

HEALTH AND WELLBEING BOARD



Report subject	Better Care Fund - end of year review 2021/22
Meeting date	9 June 2022
Status	Public Report
Executive summary	With the focus remaining on the pandemic and post pandemic recovery there has been little change in the Better Care Fund schemes over the past two years. The end of year review confirms this and gives assurance as to how the money was spent and some associated commentary and metrics. The end of year report is presented to the Health and Wellbeing Board for approval.
Recommendations	It is RECOMMENDED that; a) Board members assess and approve the Better Care Fund end of year review for 2021/22
Reason for recommendations	Approval of the end of year review effectively completes the Better Care Fund 'governance journey' for 2021/22 and allows officers to look ahead to 2022/23 once the new Government Guidance has been published.

Portfolio Holder(s):	Karen Rampton – Portfolio Holder for People and Homes
Corporate Director	Phil Hornsby – Director Commissioning for People
Report Authors	Peter Courage – Head of Transformation and Integration
Wards	Council-wide
Classification	For Decision

Background

1. The BCP Council and NHS Dorset CCG (DCCG) Better Care Fund Plan (BCF) for 2021-22 sought to deliver key objectives as set out in the 21/22 BCF guidance which was published on 30th September 2021.
2. The 2021-22 allocation of the Better Care Fund (BCF) was in-line with previous years and the objectives for health and social care delivery had not changed over the period given the Covid-19 pandemic. The pan-Dorset Joint Commissioning Board agreed these objectives in September 2021 in advance of the national guidance.
3. Working collaboratively BCP Council and DCCG alongside input from the local NHS providers, the provider market and voluntary community sector continued to invest the BCF into the following schemes:
 - Maintaining Independence
 - Early Supported Hospital Discharge
 - Integrated Health and Social Care Locality Teams
 - Carers
 - Moving on from Hospital Living
4. The value of investment in each of the prioritised schemes was as follows:

Scheme Description	DCCG contribution £000	BCP Council contribution £000	Total £000
Maintaining Independence	8,091	13,565	21,656
Early Supported Hospital Discharge	5,755	2,997	8,752
Carers	1,168	0	1,168
Moving on From Hospital Living	7,428	2,182	9,610
Integrated Health & Social Care Locality Teams	20,472	0	20,472
Total	42,914	18,744	61,568

5. Whilst no BCF services have been decommissioned since 2019-20 the pandemic response required the Council and DCCG to reprioritise areas of focus and address the following:
- Ensuring the Hospital Discharge Policy had been implemented with the associated HDP funding streams being deployed.
 - Working collaboratively with partners to try and manage the significant shortage of care capacity in the local market, particularly home care, due to:
 - Covid-19 illness and 'staff burnout'
 - increased acuity of care and support needs
 - some overseas workers being unable to return due to travel restrictions caused by Covid-19
 - more attractive terms and conditions in other sectors, such as hospitality and retail
 - Ensuring the allocation of several national Government grants; Infection Prevention Control, Workforce and Retention, Rapid Testing and Contained Outbreak Management Fund, were allocated to the market and utilised to support delivery and resilience of services.

The end of year review

6. NHS England have produced an end of year template which, once complete, summarises BCF activity for 2021/22. The completed draft is included here as Appendix 1.
7. The draft return confirms that national conditions were met (tab 3), that the expected and actual income and expenditure for the 2021/22 period match (tab 5) and that fee rates were as reported at the end of the 20-21 financial year (tab 7).
8. The fourth tab titled 'Metrics' shows a number of planned performance measures and our actual performance against them. In some areas the system is "not on track to meet target" which is mostly down to the uncertainties of operating during the pandemic and recovery. Additional commentary is given against each measure.
9. Finally, the sixth tab offers an opportunity to provide some narrative feedback on delivery of the BCF and successes and challenges which the system has met. Greater detail is provided on the return, however 2021/22 has seen a significant number of examples of joint working as well as aligning and pooling resources amongst system partners in response to the pandemic and increased demand. This has been particularly evident in hospital discharge and commissioned services.
10. There is also a space to reflect key challenges. This year workforce issues have continued to be a risk and a significant challenge for the system. The electronic sharing of records across the system and with service users has also been a challenge as the pandemic environment and new ways of working have made it difficult to focus on electronic system improvement with resource necessarily more focussed on ensuring our current systems can cope with the new ways of working which the pandemic mandated.

Governance

11. The end of year return is the final element of the annual BCF governance cycle which can be summarised as follows
 - BCP Council and DCCG jointly agree the priorities and the BCF plan and monitor its implementation through the pan-Dorset Joint Commissioning Board
 - The BCP Council Chief Executive, the Director of Adult Social Services (DASS) and Section 151 Officer approve the plan in advance of it being presented to the Health and Wellbeing Board
 - DCCG approves the plan via an Accountable Officer
 - Key steering groups, including carers, independently report into this governance structure
 - The Health and Wellbeing Board govern the BCP BCF allocation and finally sign off and then monitor the plan
 - Senior Commissioning Leads in DCCG and the Council are responsible for monitoring the services commissioned via the BCF to ensure quality and the achievement of agreed targets throughout the year
 - The end of year summary is then signed off by the Health and Wellbeing Board before planning for the following year commences.
12. Due to timeframes and meeting schedules this year, a draft end of year review (see Appendix 1) has been submitted to NHS England subject to sign off from the Health and Wellbeing Board.

The Better Care Fund

13. The BCF will continue in 2022/23 however, at time of writing, the Government's BCF guidance for 2022/23 has yet to be published and so planning for next year's fund has not yet begun in earnest. The plan for 2022/23 will progress through the governance process outlined above.

Summary of financial implications

14. The total value of the BCF is £61,658,000, with the financial splits across the different schemes as shown at (4).

Summary of equality implications

15. An Equalities Impact exercise was undertaken for the BCF 2021/22. A full assessment was not undertaken based on the information recorded in the initial equalities scoping ('discussion') exercise. The Equality Impact Conversation Tool is provided here as Appendix 2

Appendices

Appendix 1 Better Care Fund 2021/22 End of Year Template

Appendix 2 Better Care Fund 2021/22 Equality Impact Conversation Tool