

<b>Report title: Better Care Fund (BCF) End of Year Report 2021-22</b>	
<b>Report to:</b> Essex Health and Wellbeing Board	
<b>Report author:</b> Peter Fairley, Director, Strategy, Policy and Integration	
<b>Date:</b> 21 <sup>st</sup> September	<b>For:</b> Decision / Recommendation
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<b>County Divisions affected:</b> All Essex	

## 1 Purpose of Report

- 1.1 To share the Better Care Fund (BCF) end of year report with the Health and Wellbeing Board for formal endorsement.

## 2 Recommendations

- 2.1 The board approve the end of year report

## 3 Background and Proposal

- 3.1 Health and Wellbeing Board is required to consider and sign-off the end of year report on the Better Care Fund for 2021/22 for submission to NHS England. The planning guidance for 21/22 set out 5 measures that plans should address:

- **Avoidable admissions** - Unplanned hospitalisation for chronic ambulatory care sensitive conditions
- **Length of Stay** - Proportion of inpatients resident for:
  - I. 14 days or more
  - II. 21 days or more
- **Discharge to normal place of residence** - Percentage of people who are discharged from acute hospital to their normal place of residence
- **Residential Care Admissions** - Rate of permanent admissions to residential care per 100,000 population (65+)
- **Reablement** -Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services

- 3.2 The targets for these metrics are set locally, in our BCF Plan for 2021/22.

## 4 Performance

- 4.1 The Essex performance against the metrics was as follows:
- i. Unplanned hospitalisation for chronic ambulatory care sensitive conditions: the Essex rate was 638.1 per 100k, against a target of 810. Target exceeded
  - ii. Proportion of inpatients resident for:
    - a. 14 days or more: the Essex rate was 12.4% against a target of 10%. Target not met.
    - b. 21 days or more: the Essex rate was 6.6% against a target of 5%. Target not met.
  - iii. Percentage of people discharge from hospital to usual place of residence – the Essex rate was 92.96% against a target of 93.4%. Target not met but in line with the East of England average of 93.04%.
  - iv. Rate of admissions to residential care per 100k population (over 65s)- the Essex rate was 478.9 against a target of 450. Target not met.
  - v. Proportion of older people (65 and over) who were still at home 91 days after being discharged from hospital into reablement services – the Essex rate was 85.8% against a target of 90.1%. Target not met but performance improved from 83.4% in 20/21.
- 4.2 The pandemic continued to cause challenges for the system, with pressure from both additional capacity required to support those suffering from COVID and staff absences impacting on NHS, Local Government, and our providers.
- 4.3 Challenges within the domiciliary care market in particular constrained the number of adults to whom we have been able to offer reablement services.
- 4.4 Despite the challenges the report outlines that the BCF has continued to help drive forward integration in Essex, both the local networks and groups that oversee the day-to-day activity on the BCF and the local alliances and countywide forums they feed into have seen the benefits from the connections and ways of working the BCF has established.
- 4.5 The BCF in 2021/22 supported a focus on more joined up data and intelligence, particularly through the Connect project but also supporting more effective use of combined resources at pressure points over the past year. This enabled better informed decisions on discharge flows including prioritisation matrix for reablement referrals, investment in bridging solutions and deployment of funds to support winter surge.
- 4.6 The BCF also supported alliance development, through research, vision and strategy development, and local delivery planning, as well as the creation of joint delivery roles in some alliance areas (North).

## **5 Good practice examples**

- 5.1 In our return, we also outlined some key successes of the BCF including
- 5.2 Essex Connect - the programme aims to improve outcomes for around 8,000 older adults per year through new ways of working across 5 workstreams. This includes the introduction of early multi-disciplinary teams (MDTs) for adults using our reablement services and strengthening the link and impact of our care technology arrangements by offering training to all reablement assessors and care delivery staff. Outcomes to date include:
- 2,200 people better supported with new ways of working.
  - 21% greater reduction in care needs for people leaving reablement with a more effective service from reablement benefitting 5,500 people per year
  - 170 fewer people admitted to long term residential care each year
  - 90 through more independent community assessments, and 80 through better hospital discharge outcomes.
  - 22% reduction in community hospital Length of Stay (LoS)
  - 4,650 more people Supported by Urgent Community Response Teams (URCT) in the community each year
- 5.3 The BCF has also supported innovation across the care market including the Community Micro-enterprises (CME) project with Tribe. The project aims to support the creation of small local business that can deliver a wide range of personalised care and supports to older people, people with disabilities or to help improve mental health and wellbeing. Local people/projects are supported to set up viable and sustainable enterprises that can provide safe and quality services to people who receive Direct Payments funding from Adult Social Care (ASC), or that fund their care and support independently from the council. There are 21 enterprises currently being supported through our development programme, 3 of them led by people with disabilities. Five enterprises have completed the programme fully and are live in our directory with five more expected to access the platform very shortly, and we have started to receive the first referrals from ASC Teams. Some examples of micro-enterprises are self-employed carers, small local CQC-registered providers, therapists, cleaners, handymen, tutors, community walking/cycling groups, peer support for people with autism, etc.
- 5.4 The focus on place and neighbourhoods in our BCF plan was also highlighted as a strength in our end of year report. Each of our alliances is working on models of integrated health and care teams at neighbourhood level. The BCF has helped us to develop the Neighbourhood Co-ordinator roles to strengthen the contribution of neighbourhood teams and improve care coordination for people with different levels of need in that neighbourhood.

## **6 Going Forward**

- 6.1 Health and Wellbeing Board will wish to know that performance against 2022/23 plan is being monitored. Unfortunately, some of the data feeds have

not previously been available except on an annual basis, so we did not have visibility of some matrices. Officers have now established how each of the key measures can be monitored on a quarterly basis, though this is sometimes on a whole-Essex basis only. Further information can be provided if requested.

## **7 Options**

- 7.1 Approve the BCF end of year report for 2021-22
- 7.2 Suggest amendments and delegate final approval to the chair of the HWB on behalf of the board.

## **8 Equality and Diversity implications**

- 8.1 The Public Sector Equality Duty applies to the Council when it makes decisions. The duty requires us to have regard to the need to:
  - (a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act. In summary, the Act makes discrimination etc. on the grounds of a protected characteristic unlawful
  - (b) Advance equality of opportunity between people who share a protected characteristic and those who do not.
  - (c) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.
- 8.2 The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, gender, and sexual orientation. The Act states that 'marriage and civil partnership' is not a relevant protected characteristic for (b) or (c) although it is relevant for (a).
- 8.3 Through continued monitoring of the BCF we will ensure the services it funds meet the Public Sector Equality Duty.

## **9 List of appendices**

***Annex A BCF End of year report 2021/22***