

# HEALTH AND WELLBEING BOARD



<b>TO:</b>	Health and Wellbeing Board
<b>FROM:</b>	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
<b>DATE:</b>	7 <sup>th</sup> March 2023

**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 progress of local plans and performance against targets for 2022/23.
- Provide HWBB members with an update on the Better Care Fund (BCF & iBCF) Pooled budget for 2022/23.
- Provide an update on future BCF plans and development in Blackburn with Darwen.

## 2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

Health and Wellbeing Board members are recommended to:

- Note the progress of the Blackburn with Darwen Better Care Fund Plan for 2022/23 in relation to delivery and performance against targets.
- Outline of future BCF requirements and reporting for quarter 4 2022/23.
- Note the Better Care Fund (BCF) Quarter 3 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 Health and Wellbeing Board are accountable for the requirement to complete and approve national BCF template reports as per national timescales and schedules. These 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 reporting templates. It set out national 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 26<sup>th</sup> September and an approval letter was received on 9<sup>th</sup> January 2023. Positive feedback was received from the national team for the Blackburn with Darwen Plan and highlighted that the reports were an 'excellent submission'.

#### **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 new requirements for meeting national planning conditions and metrics for the financial year in the form of 3 reporting templates. This included reports to be approved by the ICB and the local authority on the below 3 key areas across the health and social care system:

- performance against new local metric numerical targets and finances
- narrative on the integrated care systems and service delivery
- intermediate care capacity and demand report outlining both anticipated demand and capacity for hospital discharge and community/voluntary sector.

The reports were approved by the national BCF Team on 9<sup>th</sup> January 2023 with some very positive feedback outlining that they were an excellent submission and gave 'a really strong account of BCF in Blackburn with Darwen'.

The four nationally set metric targets have been set for 2022/23 based on local data and previous target performance. Table 5.1a shown below provides an overview of the targets and performance against targets. The performance against targets is being closely monitored via specific BCG commissioning and financial meetings. The performance against the national metrics as set out below shows a very positive position based on data available for reporting up to December 2022 with our place achieving 3 out of 4 metrics. The progress of our performance will continue to be reported at Health and Wellbeing Board on an on-going basis.

**Table 5.1a Metric targets**

National BCF Targets summary	Targets for 2022/23	Performance against targets (up to Quarter 3 2022/23)
<p><b>Metric 1: Residential Care Admissions</b> – Annual rate of older people whose long term support needs are met by admission to residential and nursing care homes</p>	<p><b>A target of 150 admissions to residential or nursing care homes, with an annual rate of 668, has been set for 22/23.</b></p>	<p>The number of admissions for people aged 65+ years entering long term residential/nursing during April – December 2022 was 115. Target has been met.</p> <p>To note: The 2022/23 planned performance at Quarter 3 remains on target with 115 admissions up to December. Should admissions continue at a similar rate it is likely that the year-end target rate will be met. Operational teams continue to monitor demand and admissions via pathways which lead into permanent residential care e.g. short term care reviews and hospital discharge processes.</p>
<p><b>Metric 2: Reablement</b> - Proportion of older people who were still at home 91 days after discharged from hospital into reablement/rehab services</p>	<p><b>The target is 669 (80%) of people to remain at home.</b></p>	<p>88% of people remained independent 91 days after discharge from hospital into one of our intermediate tier services April - December 2022. The target has been met and set appropriately.</p> <p>To note: the Reablement and Home First team continue to demonstrate that the service offered is making a significant difference, keeping people independent and avoiding hospital readmissions.</p>
<p><b>Metric 3: Avoidable Admissions</b> -Unplanned hospitalisation for chronic ambulatory care conditions</p>	<p><b>1% reduction on last year’s planned rate of admission which equates to a total of 1326 people to have an unplanned admission during the year.</b></p>	<p>948 unplanned hospital admissions up to quarter 3 is in line with trajectory with fewer emergency admissions for Chronic Ambulatory Care Sensitive conditions than initially planned for.</p> <p>To note: There may be many contributing factors - a relatively mild winter, alternative service provision (e.g. through Virtual Ward and Urgent Community Response Services), General Practice Appointments have continued to recover to post COVID levels, while the various pressures within the NHS including industrial</p>

<p><b>Metric 4a: Length of Stay-</b> reduce length of stay in hospital, measured by percentage of hospital inpatients who have been in hospital for longer than 21 days</p>	<p><b>To reduce, by 6.2%, the number of hospital inpatients who have been in hospital for longer than 21 days.</b></p>	<p>action may have factored into the degree of patient presentation.</p> <p>From Quarter 1 to Quarter 3 2022-23 period, 8.1% of discharges have been 21+ days which is higher than the target. The proportion of patients who have been in hospital 21+ days has been increasing rather than decreasing and may be attributed to high number of people hospitalised due to flu and COVID cases.</p> <p>To note: the total number of hospital discharges overall has been lower than planned, but the actual number of 21+ day discharges has been higher.</p>
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### **Adult Social Care Discharge Fund**

In September 2022 the government set out plans to release £500 million via a new national Adult Social Care Discharge (ASCD) Fund as part of the ‘Our Plan for patients’ initiative for the winter of 2022/23. The aim of the fund is to enable Local Authorities and Integrated Care Boards (ICB’s) to jointly agree plans to support timely and safe discharge from hospital into the community by reducing the number of people delayed in hospital awaiting social care. The focus is a ‘home first’ approach and discharge to assess (D2A) services and pathways to enable people to be safely discharged and supporting in their home setting. The additional ASCD funding is an addendum to the 2022 to 2023 Better Care Fund (BCF) policy framework originally issued in July 2022.

The planning condition sets out requirements for the funding to be distributed to both local authorities and ICBs to pool into the local BCF under local governance arrangements. In line with usual BCF requirements, the utilisation of this funding has been agreed between local health and social care leaders and is focussed on increasing capacity in bed based residential and nursing homes and home care packages. Progress on the impact and spend is reported via fortnightly template returns to the national BCF team.

### **Future planning**

The focus of the integrated care commissioning via the Better Care Fund services and projects continues to be implemented via a collaborative approach to integrated, person-centred services across health, care, housing, and wider public services. The overarching approach to integration is to support people to remain independent at home and to work in a partnership approach to jointly improving outcomes and reduce health inequalities for our citizens in our neighbourhoods, particularly those discharged from hospital.

To support the innovative utilisation of the Better Care Fund and integrated commissioning approach, a BCF workshop event is currently being planned for spring 2023. The purpose of the workshop is to provide a comprehensive overview of the current BCF commissioning and financial commitments and outcomes achieved by our services. This will enable a robust discussion and review of the Better Care Fund in alignment with future place priorities and ensure efficient alignment of resources for Blackburn with Darwen. The Health and Wellbeing Board members will be invited to the workshop and the outcomes of the workshop will be updated at the next respective Health and Wellbeing Board meeting in June 2023.

In addition to local planning and review processes planned for this year, the national BCF team are due to release an ‘end of year’ reporting template which encapsulates the BCF strategic delivery, performance and outcomes against our funding commitments for 2022/23. The template is due to be released in

late February/March 2023 and a highlight of this report will be updated at the next Health and Wellbeing Board meeting in June.

## **5.2 Disabled Facilities Grant (DFG)**

The BCF funding also includes a dedicated allocation called the Disabled Facilities Grant (DFG). This allocation is used specifically to support people 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 3 Finance Update 2022/23**

The below financial summary highlights the plans for the BCF financial budget for Quarter 3 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.
- The Discharge Fund Allocation for 2022/23 is £951,855.
- 2022/23 budget for the BCF and iBCF pool is £28,208,509 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 reporting requirements for 2022/23 is expected to be released in the Feb/March 2023. Any new policy requirements and their impact and implications will be reported at Health and Wellbeing Board at the earliest opportunity.

## **7. FINANCIAL IMPLICATIONS**

### **7.1 BCF Pooled Budget Qtr. 3 Position 2022-23**

The 2022/23 budget for BCF, iBCF and Discharge Funds financial plans have been approved at JCRG. A new financial budget within the total allocation of £28,208,509 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 Section 75 agreement for 2022/23 has been updated in line with Better Care Fund requirements and their deadline of 31<sup>st</sup> January 2023. Approval and signatures have been endorsed by the Local Authority and the ICB. The national BCF team have been informed of the progress of the updated Section 75 agreement.

## **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 in February 2023 as part of the new national planning requirements for 2022/23.

## 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 2022/23 plan.

<b>VERSION:</b>	<b>1.0</b>
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<b>DATE:</b>	
<b>BACKGROUND PAPER:</b>	

