

Better Care Fund 2021-22 Year-end Template

2. Cover

Version 2.0

Please Note:

- The BCF end of year reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. Narrative sections of the reports will not be published. However as with all information collected and stored by public bodies, all BCF information including any narrative is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information, including that provided on local authority fee rates, will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

| | | |
|---|--------------------------------|--|
| Health and Wellbeing Board: | Southend-on-Sea | |
| Completed by: | Taslima Qureshi | |
| E-mail: | Taslimaqureshi@southend.gov.uk | |
| Contact number: | 01702 215550 | |
| Has this report been signed off by (or on behalf of) the HWB at the time of submission? | No, subject to sign-off | |
| If no, please indicate when the report is expected to be signed off: | Wed 08/06/2022 | << Please enter using the format, DD/MM/YYYY |
| Please indicate who is signing off the report for submission on behalf of the HWB (delegated authority is also accepted): | | |
| Job Title: | Councillor Lead Member | |
| Name: | Councillor Cheryl Nevin | |

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

Complete

| | Complete: |
|----------------------------------|-----------|
| 2. Cover | Yes |
| 3. National Conditions | Yes |
| 4. Metrics | Yes |
| 5. Income and Expenditure actual | Yes |
| 6. Year-End Feedback | Yes |
| 7. ASC fee rates | Yes |

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3. National Conditions

Selected Health and Wellbeing Board:

Southend-on-Sea

| 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 2021-22: |
| 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 CCG 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 | |

Checklist

Complete:

Yes

Yes

Yes

Yes

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4. Metrics

Selected Health and Wellbeing Board:

Southend-on-Sea

National data may like be unavailable at the time of reporting. As such, please utilise data that may only be available system-wide and other local intelligence.

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

| Metric | Definition | For information - Your planned performance as reported in 2021-22 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) | 1,037.2 | | | | On track to meet target | As this was a new metric there was limited scope to shift resources towards this in year. Consequently there was limited scope for managed change and the expectation is that this will be maintained at current level is | Southend BCF management group has jointly commissioned (with Castle Point and Rochford iBCF board) an investigation into the BCF metrics with an initial focus on readmissions and avoidable admissions. |
| Length of Stay | Proportion of inpatients resident for: i) 14 days or more ii) 21 days or more | 14 days or more (Q3) | 14 days or more (Q4) | 21 days or more (Q3) | 21 days or more (Q4) | On track to meet target | Given current system pressures, maintaining performance at these levels represents stretched targets. These pressures include the ongoing impact of COVID, system flow pressures, staffing issues in primary care, | On track to meet target |
| | | 8.4% | 8.4% | 3.9% | 3.9% | | | |
| Discharge to normal place of residence | Percentage of people who are discharged from acute hospital to their normal place of residence | 93.1% | | | | On track to meet target | We recognise the challenges in the local system particularly in home care market capacity and sustainability. We have planning mitigations in place locally and enacting long terms workforce plans for home care sector. | The work undertaken with D2A home first model implementation to support clear discharge pathways, whereby assessments are made in the community and out of acute settings has taken significant traction. |
| Res Admissions* | Rate of permanent admissions to residential care per 100,000 population (65+) | 550 | | | | On track to meet target | We have seen a reduction in the number of people admitted into residential care, however this rate is low comparatively, a result of a reduction in residential capacity due to residential workforce challenges and | On track to meet target |
| Reablement | Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services | 80.0% | | | | On track to meet target | SBC has been in LAPEL 4 for some part of 2021/22, where as last resort contingency to meet care needs in the community, reablement service staff were redeployed to deliver home care hours. This was reinstated | Community-based reablement service is continuing to work in partnership with other local services in Southend-on Sea. The service recognises national best practice, guidance, incorporating provision of therapy |

Checklist
Complete:

Yes

Yes

Yes

Yes

Yes

* In the absense of 2021-22 population estimates (due to the devolution of North Northamptonshire and West Northamptonshire), the denominator for the Residential Admissions metric is based on 2020-21 estimates

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5. Income and Expenditure actual

Selected Health and Wellbeing Board:

Southend-on-Sea

Income

| 2021-22 | | | |
|------------------------------|----------------------|---------------------|-----------------|
| Disabled Facilities Grant | £1,721,065 | | |
| Improved Better Care Fund | £7,568,235 | | |
| CCG Minimum Fund | £14,311,579 | | |
| Minimum Sub Total | | £23,600,879 | |
| Planned | | | |
| CCG Additional Funding | £0 | | |
| LA Additional Funding | £0 | | |
| Additional Sub Total | | £0 | |
| | | | £400,000 |
| | Planned 21-22 | Actual 21-22 | |
| Total BCF Pooled Fund | £23,600,879 | £24,000,879 | |

| Actual | | |
|---|-----|----------|
| Do you wish to change your additional actual CCG funding? | Yes | £400,000 |
| Do you wish to change your additional actual LA funding? | No | |

| | |
|--|---|
| Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2021-22 | Additional CCG contribution towards system flow agreed. |
|--|---|

Expenditure

| | |
|------|----------------|
| | 2021-22 |
| Plan | £23,600,879 |

| | |
|--|----|
| Do you wish to change your actual BCF expenditure? | No |
|--|----|

| | |
|--------|-------------|
| Actual | £23,600,879 |
|--------|-------------|

| | |
|---|--|
| Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2021-22 | |
|---|--|

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

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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. Covid-19 had a significant impact on services and schemes delivered on the ground which may have changed the context. However, national BCF partners would value and appreciate local area feedback to understand views and reflections of the progress and challenges faced during 2021-22. There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board:

Southend-on-Sea

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 | Our strong partnerships and commitment across SEE and HWB to working together has seen the delivery improvements in the health and social care system. Our joint working ambitions are grounded within our HWB Strategy, JSNA, Locality Strategy and Se Essex Alliance place plan, but we recognise there are system challenges relating to demand, capacity and system |
| 2. Our BCF schemes were implemented as planned in 2021-22 | Strongly Agree | All schemes were implemented for 2021/22 and we are planning for 2022/23 scheme alignment to BCF priorities |
| 3. The delivery of our BCF plan in 2021-22 had a positive impact on the integration of health and social care in our locality | Agree | We plan to further develop out of hospital services that are integrated and responsive. Part of this model involves the development of integrated teams in localities, bringing together staff from acute, primary care, social care, community health and VCFSE organisations so that they can work better together, to meet the needs of both individuals and the local |

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.

| 4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2021-22 | SCIE Logic Model Enablers, Response category: | Response - Please detail your greatest successes |
|---|---|--|
| Success 1 | 2. Strong, system-wide governance and systems leadership | We revised our BCF governance arrangements and established a BCF Management Group with key partners (including acute, community trust, VCS), planning priorities, reviewing key themes and activity across Southend, and having financial oversight of BCF governed through the Section 75 Agreement agreed through the Health Wellbeing Board. The MSE Clinical Care and Outcomes Review Group leads on work on readmissions for the ICP. At a local level, this system level work and plans links with the SE Essex Alliance Urgent and Emergency Care Delivery Group. The work through these governance are highly interrelated |
| Success 2 | 9. Joint commissioning of health and social care | Partnerships within the developing ICS and SE Essex Alliance have become notably stronger. Work is underway to improve patient flow with MSE NHS Foundation Trust, together with developing a D2A home first bridging service to support clear discharge pathways, whereby assessments are made in the community and out of acute settings. The service will deliver a therapy led approach both in the bridge, but also all pathways out the service that promote strength based active recovery and reablement, with lower numbers of people needed on ward long term care. A dedicated team and multi-agency care |
| 5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2021-22 | SCIE Logic Model Enablers, Response category: | Response - Please detail your greatest challenges |
| Challenge 1 | 6. Good quality and sustainable provider market that can meet demand | We recognise the challenges in the local system particularly in home care market capacity and sustainability. We have mitigations in place locally to enact mid/long term workforce plans and have increased the hourly rate for home care sector. Albeit the care market capacity issue remains complex, and there is a significant risk to the system of any further unexpected upsurge in demand. we also acknowledge the growing pressures on community health services as a consequence of increasing demands in local acute hospital and primary care services. Levels of demand across primary care, acute hospitals, community |
| Challenge 2 | 1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors) | There are marked socio-economic and health inequalities between different wards in the borough, which were exacerbated by coronavirus pandemic. As well as the increase in the borough's population, the age profile of Southend is changing, with a growing number of older people, and a significant proportion of population presenting with more complex needs for longer. The impact of austerity on services provided in the community has had a long and lasting impact. SBC has seen unprecedented workforce and retention issues in the care market, as well as in the community and acute sector. Improving |

Footnotes:

Question 4 and 5 are should be assigned to one of the following categories:

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

Other

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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7. ASC fee rates

Selected Health and Wellbeing Board:

Southend-on-Sea

The IBCF fee rate collection gives us better and more timely insight into the fee rates paid to external care providers, which is a key part of social care reform.

Given the introduction of the Market Sustainability and Fair Cost of Care Fund in 2022-23, we are exploring where best to collect this data in future, but have chosen to collect 2021-22 data through the IBCF for consistency with previous years.

These questions cover average fees paid by your local authority (gross of client contributions/user charges) to external care providers for your local authority's eligible clients. The averages will likely need to be calculated from records of payments paid to social care providers and the number of client weeks they relate to, unless you already have suitable management information.

We are interested ONLY in the average fees actually received by external care providers for your local authority's eligible supported clients (gross of client contributions/user charges), reflecting what your local authority is able to afford.

In 2020-21, areas were asked to provide actual average rates (excluding whole market support such as the Infection Control Fund but otherwise -including additional funding to cover cost pressures related to management of the COVID-19 pandemic), as well as a 'counterfactual' rate that would have been paid had the pandemic not occurred. This counterfactual calculation was intended to provide data on the long term costs of providing care to inform policymaking. In 2021-22, areas are only asked to provide the actual rate paid to providers (not the counterfactual), subject to the exclusions set out below.

Specifically the averages SHOULD therefore:

- EXCLUDE/BE NET OF any amounts that you usually include in reported fee rates but are not paid to care providers e.g. your local authority's own staff costs in managing the commissioning of places.
- EXCLUDE/BE NET OF any amounts that are paid from sources other than eligible local authority funding and client contributions/user charges, i.e. you should EXCLUDE third party top-ups, NHS Funded Nursing Care and full cost paying clients.
- EXCLUDE/BE NET OF whole-market COVID-19 support such as Infection Control Fund payments.
- INCLUDE/BE GROSS OF client contributions/user charges.
- INCLUDE fees paid under spot and block contracts, fees paid under a dynamic purchasing system, payments for travel time in home care, any allowances for external provider staff training, fees directly commissioned by your local authority and fees commissioned by your local authority as part of a Managed Personal Budget.
- EXCLUDE care packages which are part funded by Continuing Health Care funding.

If you only have average fees at a more detailed breakdown level than the three service types of home care, 65+ residential and 65+ nursing requested below (e.g. you have the more detailed categories of 65+ residential without dementia, 65+ residential with dementia) **please calculate for each of the three service types an average weighted by the proportion of clients that receive each detailed category:** 1. Take the number of clients receiving the service for each detailed category.

2. Divide the number of clients receiving the service for each detailed category (e.g. age 65+ residential without dementia, age 65+ residential with dementia) by the total number of clients receiving the relevant service (e.g. age 65+ residential).

3. Multiply the resultant proportions from Step 2 by the corresponding fee paid for each detailed category.

4. For each service type, sum the resultant detailed category figures from Step 3.

Please leave any missing data cells as blank e.g. do not attempt to enter '0' or 'N/A'.

| | For information - your 2020-21 fee as reported in 2020-21 end of year reporting | Average 2020/21 fee. If you have newer/better data than End of year 2020/21, enter it below and explain why it differs in the comments. Otherwise enter the end of year 2020-21 value | What was your actual average fee rate per actual user for 2021/22? | Implied Uplift: Actual 2021/22 rates compared to 2020/21 rates |
|---|---|---|--|--|
| 1. Please provide the average amount that you paid to external providers for home care, calculated on a consistent basis. (£ per contact hour, following the exclusions as in the instructions above) | £16.74 | £18.68 | £18.82 | 0.7% |
| 2. Please provide the average amount that you paid for external provider care homes without nursing for clients aged 65+, calculated on a consistent basis. (£ per client per week, following the exclusions as in the instructions above) | £526.89 | £565.26 | £601.50 | 6.4% |
| 3. Please provide the average amount that you paid for external provider care homes with nursing for clients aged 65+, calculated on a consistent basis. (£ per client per week, following the exclusions in the instructions above) | £526.89 | £666.28 | £644.77 | -3.2% |
| 4. Please provide additional commentary if your 2020-21 fee is different from that reported in your 2020-21 end of year report. Please do not use more than 250 characters. | | £16.74 was published rate for reablement. Home care was £15.90 for 20/21. The average actual is ^ by spot/block contract ayes. The fee rate for resi& nursing was £526.89 in 2020/21 & £538.51 in 2021/22, the average is ^ when agreed at a ^ rate/OOB | | |

2 characters remaining

Checklist

Complete:

Yes

Yes

Yes

Yes

Footnotes:

* "-" in the column C lookup means that no 2020-21 fee was reported by your council in the 2020-21 EoY report

** For column F, please calculate your fee rate as the expenditure during the year divided by the number of actual client weeks during the year. This will pick up any support that you have provided in terms of occupancy guarantees. (Occupancy guarantees should result in a higher rate per actual user.)

*** Both North Northamptonshire & West Northamptonshire will pull the same last year figures as reported by the former Northamptonshire County Council.