

HEALTH AND WELLBEING BOARD



TO:	Health and Wellbeing Board
FROM:	Katherine White, Acting Director, Adult Social Care and Prevention (DASS) Adult Social Care, BwD Local Authority Roger Parr, Deputy Chief Executive/ Chief Finance Officer, BwD Clinical Commissioning Group
DATE:	21 st June 2022

SUBJECT: Better Care Fund 2021/22 Quarter 4 End of Year position

1. PURPOSE

The purpose of this report is to:

- Provide Health and Wellbeing Board (HWBB) members with a Better Care Fund update on the end of year position for 2021/22.
- Provide HWBB members with the Better Care Fund (BCF & iBCF) Pooled budget for 2022/23.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

Health and Wellbeing Board members are recommended to:

- Note the Blackburn with Darwen Better Care Fund 2021/22 end of year position in relation to delivery and performance against targets.
- Note the Better Care Fund (BCF) Q1 2022/23 delivery and financial position.

3. BACKGROUND

As outlined in previous reports, the Health and Wellbeing Board is accountable for the delivery of the Better Care Fund Plan and managing performance against the required metrics and timetables from 2017/18-2021/22. The management of the plan is undertaken through Blackburn with Darwen's joint commissioning arrangements and governance structures.

The requirement to complete quarterly national BCF template reports as per national timescales and schedules has now resumed following a pause during the Covid Pandemic. These reports provide an account of the progress made against each of the performance metrics, scheme priorities and financial expenditure throughout the year.

In September 2021 the national Better Care Fund team published Better Care Fund planning requirements which included the requirement to complete new national BCF templates, ambitions for improving outcomes against national metrics and timescales to refresh the plans for a local Better Care Fund Plan for 2021/22. The guidance outlined new financial and narrative documents to encapsulate local financial planning, delivery, and performance for the full financial year 2021/22. The templates were submitted in line with the deadline of 16th November and received regional and national approval in January 2022.

The formal Section 75 agreement, detailing the pooled budget arrangements between the Local Authority and CCG has been updated in February 2022 to reflect the 2021/22 budget position and will be further updated for 2022/23. No substantial changes were made to the agreement.

The Better Care Fund Policy Framework and Planning Requirements for 2022/23 publication are still being developed by the national BCF team but have been delayed given the politically restricted period prior to the local elections. The new requirements for 2022/23 are due to be published by the next Health and Wellbeing Board meeting on 6th September 2022.

4. RATIONALE

The Better Care Fund has been established by the Government to provide funds to local areas to support the integration of health and social care services and models of delivery. Section 75 of the National Health Service Act (2006) gives powers to local authorities and health bodies to establish and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise of prescribed local authority functions and prescribed National Health Service (NHS) functions. All BCF reports and progress will be reported through the BCF governance structure and meetings including the Health and Wellbeing Board on an on-going basis.

5. KEY ISSUES

5.1 Better Care Fund Planning Requirements and Performance position for Quarter 4 2021/22

The national BCF reporting requirements for quarter 4 of 2021/22 were released in March 2022. The set template has sections relating to data and information to provide a summary of performance against metric targets, finances, and a narrative tab to report the position at the end of year. It is important to note that for some of the nationally set targets that data was not available in a timely manner to provide a full year position however narrative updating on progress has been provided. The deadline for completion of the BCF report was 27th May and this has received approval via the Council's Executive Member for Adult Health and Social Care Integration, in the absence of a timely Health and Wellbeing Board meeting for formal approval by the Board.

The focus of the integrated care work and commissioning of the Better Care Fund services and projects continue to be implemented via a collaborative approach to integrated, person-centred services across health, care, housing, and wider public services locally with strong governance processes in place. The overarching approach is to support people to remain independent at home and to work in a partnership approach to jointly improving outcomes for

people in our neighbourhoods, those discharged from hospital, and to reduce health inequalities.

The below four national metric targets have been set for 2021/22 and the performance against targets will continue to be monitored through regular BCF governance and finance meetings and will be reported at Health and Wellbeing meetings on an on-going basis. A summary of the metric targets for the end of year position is provided in the table below:

Table 5.1a Metric targets

National BCF Targets	Performance & narrative
Metric 1: Residential Admissions - Long Term support needs of older people met by admission to residential and nursing care homes	The target (676) was slightly exceeded (698) due to the increase in complexity of individual health and social care needs during and following the COVID pandemic. This target will be monitored closely moving forwards.
Metric 2: Reablement - Proportion of older people who were still at home 91 days after discharged from hospital into reablement/rehab services	The target (80%) was met due to the excellent range of alternatives to residential care available in Blackburn with Darwen, which include social worker teams, Occupational Therapy, Physio, Social Prescribers who support rehabilitation goals allowing individuals to return home safely.
Metric 3: Avoidable Admissions -Unplanned hospitalisation for chronic ambulatory care conditions	Data not available until June 2022 to report a full year position therefore unable to report a position. Local services and projects remain in place to support the delivery of this target including a range of community-based services such as Home First Team, Albion Mill, and Intensive Home Support Services, Reablement and Rehabilitation services are in place to provide short-term care as an alternative to hospital.
Metric 4a: Length of Stay - reduce length of stay in hospital, measured by percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days	Data not available to report a full year position, however, we remain committed to on-going local collaborative working to reducing the length of stay of our patients as part of the core work on the hospital discharge pathways back into community.
Metric 4b – Discharge to normal place of residence - improving the proportion of people discharged home	The target was 91.2% in a backdrop of challenging year due to the onset of winter, impact of the increase of COVID cases and the increase in complexity of need of people presenting in hospitals which has resulted in the end of year actual position of 90.86%. We remain positive around this achievement that we were only marginally short against target.

In addition to the above, we have reported 2 key successes for this year:

1. **Integrated Workforce** remains one of our greatest focus and achievements due to our collaborative, open and supportive partnership approach which has formed a range of collaborative strategic and planning forums in place across our Pennine Lancashire and Blackburn with Darwen Health

and Social Care Systems. An example of this is the joint Primary Care Network and wider Health and Wellbeing organisational partnership meetings held at neighbourhood and place level. We continue to encourage and promote the 'One Team' approach across multiple organisations to provide holistic and joined up approaches to an integrated workforce which includes the joint development & delivery of induction, training and upskilling of clinical and non-clinicians side by side and across traditional organisational boundaries. This has enabled us to develop greater understanding of the role and responsibilities of different organisations and teams and additionally to explore further opportunities for innovation.

2. **Strong System-wide governance and leadership** - We are proud of our local approach to a joint health and social care BCF governance structure and collaborative leadership which has shone as a solid foundation in comparison to other BCF governance arrangements across Lancashire. Health and Social Care Executives and Senior Managers have worked closely with providers at a system level to develop and implement our strong governance, strategic and commissioning forums. The BCF plan strategic aims and objectives are threaded through our local governance processes, meetings and decision-making forums which are strongly supported and engaged by local leaders. The Integrated Care System (ICS) and Integrated Care Provider (ICP) structures and commissioning frameworks are under development with good representation by CCG and Local Authority Leaders at relevant forums to help shape and support newly forming priorities and structures which are influenced by the BCF priorities.

5.2 Disabled Facilities Grant

The Disabled Facilities Grant is used specifically to support our people including those who are most in need; including the elderly and disabled who require adaptations and additional help and support to remain in their own home.

Progressing the distribution of the Disabled Facilities Grant has been particularly challenging during the Covid Pandemic as national restrictions have made adaptations to individual's properties difficult to achieve. However, full-service delivery for adults was fully restored during the year with an empathy to support a person at their own pace and for those who have health and low-level mental health issues as well as strong links to our Healthy Homes services and schemes.

The main priority in 2021/22 was to apply the funding that was brought forward from the last financial year and this year's allocation by being proactive, efficient, and inventive. As such we have considered how discretionary funding could be best utilised and have increased staff capacity, thus speeding up the DFG process, continued with the refurbishment plans for in house facilities which will ensure service users with more complex needs are supported. The offer can be enhanced and funds are being utilised to support the Albion Mill Intermediate Care Service.

We are continuing to work collaboratively with third sector partners to awarding discretionary funding to support service users who have assessed needs to continue to live safe and well in their homes. There has been a positive financial recovery in this financial year, however national restrictions were in place in the first quarter, which did have a cause and effect on throughput during the year. There was also significant brought forward capital from 20/21 which can be wholly attributed to the impact of the Pandemic and adds context to the below finance update.

The remainder of this section of the report provides a financial summary at Q4 2021/22 and an overview of the budgets for 2022/23.

Q4 2021/22 Finance Update

The CCG minimum pooled budget requirement for 2021/22 was £13,320,712 which is included in the total BCF budget of £15,450,455 for 2020/21. The outturn on BCF was £15,051,688 and after adjusting for resources carried forward from previous financial year, there was an overall under spend for the year of £2,703,165. Of which, £1,080,044 relates to a planned carry over for the ordinary BCF for full utilisation in 2022-23. The remaining balance of £1,623,121 is in respect of Disabled Facilities Grant (DFG). Closure of the Local Authority accounts, as host of the pooled budget, is anticipated based on the aforementioned BCF year-end position and subject to approval at the Council's Executive Board.

The underspend has been carried forward to be spent in 2022/23 under the pooled budget arrangements which allows planned carry-over of resources from one year to the next to facilitate maximisation of service needs and requirements. Spend on DFG is demand led and take up rate can fluctuate impacting on timing of completion of works and discharge of expenditure, and normal activity on DFG continued to be impacted during the year due to the Covid-19 pandemic. The capital programme of the Authority allows for carry forward of resources from one year to next and plans are being developed to ensure DFG funds are fully utilised in 2022/23.

In 2021/22 the iBCF allocation has been fully utilised.

The final 2021/22 budget for the BCF and iBCF pool was £23,554,050 (before carry forwards from previous year) and the final outturn was £21,708,236 an underspend of £1,845,814 which is detailed above and was reported in the Better Care Fund Q4 template submitted on behalf of the Health and Wellbeing Board on 27th May 2022.

Q1 2022/23 Finance Update

The below financial summary highlights the plans for the BCF financial budget for Quarter 1 2022/23. There is a continuation of the schemes and services funded through the Better Care Fund for 2022/23 with estimated inflation uplifts and some minor adjustments made which have been reported and approved via the Joint Commissioning Group as part of the joint commissioning governance structures and meetings in Blackburn with Darwen. The aforementioned planned carry forward of £1,080,044 for the ordinary BCF into 2022-23.

- The CCG minimum BCF pooled budget requirement for 2022/23 is £14,074,664 (the CCG Minimum BCF includes a 5.66% inflation uplift).
- The DFG capital allocation for 2022/23 is £2,129,743.
- The iBCF allocation for 2022/23 is £8,349,595 which includes a nationally awarded uplift of £246,000.
- 2022/23 budget for the BCF and iBCF pool is £27,257,167 including carry forwards from 2021/22.

The 2022/23 BCF allocations as above plus carry forward amounts from 2021/22 are analysed as:

- Spend on Social Care - £4,539,178 (30%)
- Spend on Health Care - £5,124,002 (34%)
- Spend on Integration - £4,259,998 (28%)
- Contingency - £600,000 (4%)
- Resources still to be allocated - £631,531 (4%)

6. POLICY IMPLICATIONS

The key policy drivers are outlined within the main body of this report and within previous BCF papers presented to HWBB members. Local areas are expected to fulfil these requirements. New Policy and guidance for 2022/23 is expected to be released in the autumn. The impact and implications will be reported at Health and Wellbeing Board at the earliest opportunity.

7. FINANCIAL IMPLICATIONS

7.1 BCF Pooled Budget Qtr. 4 Position 2021-22

The final 2021/22 budget for the BCF and iBCF pool was £23,554,050 (before carry forwards from previous year) and the final outturn was £21,708,236, an underspend of £1,845,814 which is detailed above and was reported in the Better Care Fund Q4 template submitted on behalf of the Health and Wellbeing Board on 27th May 2022. After adjusting for resources carried forward from previous financial year, there was an overall under spend for the year of £2,703,165, of which, £1,080,044 relates to BCF revenue pool and carry forward of DFG capital funds amounted to £1,623,121.

7.2 BCF Pooled Budget Qtr.1 Position 2022-23

The Qtr. 1 2022/23 budget for BCF and iBCF financial plans have been by approved at JCRG. A new financial budget within the total allocation of £27,257,167 has been agreed and will continue to be developed further, and ratified through the joint commissioning governance as we progress through the year.

8. LEGAL IMPLICATIONS

Legal implications associated with the Better Care Fund governance and delivery has been presented to Health and Wellbeing Board members in previous reports. Section 75 of the National Health Service Act 2006 contains powers enabling NHS bodies and local authorities to pool funding into a pooled fund. The Section 75 Agreement provides arrangements, risk sharing arrangements and other funding streams aligned to integrated delivery locally which enables the management of BCF schemes in accordance with the national conditions.

An updated Section 75 agreement for 2021/22 has been reviewed and approved between the Local Authority and CCG in March 2022.

9. RESOURCE IMPLICATIONS

Resource implications relating to the Better Care Fund plan have been considered and reported to Health and Wellbeing Board members within the main body of this report and have been outlined in the updated Section 75.

10. EQUALITY AND HEALTH IMPLICATIONS

Equality Impact Assessments are ongoing as part of the development of all BCF and integrated care schemes, including new business cases, and are integral to service transformation plans. An updated EIA will be completed as part of the new national planning requirements for 2022/23 once they are issued.

11. CONSULTATIONS

The details of engagement with service providers, patients, service users and the public have been reported to Health and Wellbeing Board members throughout development of the local BCF 2021/22 plan and will continue in the review and planning process for 2022/23.

VERSION:	0.1
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BACKGROUND PAPER:	

