

Live Well South Tees Board

Thursday 7th July, 2022

**Please note that this meeting will be held at Mandela Room, Town Hall,
Middlesbrough**

**at 3.30 pm on
Thursday 7th July, 2022**

| | Agenda Item | Priority | Time |
|-----------|--|-----------------|-------------|
| 1. | <p>Welcome and introductions</p> <p><i>Cllr Mary Lanigan, Leader of Redcar & Cleveland Council Cllr David Coupe, Executive Member for Adult Social Care, Public Health, Public Protection and Digital Inclusion - Middlesbrough Council</i></p> | | 3.30pm |
| 2. | <p>Apologies for Absence</p> <p><i>Cllr Mary Lanigan, Leader of Redcar & Cleveland Council Cllr David Coupe, Executive Member for Adult Social Care, Public Health, Public Protection and Digital Inclusion - Middlesbrough Council</i></p> | | |
| 3. | <p>Declarations of Interest</p> <p><i>Cllr Mary Lanigan, Leader of Redcar & Cleveland Council Cllr David Coupe, Executive Member for Adult Social Care, Public Health, Public Protection and Digital Inclusion - Middlesbrough Council</i></p> | | |
| 4. | <p>Minutes- Live Well South Tees Board - 9 December 2021 (Pages 3 - 6)</p> <p><i>Cllr Mary Lanigan, Leader of Redcar & Cleveland Council Cllr David Coupe, Executive Member for Adult Social Care, Public Health, Public Protection and Digital Inclusion - Middlesbrough Council</i></p> | | |

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|-----------|---|-------|--------|
| 5. | Live Well South Tees Board Vision and Priorities - Presentation and Discussion Mark Adams, Director of Public Health | 1,2,3 | 3.45pm |
| 6. | Integrated Care Board - Update South Tees Health and Wellbeing Executive Members | 1,2,3 | 4.45pm |
| 7. | Health and Wellbeing Executive Chair's Assurance Report (Pages 7 - 20) Kathryn Warnock – South Tees Integration Programme Manager | 1,2,3 | 5.00pm |
| 8. | Date and Time of Next Meeting - Thursday 22 September 2022 at 3pm | | |

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| Priority 1 – Inequalities |
| Priority 2 – Integration |
| Priority 3 – Information and Intelligence |

LIVE WELL SOUTH TEES BOARD

A meeting of the Live Well South Tees Board was held on Thursday 9 December 2021.

PRESENT: Councillors , M Lanigan (Co-Chair), S Kay, M Ovens, L Westbury, A Barnes, B Cooper, A Preston (The Mayor) and A Hellaoui

APOLOGIES FOR ABSENCE: M Smiles, K Boulton, S Butcher, D Fowler, D Gardner, B Kilmurray, J Lowe, S Page, T Parkinson, E Scollay, C Smith, A Tahmassebi, J Walker, M Anderson, L Bosomworth, M Graham, S Johnson and J Thompson

21/1 **WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting of the Live Well South Tees Board.

21/3 **DECLARATIONS OF INTEREST**

There were no declarations of interest received at this point in the meeting.

21/4 **MINUTES- LIVE WELL SOUTH TEES BOARD - 30 SEPTEMBER 2021**

The minutes of the Live Well South Tees Board meeting held on 30 September 2021 were submitted and approved as a correct record.

21/5 **TSAB ANNUAL REPORT 2020/21 AND TSAB STRATEGIC PLAN 2021/22**

The Independent chair of the Teeswide Safeguarding Adults Board presented the annual report for April 2020 – March 2021. The report highlighted key achievements of the board in 2021 and discussed the 2 cases that were considered by the safeguarding Adults Review Subgroup.

Multi-agency safeguarding training was impacted significantly by the pandemic however, virtual training was rolled out by the board with positive feedback from delegates.

The strategic Business Plan for 2021/22 includes the board's top 3 priorities:

1. Continue to improve general awareness of safeguarding and how people can protect themselves.
2. Help efforts to reduce loneliness and isolation.
3. Concentrate efforts on preventing adult abuse and neglect.

The Board had further built upon the collaborative working arrangements with key partnerships across Tees over the past 12 months, including the Local Safeguarding Children Partnerships, Health & Wellbeing Boards and Community Safety Partnerships.

The Board's strategic objectives for 2021-22 have been extended to include empowerment and proportionality in their own right, following feedback from partners at the Board's Development Day and learning from current strengths and areas for development. This would ensure that the work of the Board was underpinned by the six safeguarding principles

NOTED.

21/6 **FUTURE MODEL OF COMMUNITY MENTAL HEALTH SERVICES**

Representatives from NHS Tees, Esk and Wear Valleys (TEWV) gave a presentation on the role of Mental Health Practitioners in Primary Care and to provide an overview on the Community Mental Health Framework to be implemented as the model as a collaborative

partnership between Redcar and Middlesbrough.

As part of the ensuing discussions, the following comments were made: -

- There had been a temporary reduction in the number of appointments available with Mental Health Practitioners whilst training was undertaken. It was expected that appointment availability would be back to full capacity by January 2022.
- Mental Health Practitioners would only diagnose low level mood disorders. Patients presenting with more complex needs would be referred to specialist teams.
- Resources available to Mental Health Practitioners included access to local services such as Mind, the mental health charity.
- Statistics on the number of patients accessing appointments and a list of available resources would be shared upon the close of the meeting;
- Three Mental Health Practitioners had been assigned to GP surgeries across the Borough. They would rotate across these surgeries and appointments could be booked directly through a GP receptionist.
- Most appointments would take place over the telephone. However, patients could also request face-to-face meetings. Home visits were by exception only.
- More work was to be done to ensure that support was easily accessible and publicised.
- TEWV also had a listening service staffed by NHS professionals that offered emotional support to residents of Teesside.
- TEWV worked closely with other local providers to signpost patients to the most suitable source of support.
- Patients were able to access up to six twenty-minute appointments with a Mental Health Practitioner. These appointments could be double booked if required; and,
- Data from the pilot programme indicated that 54% of patients had only required one appointment with a Mental Health Practitioner.

RESOLVED: - The South Tees Live Well Board support the implementation of the model as a collaborative partnership between Redcar and Middlesbrough

21/7

BETTER CARE FUND PLANNING SUBMISSIONS 2021/22

The Head of Commissioning & Strategy for NHS Tees Valley Clinical Commissioning Group reminded members that the Better Care Fund Planning submission had been discussed at the previous meeting however following m amendments she sought approval of the board to now formalise the plan

RESLOVED: That the Better Care Fund Planning Submission for 2021/22 be approved.

21/8

INTEGRATED CARE SYSTEM UPDATE

The Managing Director (Head of Paid Services) for Redcar and Cleveland gave an update on the Integrated Care System which focused on the engagement with Local Authorities to develop the plan and the statutory duties and powers of the CCG. He advised that the Integrated Care Partnership would have a key role to play in setting the tone and culture of the system, operating a collective model of accountability, including to local residents.

During the update the following key points were highlighted: -

- A Chair for the ICS has been appointed by a NHS-Local Government panel
- There is Ongoing engagement with local and regional scrutiny meetings;
- Meetings have been arranged for July and August involving the ICP to gather views on the development of the plan;
- Joint Management Executive meetings have been scheduled to develop the proposals on the ICS Governance and Operating Model;
- There was an update on the existing structure of the CCG Governance in the North East and North Cumbria
- The current CCG commissioning spend within the ICS area
- The Potential distribution of the ICS functions
- The implementation and development timeline for the ICS regarding governance options for PLACE based partnerships.

- The Integrated Care Board membership, Governance features and composition
- The ICB CEO designated has been appointed and Joins NENC region the end of January 2022

21/9

HEALTH AND WELLBEING EXECUTIVE CHAIR'S ASSURANCE REPORT

The Chair of the Health and Wellbeing Executive presented a report and provided assurance that the Health and Wellbeing Executive was fulfilling its statutory obligations. An update was provided on progress with the delivery of the Board's vision and priorities.

NOTED.

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South Tees Health and Wellbeing Executive Assurance Report

| | | | |
|-----------------------------------|--|----------------|---------------------------|
| To: | Live Well South Tees Health and Wellbeing Board | Date: | 7 th July 2022 |
| From: | Dr Ali Tahmassebi – Chair South Tees Health and Wellbeing Executive | Agenda: | 7 |
| Purpose of the Item | To provide South Tees Health and Wellbeing Board with assurance that the Board is fulfilling its statutory obligations, and a summary of progress in implementing the Board’s Vision and Priorities. | | |
| Summary of Recommendations | That Live Well South Tees Health and Wellbeing Board: <ul style="list-style-type: none"> • Are assured that the Board is fulfilling its statutory obligations • Note the progress made in implementing the Board’s Vision and Priorities | | |

1 PURPOSE OF THE REPORT

- 1.1. To provide South Tees Health and Wellbeing Board (HWB) with updates on progress with the delivery of the Board’s Vision and Priorities and assurance that the Board is fulfilling its statutory obligations.

2 BACKGROUND

- 2.1 To support the Board in the delivery of its priorities a South Tees Health and Wellbeing Executive has been established. The South Tees Health and Wellbeing Executive oversees and ensures the progress and implementation of the Board’s work programme and creates opportunities for the single Health and Wellbeing Board to focus on the priorities.

3 PROGRESSING STATUTORY HEALTH AND WELLBEING BOARD FUNCTIONS

- 3.1 The next section of this report sets out details of progress the Health and Wellbeing Executive has made against the Board’s statutory functions.

3.2 Better Care Fund (BCF) 2021/22 and 2022/23

The 2021/22 year-end BCF reporting templates were completed by the South Tees BCF Implementation and Monitoring Group and approved by South Tees Executive Governance Board Directors on behalf of the Live Well South Tees Board. These were submitted to NHS England by the deadline of 27th May 2022.

The templates (attached as Appendices 1 and 2) include:

- Confirmation that national conditions have been met
- Summary of expenditure and income
- Performance against BCF metrics
- Successes and challenges during 2021/22

We reported for both localities that the main 'success' this year has been the close working of health and social care professionals at a commissioning and operational level to fulfil the requirements of the national Hospital Discharge and Community Support Policy.

This was faced with the challenges linked to workforce capacity across the system and the delayed publication of national guidance.

The BCF Policy Framework and Planning Requirements for 2022/23 have not yet been published but we are continuing with our planned spending of the funds and expecting that the emphasis on discharge and reducing lengths of stay in hospital will remain.

No additional funding to cover 'discharge to assess' is available in 2022/23 so system partners continue to work together to assess pathways and monitor costs and affordability as most of the funding will have to come from the Better Care Funds. This may put pressure on this funding source, so a review of schemes will be carried out to ensure they continue to deliver the BCF metrics

4 PROGRESS AGAINST SOUTH TEES HEALTH AND WELLBEING BOARD PRIORITIES

4.1 The Board's agreed vision and priorities are to:

Empower the citizens of South Tees to live longer and healthier lives. With a focus on the following area's key themes:

- a. Inequalities - Addressing the underlying causes of inequalities across the local communities;
- b. Integration and Collaboration - across planning, commissioning and service delivery; and
- c. Information and Data – data sharing, shared evidence, community information, and information given to people.

4.2 Set out below is a summary of the progress the Executive has made towards achieving the Board's priorities since the last Board meeting.

4.2.1 Best Start in Life

The aim is to develop a systematic approach to Best Start in Life across South Tees that drives collaboration across agencies. The Best Start Programme Board was formed in late 2020 and an evidence based approach is being used to guide the work.

Work is presently underway to:

- a) Engage relevant partners in the work
- b) Undertake insight work in the local community to support the workstream. Presently scoping data needs and whether a full health needs assessment is required

- c) Engagement work is currently taking place to engage wider partners to ensure that there is buy in from key stakeholders
- d) A session is to be held with Oxford University to look at how we can apply a brain science-led approach to the work we are doing locally. The aim of this it to use the approach to drive common language and ways of working across services.

4.2.2

Community Mental Health Framework

The transforming adult mental health services programme continues. Work also continues on engagement with place-based partners to create the vision of what future mental health service provision should be.

Middlesbrough:

- Site visits held with Drug and Alcohol Partners: MACE and looking at possible joint triage and assessment with new staff role, practitioner from TEWV who will be focusing upon Dual Diagnosis work
- Site visit to the Live Well centre as possible colocation of services
- Further visits to be held with community hubs in July (local authority- venues)
- Virtual hubs working well
- Planning for pilot of access model to go live from 1st July
- Organisational change process to begin for Team Manager posts
- Community Hub LA site visits for potential colocation with partner services planned

Redcar & Cleveland:

- Internal staff meeting with leadership team from Redcar held to progress changes for the team
- Virtual hubs still in progress
- Expected colocation into Skelton Civic Centre expected end of the year
- Planning for pilot of access model to go live from 1st July
- Organisational change process to begin for Team Manager posts
- Redcar partner planning – process maps and discussion 29th June

We continue to link with the Changing Futures programme and supported a visioning / priorities event in early June. In addition targeted work continues in terms of Refugees and Asylum Seekers and improving access and experience of mental health services.

4.2.3

Healthwatch Annual Reports

Healthwatch have shared their Annual Reports which can be viewed on the links below and welcome any feedback.

- [Healthwatch Middlesbrough Annual Report 2021-2022](#)
- [Healthwatch Redcar and Cleveland Annual Report 2021-2022](#)

4.2.4

Forward Work Programme

The Health and Wellbeing strategy, priorities and ensuing work programme are a substantive item on the Board meeting in July for discussion and agreement.

However there are some statutory functions which must be maintained, and future planned agenda items will include:

- Assurance Framework Adult Social Care
- Pharmaceutical Needs Assessment
- Joint Strategic Needs Assessment Update
- Better Care Fund Plans for 2022/23

5 RECOMMENDATIONS

5.1

That Live Well South Tees Health and Wellbeing Board:

- Are assured that the Board is fulfilling its statutory obligations
- Note the progress made in implementing the Board's Vision and Priorities

6 BACKGROUND PAPERS

6.1

No background papers other than published works were used in writing this report.

Contact Officer

Kathryn Warnock – South Tees Integration Programme Manager

0782505430

kathryn.warnock@nhs.net

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 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: | Redcar and Cleveland |
| Completed by: | Kathryn Warnock |
| E-mail: | kathryn.warnock@nhs.net |
| Contact number: | 07766554805 |
| Has this report been signed off by (or on behalf of) the HWB at the time of submission? | Yes |
| If no, please indicate when the report is expected to be signed off: | |
| Please indicate who is signing off the report for submission on behalf of the HWB (delegated authority is also accepted): | |
| Job Title: | Patrick Rice |
| Name: | Corporate Director Adults and Communities |

| 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 |

[<< Link to the Guidance sheet](#)

^^ Link back to top

Better Care Fund 2021-22 Year-end Template

1. Guidance

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2021-22, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities, NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of BCF reporting are:

- 1) To confirm the status of continued compliance against the requirements of the fund (BCF)
- 2) To confirm actual income and expenditure in BCF plans at the end of the financial year
- 3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans
- 4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF quarterly reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including clinical commissioning groups, local authorities and service providers) for the purposes noted above.

BCF quarterly reports submitted by local areas are required to be signed off by HWBs as the accountable governance body for the BCF locally and these reports are therefore part of the official suite of HWB documents.

The BCF quarterly reports in aggregated form will be shared with local areas prior to publication in order to support the aforementioned purposes of BCF reporting. In relation to this, the BCF Team will make the aggregated BCF quarterly reporting information in entirety available to local areas in a closed forum on the Better Care Exchange (BCEX) prior to publication.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The details of each sheet within the template are outlined below.

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to: england.bettercaresupport@nhs.net (please also copy in your respective Better Care Manager)
3. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2021-22 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.england.nhs.uk/publication/better-care-fund-planning-requirements-2021-22/>

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met within the quarter and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:

National condition 1: Plans to be jointly agreed

National condition 2: NHS contribution to adult social care is maintained in line with the uplift to CCG Minimum Contribution

National condition 3: Agreement to invest in NHS commissioned out-of-hospital services

National condition 4: Plan for improving outcomes for people being discharged from hospital

4. Metrics

The BCF plan includes the following metrics: Unplanned hospitalisation for chronic ambulatory care sensitive conditions, Proportion of hospital stays that are 14 days or over, Proportion of hospital stays that are 14 days or over, Proportion of discharges to a person's usual place of residence, Residential Admissions and Reablement. Plans for these metrics were agreed as part of the BCF planning process.

This section captures a confidence assessment on achieving the plans for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes that have been achieved.

The BCF Team publish data from the Secondary Uses Service (SUS) dataset for Long length of stay (14 and 21 days) and Discharge to usual place of residence at a local authority level to assist systems in understanding performance at local authority level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric plans and the related narrative information and it is advised that:

- In making the confidence assessment on progress, please utilise the available published metric data (which should be typically available for 2 of the 3 months) in conjunction with the interim/proxy metric information for the third month (which is eventually the source of the published data once agreed and validated) to provide a directional estimate.
- In providing the narrative on Challenges and Support needs, and Achievements, most areas have a sufficiently good perspective on these themes by the end of the quarter and the unavailability of published metric data for one of the three months of the quarter is not expected to hinder the ability to provide this useful information. Please also reflect on the metric performance trend when compared to the quarter from the previous year - emphasising any improvement or deterioration observed or anticipated and any associated comments to explain.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

5. Income and Expenditure

The Better Care Fund 2021-22 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and CCGs. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (iBCF) grant, and the minimum CCG contribution. A large proportion of areas also planned to pool additional contributions from LA and CCGs.

Income section:

- Please confirm the total HWB level actual BCF pooled income for 2021-22 by reporting any changes to the planned additional contributions by LAs and CCGs as was reported on the BCF planning template.
- The template will automatically pre populate the planned expenditure in 2021-22 from BCF plans, including additional contributions.
- If the amount of additional pooled funding placed into the area's section 75 agreement is different to the amount in the plan, you should select 'Yes'. You will then be able to enter a revised figure. Please enter the **actual income** from additional CCG or LA contributions in 2021-22 in the yellow boxes provided, **NOT** the difference between the planned and actual income.
- Please provide any comments that may be useful for local context for the reported actual income in 2021-22.

Expenditure section:

- Please select from the drop down box to indicate whether the actual expenditure in your BCF section 75 is different to the planned amount.
- If you select 'Yes', the boxes to record actual spend, and explanatory comments will unlock.
- You can then enter the total, HWB level, actual BCF expenditure for 2021-22 in the yellow box provided and also enter a short commentary on the reasons for the change.
- Please provide any comments that may be useful for local context for the reported actual expenditure in 2019/20.

6. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2021-22 through a set of survey questions

These questions are kept consistent from year to year to provide a time series.

The purpose of this survey is to provide an opportunity for local areas to consider the impact of BCF and to provide the BCF national partners a view on the impact across the country. There are a total of 9 questions. These are set out below.

Part 1 - Delivery of the Better Care Fund

There are a total of 3 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:

1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2021-22
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

Part 2 - Successes and Challenges

This part of the survey utilises the SCIE (Social Care Institute for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the 'Enablers for integration' expressed in the Logic Model.

Please highlight:

8. Two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2021-22.
9. Two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2021-22?

For each success and challenge, please select the most relevant enabler from the SCIE logic model and provide a narrative describing the issues, and how you have made progress locally.

[SCIE - Integrated care Logic Model](#)

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

7. ASC fee rates

This section collects data on average fees paid by the local authority for social care.
Specific guidance on individual questions can be found on the relevant tab.

Better Care Fund 2021-22 Year-end Template

3. National Conditions

Selected Health and Wellbeing Board:

Redcar and Cleveland

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

Better Care Fund 2021-22 Year-end Template

4. Metrics

Selected Health and Wellbeing Board:

Redcar and Cleveland

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 |
|--|---|--|----------------------|----------------------|----------------------|---|--|---|
| | | 14 days or more (Q3) | 14 days or more (Q4) | 21 days or more (Q3) | 21 days or more (Q4) | | | |
| Avoidable admissions | Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework Indicator 2.3i) | 903.6 | | | | Not on track to meet target | The indicator is monitored on an indirectly standardised rate, calculated by looking at the number of admissions, versus population and then standardised. The impact of Covid-19 has significantly impacted on this | Though currently slightly above target, our BCF schemes continue to support reduction of avoidable admissions, included our Care Home Emergency Rapid Response Service and the hospital Frailty team. |
| Length of Stay | Proportion of inpatients resident for: i) 14 days or more ii) 21 days or more | 10.7% | 10.7% | 5.4% | 5.4% | Not on track to meet target | This does remain an issue for South Tees due to various reasons such as availability of community neuro rehab. It is constantly reviewed in system and internal Trust meetings. | The current rate for 14 days or more is 10.6% so a small reduction. We hope our new Transfer of Care Hub and other initiatives will see an improvement in 22/23 |
| | | | | | | | | |
| Discharge to normal place of residence | Percentage of people who are discharged from acute hospital to their normal place of residence | 89.7% | | | | On track to meet target | | This is our system aim and our BCF funded Transfer of Care Hub and Home First service support discharge home whenever possible. |
| Res Admissions | Rate of permanent admissions to residential care per 100,000 population (65+) | 627 | | | | Not on track to meet target | Our continued focus remains on supporting people to remain in their own communities. This remains challenging due to continued lack of availability of domiciliary care workforce and an increased complexity of | |
| 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% | | | | Not on track to meet target | We continue to see increased demand and a lack of capacity in the domiciliary care market, impacted by complex care packages. Our Rapid Response and Reablement services in the community remain at | Although not currently meeting the target there is no decrease in the proportion of the population aged 65+ offered rehabilitation services on discharge. |

| Checklist Complete: |
|---------------------|
| Yes |
| Yes |
| Yes |
| Yes |
| Yes |

* In the absence 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

Better Care Fund 2021-22 Year-end Template

5. Income and Expenditure actual

Selected Health and Wellbeing Board:

Income

| | | 2021-22 | |
|------------------------------|--------------------|----------------------|--|
| Disabled Facilities Grant | £1,790,234 | | |
| Improved Better Care Fund | £6,724,295 | | |
| CCG Minimum Fund | £12,285,117 | | |
| Minimum Sub Total | | £20,799,646 | |
| | | Planned | Actual |
| CCG Additional Funding | £477,607 | | Do you wish to change your additional actual CCG funding? Yes £1,119,807 |
| LA Additional Funding | £1,015,526 | | Do you wish to change your additional actual LA funding? No |
| Additional Sub Total | | £1,493,133 | £2,135,333 |
| | | Planned 21-22 | Actual 21-22 |
| Total BCF Pooled Fund | £22,292,779 | £22,934,979 | |

| | |
|--|--|
| 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 non-recurring investment into BCF of £642,200 to support the hospital discharge programme |
|--|--|

Expenditure

| | |
|--|-------------|
| | 2021-22 |
| Plan | £22,292,779 |
| Do you wish to change your actual BCF expenditure? | Yes |
| Actual | £19,716,219 |

| | |
|---|---|
| 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 | £1,897,765 has been put into reserve to support the hospital discharge programme during 22/23 £1,320,995 slippage in DFG which will be re-profiled into 22/23. |
|---|---|

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:

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 | Strongly Agree | |
| 2. Our BCF schemes were implemented as planned in 2021-22 | Agree | With some delays due to problems/delays recruiting staff and ongoing effects of the pandemic |
| 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 | Strongly Agree | Particularly the joint focus on discharges from hospital |

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 | 9. Joint commissioning of health and social care | To fulfil the requirements of the national Hospital Discharge and Community Support Policy health and social care professionals at a commissioning and operational level have worked closely to agree new ways of working which include commissioning a new Home First service to expediate discharges and setting up a Transfer of Care Hub with a Strategic System Lead and Discharge Facilitators. We have worked hard to develop positive and sustainable working relationships with providers of domiciliary and residential/ nursing care and there has been constructive dialogue based on mutual |
| Success 2 | 2. Strong, system-wide governance and systems leadership | Middlesbrough and Redcar & Cleveland's BCFs continue to be managed collectively in joint meetings with the CCG. All decisions around allocations of BCF funding are made collaboratively which supports a focus on the system pressures across South Tees and the local Acute Trust. Our BCF plans are overseen by the South Tees Executive Governance Board and approved by the Live Well South Tees Board. BCF schemes have continued to support further integration and partnership working that delivers improved outcomes for older people. Joint commissioning infrastructure has helped to |
| 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 | 1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors) | Issues with workforce have caused pressures this year caused in part by absences due to Covid-19 but also by the lack of capacity across the Tees Valley system affecting services, packages of care and being able to recruit to posts. Anecdotally carers are leaving the sector to work in other areas seen as more attractive. |
| Challenge 2 | Other | Delayed publication of the BCF and Hospital Discharge and Community Support guidance impacted on decision making on funding of services. There will be pressure on the BCF in 2022/23 due to the cessation of the Hospital Discharge Fund but the aim to maintain discharge to assess initiatives and also the inflationary uplifts to care providers not reflected in the BCF allocations. There may also be implications linked to the Fair Cost of Care exercise. |

| Checklist Complete: |
|---------------------|
| Yes |
| Yes |
| Yes |
| |
| Yes |
| Yes |
| |
| Yes |
| Yes |

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

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7. ASC fee rates

Selected Health and Wellbeing Board:

Redcar and Cleveland

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) | £15.43 | £16.79 | £17.34 | 3.3% |
| 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) | £634.61 | £634.61 | £642.87 | 1.3% |
| 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) | £668.96 | £668.96 | £637.09 | -4.8% |
| 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. | | After the 20/21 Homecare rates had been reported in the return, rates for the extra care element were uplifted which has increased the average cost. | | |

102 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.

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