

Name of meeting:	Joint Integrated Commissioning Board (JICB)		
Date:	25th May 2023	Paper:	
Report title:	BCF End of Year Submission 2022-23		
Presented by:	Mayur Patel, Head of Transformation, LLR ICB		
Report author:	Mayur Patel, Head of Transformation, LLR ICB Muhammad Kharodia, Integration & Transformation Manager, LLR ICB		
Executive Sponsor:	Rachna Vyas, Chief Operating Officer, LLR ICB		
To approve <input type="checkbox"/>	For assurance <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	For information <input checked="" type="checkbox"/>
<i>Recommendation or particular course of action.</i>	<i>To assure / reassure the Board that controls and assurances are in place.</i>	<i>Receive and note implications, may require discussion without formally approving anything.</i>	<i>For note, for intelligence of the Board without in-depth discussion.</i>
Recommendations:			
Joint Integrated Commissioning Board members are asked to:			
<ul style="list-style-type: none"> • NOTE the BCF End Of Year submission to NHSe on 23/05/23 (Appendix A) • NOTE the local and system successes, challenges, and next steps 			
Purpose and summary of the report:			
Summary:			
Reporting on the overall BCF programme for 2022-23 is limited to an End of Year (EOY) return. On 20th March 2023 NHS England published the BCF end of year reporting template (available on the Better Care Exchange).			
The EOY template asks for confirmation of;			
<ul style="list-style-type: none"> • The BCF national conditions continued to be met throughout the year. • Confirmation of actual income and expenditure in BCF section 75 agreements for 2022-23 (covering the whole of the BCF plan including the Adult Social Care Discharge Fund monies). • Details of significant successes and challenges during the year and, this year's template also requires all local systems to provide details on actual numbers of packages and actual spend in relation to the Adult Social Care Discharge Fund. 			
This year there were two deadlines for submission:			
<ul style="list-style-type: none"> • By Tuesday 2nd May 2023 – Complete the cover sheet (as far as possible) and the Adult Social Care Discharge Fund tab and return it. (Completed) • By Tuesday 23rd May 2023 – Complete the whole template – all tabs. This must also be signed off by the Health and Wellbeing Boards in line with normal BCF requirements. (Completed) 			
This template includes the following components:			
<ul style="list-style-type: none"> • National Conditions – A declaration if these have been achieved or not for each respective BCF • Metrics – Using data and narrative to declare achievement against expected sets of targets. • Income & Expenditure – Local allocations, IBCF, voluntary contributions etc are incorporated in this section. • Year-end feedback – Narrative related to successes and challenges. • ASC fee rates – Reflect the fees paid by local authority. 			
For LLR, there were three separate BCF year-end submissions – one for each of our places (City, Leicestershire, Rutland). The final drafts submissions needed to be approved by the chair of the Health and Wellbeing Board in each place and reviewed by the local Integrated Care forums			

(ISOC/JICB in the City, IDG in County and Rutland) prior to coming to EMT for approval and submission to NHSE by 23rd May 2023.

Briefing paper – Annual Report: Leicester, Leicestershire, and Rutland BCF 2022-2023

2022-2023 marked another challenging yet a successful year for LLR's Better Care Fund (BCF) partnerships. The BCF allows the NHS to pool certain monies with the local authority to spend in ways that joins up care more effectively. The main focus of the 2022-23 year-end reporting requirements was on how well our system was able to respond to one of the national conditions related to 'improving outcomes for people being discharged from hospital.

While the challenges presented by the pandemic are less acute, there were ongoing challenges presented by the aftermath of the pandemic and the impact of the Omicron variant, Long Covid, and now the cost of living crises.

Each place based BCF has either achieved or come very close to achieving a stretching set of targets around hospital discharge, avoidable admissions, admissions to residential care in those over 65 years, and outcomes from reablement. All of these results have been the outcome of strong system partnership relationships twinned with effective integrated working in the face of very challenging circumstances related to increase in the cost of living and a stretched domiciliary care and residential care market.

Leicester City Year End Position

Financial Position

Income

		2022-23	
Disabled Facilities Grant	£2,714,004		
Improved Better Care Fund	£17,556,473		
NHS Minimum Fund	£28,134,913		
Minimum Sub Total		£48,405,390	
	Planned		Actual
NHS Additional Funding	£0		Do you wish to change your additional actual NHS funding? No
LA Additional Funding	£0		Do you wish to change your additional actual LA funding? No
Additional Sub Total		£0	£0
	Planned 22-23	Actual 22-23	
Total BCF Pooled Fund	£48,405,390	£48,405,390	

		ASC Discharge Fund	
	Planned		Actual
LA Plan Spend	£1,311,449		Do you wish to change your additional actual LA funding? No
ICB Plan Spend	£1,800,443		Do you wish to change your additional actual ICB funding? No
ASC Discharge Fund Total		£3,111,892	£3,111,892
	Planned 22-23	Actual 22-23	
BCF + Discharge Fund	£51,517,283	£51,517,283	

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

Expenditure

	2022-23
Plan	£48,405,390
Do you wish to change your actual BCF expenditure?	No
Actual	£48,405,390
	ASC Discharge Fund
Plan	£3,111,892
Do you wish to change your actual BCF expenditure?	No
Actual	£3,111,892

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

Supporting details included within the 'ASC Discharge Fund-due 2nd May' tab of this template which includes scheme(s) costs and narrative around differences between original planned spend and actual expenditure.

Key Metrics

Metric	Definition	For information - Your planned performance as reported in 2022-23 planning	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	960.4	On track to meet target	None	Over achieving on all UCR metrics
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	93.3%	On track to meet target	Limited rehabilitation capacity at home is arguably driving an increase in intermediate care (IC) supported P2 placements	Good outcomes for patients receiving IC bedded support, 88% returning to usual place of residence (LLR). To date for the city 30 patients have benefited, As of 24/04/23 we only have 1 patient on the
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	569	On track to meet target	None	We benchmark well nationally for P3 (c.1%) across LLR (permanent residential). The City outturn is: Numerator: 247; Denominator: 45,680; Outturn per 100,000: 540.7
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	90.3%	On track to meet target	Workforce/recruitment/recurrent funding in relation to our intention to grow the current model to an intake (rather than selective) model, and the challenge of consistent demand and	We benchmark very well on our reablement outcomes metrics (91% LLR) The City figures are: Numerator: 148; Denominator: 167; Outturn: 88.6%

Key Successes

Success 1	3. Integrated electronic records and sharing across the system with service users	One of the key aims of all our strategies is to support integrated working across health and care to the benefit of Leicester people of all ages. The Leicester, Leicestershire, and Rutland Care Record (LLR CR) programme is part of the national Shared Care Record. We are seeing our adult social care teams now able to access more of the information they need directly. It is anticipated this will accelerate and inform processes, save time for others including local GP practices, and improve individuals' care experience.
Success 2	2. Strong, system-wide governance and systems leadership	In 2022/23 the LLR system agreed to hold a Flow Summit. The aims of this were to develop a better understanding of the barriers to supporting flow in the system, to identify solutions to address these barriers and to address the behavioural change required to ensure full usage of existing discharge/flow pathways. A set of 9 KLOE's were agree with the clinical assessment teams which were worked on for a period of 3 months to make improvements to flow and discharge timescales. Within the timeframe, improvements were made to the percentage of patients counted as a lost discharge, the percentage of patients with plans and discharged prior to midday and 3pm, reduction in LOS post-MOFD and a voice of the person review. The result being that LLR has become the best system nationally for overall performance against a set of discharge metrics.

Key Challenges

Challenge 1	6. Good quality and sustainable provider market that can meet demand	We have faced major challenges with the residential and care home provider market. The availability of nursing beds within the overall system has also dramatically reduced despite demand increasing, The result is believed to be the low levels of CHC and FNC awards which has in turn resulted in a reduction in the amount of nursing care registered and dual registered homes. LLR is an outlier in the number of awards nationally. As a result, the system is undertaking an independent led review to look at decision making across the system and mitigations that could provide short, medium and long-term solutions for increasing availability and providing a more sustainable market.
Challenge 2	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	Workforce/recruitment/recurrent funding in relation to our intention to grow the current model to an intake (rather than selective) model, and the challenge of consistent demand and capacity modelling – particularly regarding the ICS-wide NHS therapy resource at HWBB footprint

Summary

It is fair to say that all our schemes are having a huge impact on our residents and really transforming the way services are delivered to our residents. (See 22/23 BCF schemes: Appendix B). One programme in particular has been fundamental in supporting our health and social care transformation. The home-first collaborative has continued to deliver a core element of the city's step up

/ admission avoidance offer, focusing on responding to people in crisis to enable them to remain at home with timely, holistic support.

The service has been largely funded by BCF for a number of years, with the plan to continue to build on these successes in driving the ambition for integration over 22/23 and well in 23/24.

The priorities for 23/24 include:

- Virtual Wards: Min 276 VW beds by March 24, 80% occupancy by Sept 23.
- Care Homes: Reduce conveyance rates from top 10 CHs by 25% by the end of March 24
- Urgent Community Response: 80% for 2 hours and 2 days response by end of March 2024
- Falls Management Tier 1 and Tier 2 falls response across LLR: Consistent falls offer across LLR by the end of March 2024. 10% reduction in admissions from falls by the end of March 2024
- UCCH: Reduce EMAS activity by 15% (from the stack), Increase referrals from 111, self referrals, PC and EMAS by 25%
- Intermediate Care: Roll out step-up/step-down intake model by March 25. Increase P1 discharges and decrease P2 discharges by 20% by the end of March 24
- INTs/ Community Health and Wellbeing Teams at Place: Formation and delivery of 9 (7) in the County CHWTs (INTs) across LLR by the end of March 2024
- Carers: 35,000 identified informal carers across LLR by the end of March 2024

Some notable successes include:

- The UCR (urgent community response service. Compliance for 2 Hour 2022/23 to date (Apr-Mar), is 93.7%, and is achieving the target of =>70%. Compliance for 2 day 2022/23 to date (Apr-Mar), is 84.8% therefore achieving the target of =>70%. The City is overachieving on all its targets.
- LLR unscheduled care Hub: For the first time we have a real time, joint decision-making process as an integrated team that helps us understand the community services offer, share risk and resources and embed the shared ethos of right care, right time, right place. 5580 cases have been supported, with 98% of cases diverted from the EMAS stack to alternative community pathways. 80% of all cases (where UCCH intervened) remained at home, which is an amazing achievement.

LLR System Summary

- Developing system wide governance and systems leadership: Effective partnership working has been vital during 2022/23. Partners have built on existing strong relationships ensuring a joined-up approach to discharge, case management, “bridging” of domiciliary care offers and therapy needs. Strong governance and leadership supported the delivery of most aspects of patient and resident care. The BCF budgets supported the use of community assets, the resources of the voluntary sector, public health, NHS and social care resources to deliver support to Leicester, Leicestershire, and Rutland residents in all settings.
- The coming together of our 3 commissioning groups as part of the ICB has allowed us to join up commissioning and further collaboration between health and social care.
- We are starting to see how BCF funded work aligns with other system wide initiative as well as support the delivery of various strategic goals. Across LLR our Joint Health & Wellbeing Plans have set out strategic vision for Place. Our Community Health & Wellbeing Plans link into these by agreeing local priorities dependent on population need. With our Community Health & Wellbeing Teams (INTs) acting as the Delivery vehicle for the priorities agreed to within each CHWP.
- Maintaining workforce capacity: This is a system wide issue but is particularly acute in the domiciliary care market. There has been a sense of constant firefighting across the year, often

with multiple issues at play at any one time. The BCF funds dedicated roles who work actively with care providers, and this has been vital to sustaining services.

- Pressures such as Covid outbreaks, staff sickness and staff isolation took their toll, as well as recruitment and retention challenges in a low paid, over-stretched sector within an increasingly competitive labour market.
- The care market is not sustainably funded and, while some issues have abated as we emerge from the pandemic, remaining pressures are now being compounded by rising fuel prices which are having a marked impact on the viability of homecare delivery in rural areas.

Looking towards BCF 2023 and beyond..:

BCF Planning for 2023-25: It should be noted that the BCF allocation for 2023/24 and 2024/25 has been released, the conditions for utilisation of these funds and the planning requirement/guidance were published on 4th April 2023.

This two-year BCF plan will allow the system to have strategic approach to address place-based challenges through collaborative approach in planning and delivery of BCF across LLR.

The ICB will be required to draft and submit an **optional** BCF planning submission including intermediate care and short-term care capacity and demand plan by the **19th May 2023**. (Assurance partners in our region have agreed to extend this date to **Tuesday 30th May**)



Followed by another full submission by the **28th June 2023** including intermediate care and short term care capacity and demand plan; and discharge spending plan, from local HWB areas (agreed by the ICB and local government.

Schemes from 22/23 as outlined in Appendix B: Tab 5a are likely to be continued in 23/24 and 24/25. Planning for this has started and will be covered via a separate paper.

Joint Integrated Commissioning Board members are asked to:

- **NOTE** the BCF End Of Year submission to NHSe on 23/05/23 (Appendix A)
- **NOTE** the local and system successes, challenges, and next steps

Appendices:

- Appendix A – City EOY Submission

 Appendix A
- Appendix B- 22/23 BCF Planning template

 BCF 2022-23
 Planning Template

Report history (date and committee / group the content has been discussed / reviewed prior to presenting to this meeting):

ISOC – 16th May 2023

The report is helping to deliver the following strategic objective(s) – please tick all that apply:

1. Health outcomes	Increase the health outcomes of the Leicester, Leicestershire and Rutland population.	<input checked="" type="checkbox"/>
2. Health inequalities	Reduce health inequalities across the Leicester, Leicestershire and Rutland population.	<input checked="" type="checkbox"/>
3. Reduce variation	Reduce the variation in health outcomes across the Leicester, Leicestershire and Rutland population.	<input checked="" type="checkbox"/>
4. Sustainable finance plan	Deliver a sustainable system financial plan, ensuring funding is distributed to where services are delivered.	<input checked="" type="checkbox"/>
5. NHS Constitution	Deliver NHS Constitutional requirements.	<input checked="" type="checkbox"/>
6. Value for money	Develop and deliver services with providers that are evidenced based and offer value for money.	<input checked="" type="checkbox"/>
7. Integration	Deliver integrated health and social care.	<input checked="" type="checkbox"/>

Conflicts of interest screening		Summary of conflicts <i>(detail to be discussed with the Corporate Governance Team)</i>
<input checked="" type="checkbox"/>	No conflict identified.	
<input type="checkbox"/>	Conflict noted, conflicted party can participate in discussion and decision	
<input type="checkbox"/>	Conflict noted, conflicted party can participate in discussion but not in decision	
<input type="checkbox"/>	Conflict noted, conflicted party can remain in meeting but not participate in discussion or decision.	
<input type="checkbox"/>	Conflict noted, conflicted party to be excluded from the meeting.	

Implications:	
a) Does the report provide assurance against a corporate risk(s) e.g. risk aligned to the Board Assurance Framework, risk register etc? If so, state which risk and also detail if any new risks are identified.	The final BCF 2022-23 report will provide details of a range of BCF-funded services which have contributed to mitigating BAF risks on health inequalities and financial stability.
b) Does the report highlight any resource and financial implications? If so, provide which page / paragraph this can be found within the report.	See Tabs 5 and 6 the EOY template which outline the outturn position for income and expenditure in 2022-23 of the Better Care Fund in Leicester City.
c) Does the report highlight quality and patient safety implications? If so, provide which page / paragraph this is outlined in within the report.	The final 2022-23 BCF report will identify a range of BCF-funded services which contribute to keeping people independent and safe at home and which support safe and effective discharge from hospital for older people. Quality Impact Assessments for individual services are undertaken by those services as part of the commissioning or service redesign process
d) Does the report demonstrate patient and public involvement? If so, provide which	Public and Patient representation at the Integrated Systems of Care (ISOC), Integration Delivery Groups (Leicestershire and Rutland) Groups which oversees development of the BCF

<p>page / paragraph this is outlined in within the report.</p>	<p>investment plans each year is through the Health Watch representative who sits on these groups. Periodically, a representative of the ICB Communications and Engagement team also attends these groups and reports on outcomes of the numerous patient and public consultations and engagements undertaken by members of the Integrated Care Partnership. Individual services or pathways are expected to include the views of those with lived experience as part of re-design or commissioning processes.</p>
<p>e) Has due regard been given to the Public Sector Equality Duty? If so, how and what the outcome was, provide which page / paragraph this is outlined in within the report.</p>	<p>Equality Impact Assessments for Individual services are undertaken by each service as part of the commissioning or service re-design services. It is anticipated that a refreshed BCF EIA will be undertaken as part of the BCF planning for 2023-25.</p>