

# Health and Wellbeing Board

<b>DATE</b>	10 <sup>th</sup> July 2023
<b>REPORT OF</b>	Councillor Stan Shreeve Portfolio Holder for Health, Wellbeing and Adult Social Care
<b>RESPONSIBLE OFFICER</b>	Katie Brown, Director of Adult Services
<b>SUBJECT</b>	Better Care Fund (BCF)
<b>STATUS</b>	Open
<b>FORWARD PLAN REF NO.</b>	N/A

## CONTRIBUTION TO OUR AIMS

The continued receipt of BCF monies contributes to the aims of stronger economy and stronger communities

## EXECUTIVE SUMMARY

The Better Care Fund (BCF) is designed to promote integration between health and social care, and to create a local single pooled budget to incentivise the NHS and local government to work more closely together. BCF has not been the driver for integration in North East Lincolnshire (NEL), where an agreement under s75 of the NHS Act 2006, and pooled budget arrangements, have been in place since 2007.

Each area is required to produce a BCF plan annually, evidencing its progress towards integration since the last plan, and its focus during the coming year(s). Plans are expected to be a continuation of previous plans, and must be produced in accordance with each year's BCF guidance issued by the Department of Health and Social Care (DHSC) and NHS England (NHSE). Local planning and spend is managed via the BCF Steering Group.

This report attaches:

- This year's BCF plan, comprising a narrative plan (word document) and a planning template (spreadsheet)
- Last year's quarter four/ end of year return (spreadsheet)
- BCF Steering Group refreshed terms of reference (word document).

## RECOMMENDATIONS

1. Approve the plan submitted to NHSE on 28<sup>th</sup> June 2023
2. Approve the quarter four/ end of year return submitted to NHSE on 5<sup>th</sup> May 2023
3. Delegate authority to the Director of Adult Services and ICB (Integrated Care Board) representative in consultation with the Portfolio Holder for Health, Wellbeing and Adult Social Care, to amend the plan, if required by NHSE to secure its approval, and thereafter resubmit
4. Approve the revised BCF Steering Group terms of reference.

## **REASONS FOR DECISION**

It is a requirement of the BCF that local plans are agreed by Health and Wellbeing Boards.

### **1. BACKGROUND AND ISSUES**

#### **1.1 Delayed receipt of BCF requirements**

The previous year's BCF requirements were not received until July 2022, and plans were submitted in September that year. Plans were not approved until January 2023, by which time much of the year to which the plan related had already passed. Having completed a BCF plan relatively recently, local service changes since the last plan are unlikely to be substantial.

This year areas were advised mid-April that a draft plan was to be submitted to regional NHS England (NHSE) on 19<sup>th</sup> May, and the final plan on 28<sup>th</sup> June (incorporating comments received from regional NHSE). Comments on the draft were received from regional NHSE on 13<sup>th</sup> June, and were addressed in the revised version submitted to national NHSE on 28<sup>th</sup> June. Due to the national timetable, it was necessary to submit the plan to NHSE without the Health and Wellbeing Board's direct approval. The portfolio holder's delegated authority was utilised instead. The draft plan also had the benefit of Joint Committee endorsement on 31<sup>st</sup> May. The Board's approval is now sought retrospectively.

National approval of plans and spend is expected in September 2023.

#### **1.2 National conditions**

The BCF sets national conditions annually. Conditions for the current year are:

- 1.2.1 Plans jointly agreed between local health and social care commissioners and signed off by the Health and Wellbeing Board
- 1.2.2 Maintain the NHS contribution to adult social care (in line with the uplift to the NHS minimum contribution to the BCF), and invest in NHS commissioned out of hospital services
- 1.2.3 Implement BCF policy objective one: enable people to stay well, safe and independent at home for longer
- 1.2.4 Implement BCF policy objective two: provide the right care at the right place at the right time.

#### **1.3 National Metrics**

Areas must also comply with nationally set metrics. These are:

- 1.3.1 Avoidable admissions to hospital (indirectly standardised rate of admissions per 100,000 population)
- 1.3.2 Falls (emergency hospital admissions due to falls in people aged 65 and over)
- 1.3.3 Discharge to usual place of residence (from acute hospital to normal place of residence)
- 1.3.4 Residential admissions (long-term support needs of older people aged 65 and over met by admission to residential/ nursing care)
- 1.3.5 Reablement (proportion of older people aged 65 and over who were still at

home 91 days after discharge from hospital into reablement/ rehabilitation services)

#### 1.4 Key changes to the BCF for 2023 – 2024/25

In summary, the main changes to BCF planning requirements when compared with the year ending 31<sup>st</sup> March 2023, are:

##### 1.4.1 Policy Framework/ Planning Requirements

- Two-year narrative plan (instead of one year)
- Two-year financial plan (year 2 allocation numbers are not confirmed in full)
- Capacity and demand plan is a core part of the submission (lasting for one year only, along with the metrics plan which is also one year only)

##### 1.4.2 Finance and reporting

- Adult social care discharge fund now paid via BCF
- Winter fund monies now merged with other BCF monies so not specifically referenced
- Reporting on the overall plan is quarterly (excepting the discharge fund, which is fortnightly); some aspects of the plan will be refreshed in-year

##### 1.4.3 Metrics

- New falls metric (1.3.2 above)
- New discharge metric expected in autumn.

Overall, more detail is required than in previous years.

#### 1.5 Agreed spend

The BCF requires Integrated Care Boards (ICBs) to continue to pool a mandated minimum amount of funding, including the health element of the Adult Social Care Discharge Funding, and local authorities to continue to pool grant funding from the iBCF (improved better care fund), the Disabled Facilities Grant and the adult social care discharge funding (paid directly by government to the Council). Summary Finance information is provided below and shows the relative split of the 2023/24 £28.3m pooled fund:

Funding received by	BCF element	Revenue or capital	Allocation 23/24 £'000	Allocation 24/25 £'000	Planned Expenditure £'000
NELC	Disabled facilities Grant (DFG)	Capital	3,221	3,221	In Full
NEL place ICB	ICB contribution *	Revenue	14,786	15,623	In Full
NELC	iBCF	Revenue	8,059	8,059	In Full
NELC	Discharge	Revenue	1,130	1,875	In Full
NEL place ICB	Discharge	Revenue	1,077	1,077	In Full
<b>Total</b>			<b>28,273</b>	<b>29,855</b>	

\* £5.3m of the ICB contribution is directed to support adult social care and is managed within the adult social care s75 budget envelope. In addition, the £8.1m iBCF is used by the Council to support adult social care services.

The way in which BCF monies are utilised is set out in the attached planning template. NB although the attached requires reference to how monies are planned to be spent in 2024/25, not all allocations for that year are yet confirmed.

## **1.6 The quarter four/ final return for 2022/2023**

The attached end of year/ quarter four report for 2022/23, was submitted to NHSE in May 2023 utilising authority delegated to the portfolio holder, Councillor Shreeve.

As part of BCF reporting, we are required to provide an update on whether metrics were met, and whether spend was as planned. Where metric targets were not met, plans are in place to address this (see tab four). A change in planned spend resulted from the carry forward of DFG monies from the preceding year (see tab five) and the introduction of the adult social care discharge fund (see tab six) part way through the year.

## **1.7 The BCF Steering Group**

On-going high-level oversight of BCF schemes, and development of BCF plans, is undertaken by the BCF steering group (comprising ICB and Council staff), reporting to the Joint Committee as necessary. Ultimate reporting is to the Health and Wellbeing Board. Modest adjustments (in red on the attached) have been made to the Steering Group's terms of reference to reflect:

- The change from Clinical Commissioning Group (CCG) to ICB
- Changes to the way monies are paid via BCF
- Changes in personnel.

## **2. RISKS AND OPPORTUNITIES**

### **2.1 Risks**

2.1.1 Failure to submit a plan (comprising narrative and planning template) approved by national NHSE. The draft plan had the benefit of feedback from regional NHSE, allowing us to improve the plan prior to final submission. NEL's plans have generally only required modest adjustments before approval.

2.1.2 Failure to meet national reporting requirements. Areas are required to report on the entirety of the BCF quarterly and on the discharge fund aspects of it fortnightly. To date, all reports have been submitted on time and have been deemed acceptable to NHSE.

2.1.3 Failure to comply with the national conditions. The BCF steering group meets at least quarterly and has oversight of BCF-related activity; in conjunction with partners, it can take action to address compliance issues, as necessary.

2.1.4 Progress on delivery of DFG work has remained challenging due to increased demand, shortages in applicants for key roles and the backlog created during COVID. Monthly performance monitoring of the entire DFG process is established, tracking performance activity from the first call into the service to completion of works, which is supported by a revised DFG process map.

## **2.2 Opportunities**

2.2.1 Integrated working continues to provide opportunities to work more efficiently and effectively for the benefit of NEL.

2.2.2 The most recent addition to the funding streams paid via BCF – the adult social care discharge fund – provides increased opportunity to target funding at activity designed to reduce delays in discharge from acute settings.

## **3. OTHER OPTIONS CONSIDERED**

N/a. Submission of a plan/ compliance with a national reporting schedule is mandated.

## **4. REPUTATION AND COMMUNICATIONS CONSIDERATIONS**

The area would be likely to suffer some reputational damage if national requirements were not met.

Planning in the areas to which BCF relates or is linked are heavily reliant upon partnerships within and outside of the ICB and Council, and high levels of cooperation and communication. All BCF plans to date have been published on the CCG's website (as it was then). Following approval of the current year's plan, it too will be published online.

## **5. FINANCIAL CONSIDERATIONS**

Financial considerations are considered within the main body of the report above. The current s75 agreement between the Council and ICB provides the mechanism for pooling resources and for sharing risks.

## **6. CHILDREN AND YOUNG PEOPLE IMPLICATIONS**

The focus of the BCF is on adult services. There are no known implications arising from this report, for children and young people.

## **7. CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS**

There are no known climate change or environmental implications arising from the matters in this report.

## **8. CONSULTATION WITH SCRUTINY**

No consultation with Scrutiny has taken place.

## **9. FINANCIAL IMPLICATIONS**

There are no direct financial implications as a result of this report, which outlines spend for inclusion within a national return. Spend against budgets and utilisation of available funding is reported as part of the Council's regular budget monitoring processes and through reports to Cabinet.

## **10. LEGAL IMPLICATIONS**

The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the BCF. The amended NHS Act 2006 gives NHSE powers to attach conditions to the payment of the BCF, and to withhold, recover or direct the use of funding where conditions attached to the BCF are not met. Compliance with BCF planning and reporting regimes is mandatory.

## **11. HUMAN RESOURCES IMPLICATIONS**

There are no HR implications.

## **12. WARD IMPLICATIONS**

There are no known individual ward implications. BCF monies are spent for the benefit of NEL as a whole.

## **13. BACKGROUND PAPERS**

N/A

## **14. CONTACT OFFICER(S)**

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