

HEALTH AND WELLBEING BOARD



TO:	Health and Wellbeing Board
FROM:	Katherine White, Deputy Director of Adult Social Care and Health, Adult Social Care, BwD Local Authority Kirsty Hollis, Place Based and Programme Finance, Integrated Care Board
DATE:	4 th December 2022

SUBJECT: Better Care Fund Plan for 2022/23

1. PURPOSE

The purpose of this report is to:

- Provide Health and Wellbeing Board (HWBB) members with a Better Care Fund update on the local plans submitted for 2022/23.
- Provide HWBB members with an update on 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 Plans submitted for 2022/23 in relation to delivery and performance targets.
- Note the Better Care Fund (BCF) Quarter 2 2022/23 delivery and financial position.

3. BACKGROUND

The Health and Wellbeing Board remains accountable for the delivery of the Better Care Fund Plan at a place based level for Blackburn with Darwen as well as managing performance against the required metrics and delivery standards. The management of the plan is undertaken through Blackburn with Darwen's joint commissioning arrangements and governance structures.

The requirement to complete national BCF template reports as per national timescales and schedules has now resumed following a pause during the Covid

Pandemic. Subsequent reports provide an account of the progress made against each of the performance metrics, scheme priorities and financial expenditure throughout the year.

The Better Care Fund (BCF) is one of the Governments national vehicles for driving health and social care integration. It requires ICB's and local government to agree a joint plan, owned by the health and wellbeing board. The government is committed to person-centred integrated care, with health, social care, housing and other public services working together to provide better joined up care. Enabling people to live healthy, fulfilled, independent and longer lives will require these services to work ever more closely together towards common aims.

In July 2022 the national Better Care Fund team published Better Care Fund Policy Framework for 2022/23 which sets out 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 2022/23. The guidance outlined new financial and narrative documents to encapsulate local financial planning, delivery, capacity and demand, and performance for the full financial year 2022/23. The templates were submitted in line with the deadline of 26th September and await regional and national approval in the coming months.

The schemes within the 22/23 BCF Plan are largely a continuation of the work invested in over a number of years and include a focus on:

- Intermediate Care
- Community Equipment
- Community Health Services
- Therapies
- Hospital Discharge
- Rehabilitation
- Integrated Discharge Services
- Carers
- Healthy Homes
- Integrated Neighbourhood Teams
- Voluntary Sector commissions

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 Plans for 2022/23

The national BCF reporting for 2022/23 set out requirements for meeting national planning conditions and metrics for the financial year. There are 3 nationally set templates which have sections relating to data and information to provide a summary of performance against new local metric numerical targets, finances, narrative on the integrated care systems and service delivery in our place. In addition for the first time, there was a requirement to complete an intermediate care capacity and demand report outlining both anticipated demand and capacity for hospital discharge and community/voluntary sector across the health and social care system in Blackburn with Darwen.

The deadline for completion of the BCF report was 26th September which required health (ICB) and local authority approval. In the absence of a timely Health and Wellbeing Board meeting, approval was received by the Council's Executive Member for Adult Health and Social Care Integration as well as the Chief Finance Officer for the ICB. Early indications from the BCF Regional Manager are positive, with one report being utilised as best practice across England.

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 2022/23 and the performance against targets will continue to be monitored through regular local BCF governance and finance meetings and will be reported at Health and Wellbeing Board on an on-going basis.

Table 5.1a Metric targets

National BCF Targets	Target
Metric 1: Residential Care Admissions – Annual rate of older people whose long term support needs are met by admission to residential and nursing care homes	A target of 150 admissions to residential or nursing care homes has been set for 22/23.
Metric 2: Reablement - Proportion of older people who were still at home 91 days after discharged from hospital into reablement/rehab services	The target is for a minimum of 80% of people to remain at home following Reablement and rehabilitation services following discharge from hospital.
Metric 3: Avoidable Admissions -Unplanned hospitalisation for chronic ambulatory care conditions	1% reduction on last year's plan, a total of 1326 people to have an unplanned admission during the year.
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 21 days	To reduce, by 6.2%, the number of hospital inpatients who have been in hospital for longer than 21 days.

5.2 Disabled Facilities Grant (DFG)

The BCF funding also includes the Disabled Facilities Grant which 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.

During the year there has been a positive financial recovery from the disruption of the Coronavirus pandemic. An increase in DFG funding for Children's and Adults from brought forward capital from 21/22 has resulted in the opportunity to improve the service by increased staff capacity, thus speeding up the grant process as follows:

- Major adaptation works for our grant recipients, ensuring, where practicable, the ongoing works programme runs efficiently and speedily.
- Working collaboratively with third sector partners to facilitate awarding discretionary funded grants by supporting service users with assessed needs, to continue to live safe and well in their homes, by making vital repairs and installing minor adaptations.
- We have also allocated discretionary funding for DFG grant applicants whose homes cannot be adapted to meet their needs, by financially supporting them to move to more suitable accommodation and to provide a Housing Needs service to achieve this goal.

Progress against the Disabled Facilities Grant budget will be reported through the remainder of the financial year.

5.3 Quarter 2 Finance Update 2022/23

The below financial summary highlights the plans for the BCF financial budget for Quarter 2 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 Recommendations Group as part of the joint commissioning governance structures and meetings in Blackburn with Darwen.

- The ICB minimum BCF pooled budget requirement for 2022/23 is £14,074,664 (the ICB 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 £8,349,082 which includes a nationally awarded uplift of £245,487.
- 2022/23 budget for the BCF and iBCF pool is £27,256,654 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 - £5,073,044 (33%)

- Spend on Integration - £3,902,711 (26%)
- Contingency - £600,000 (4%)
- Resources still to be allocated - £1,039,775 (7%)

Resources still to be allocated are being held specifically for Albion Mill and for the purposes of supporting winter planning. This will be subject to review by JCRG and resources will be allocated to specific schemes in due course.

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. 2 Position 2022-23

The Quarter 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 £27,256,654 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.

The current Section 75 agreement for 2022/23 is under review to make necessary amendments to reflect the transfer of CCG to ICB. Approval will be sought between the Local Authority and the ICB to endorse the updated agreement by December 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 has been completed as part of the new national planning requirements for 2022/2.

11. CONSULTATIONS

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

VERSION:	1.0
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BACKGROUND PAPER:	

