablement service was 85.5% - we achieved 88.5%

Key Successors observed towards driving the enablers for Integration

- 5.2 One of the key successors identified was the opening of the new Heathlands Intermediate Care Service run by Frimley Health Trust. This allowed for a step-up / step-down facility whereby therapists from Bracknell ICS led on the support to Heathlands and linked in with wider teams to support smooth and timely discharge and flow.
- 5.3 Partnership working across Frimley ICS, BFC and FHFT to develop and mobilise an integrated care home for dementia nursing and intermediate care.
- 5.4 Mainstreaming successful winter initiatives and posts through the BCF. This has created stability of workforce through recruitment to permanent posts to support admission avoidance and effective discharge.

Key Challenges observed towards driving the enablers for Integration

- 5.5 Staff absence due to covid sickness as well as recruitment / vacant posts across the workforce. There was difficulty in recruiting to an in-reach matron role as well as reablement support workers and therapists.
- 5.6 Issues around complex discharge and moving people on. There was an increase in complex cases such as delirium / confusion which impacted on length of stay.

6 Consultation and Other Considerations

Legal Advice

- 6.1 Section 75 of the National Health Service Act 2006 contains powers enabling NHS bodies and local authorities to pool funding into a pooled fund. The Section 75 Partnership Agreement is such an arrangement which enables the management of BCF schemes in accordance with the national conditions. The year-end reporting requirements have been considered elsewhere in the body of this report and the Council plans to comply with such requirements.

Financial Advice

- 6.2 Finance have completed the financial elements of the NHS year-end template. There are no financial implications from this report.

Other Consultation Responses

- 6.3 The Year End report received input from financial, operational and strategic stakeholders from the local authority and Frimley ICS.

Equalities Impact Assessment

- 6.4 No formal EIA was completed as part of the delivery of the 21/22 BCF. However, it is anticipated that the provision of the Better Care Fund schemes have had an overall positive effect on residents with protected characteristics, especially older people, those with disabilities or long term conditions and carers.

Strategic Risk Management Issues

- 6.5

Risks	Mitigations
Lack of assurance of all BCF schemes in order to determine impact and outcomes	New business cases required to identify strategic links, outcomes and KPI's to be reported to Broader reporting of BCF dashboard Approval to recruit BCF programme manager as a dedicated FTE focus on the delivery of the BCF

Climate Change Implications

- 6.6 The recommendations in Section 2 above are expected to have no impact on emissions of CO₂.

The reasons the Council believes that this will reduce emissions/have no impact on emissions are/To reduce the impact of this increase, the Council will

Health & Wellbeing Considerations

- 6.7 The BCF programme supports the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.

Background Papers

Bracknell Forest Better Care Fund – Year End report 21/22

Contact for further information

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