

#### Health and Wellbeing Board

# Better Care Fund (BCF) Plan 2022-23 end of year report

Date: 17 October 2023

Key decision: Yes

Class: Part 1

Ward(s) affected: All

**Contributors:** Executive Director for Community Services, Director of Integrated Care and Commissioning for SELCCG (Lewisham), System Transformation and Change Lead

# Outline and recommendations

To approve the Better Care Fund Plan 2022-23 end of year report

# Timeline of engagement and decision-making

# 1. Summary

1.1. Better Care Fund (BCF) planning guidance for 2022/23 was published on 19<sup>th</sup> July 2022. Plans were submitted to NHS England by 29<sup>th</sup> September 2022 and local area Health and Wellbeing Boards approved the plans submitted.

- 1.2. This report provides members of the Health and Wellbeing Board with the end of year report against delivery of the BCF plan 2022/23 (which includes the Improved Better Care Funding, Disabled Facilities Grant fund and Discharge Fund).
- 1.3. The BCF 2022/23 end of year report was submitted to BCF national team on 27<sup>th</sup> May 2023, and has been approved subject to Lewisham Health and Wellbeing Board approval which is being sought here.
- 1.4. This report recommends that the Board formally agree the end of year BCF report 2022/23.
- 1.5. The BCF plan for 2023/4 was approved by the Health and Wellbeing Board on 18<sup>th</sup> July 2023 and submitted to BCF National team 24<sup>th</sup> July 2023. The 2023/24 plan has been approved by the BCF national team who will issue the approval letter once this report relating to 2022/23 is approved by the Health and Wellbeing Board.

# 2. Recommendations

2.1 Members of the Health and Wellbeing Board are asked to:

- Formally approve the Better Care Fund End of Year report 2022/23
- Delegate future approval of any BCF/IBCF quarterly returns to the S75 Agreement Management Group.
- Agree to receive the 2023/24 quarterly returns for information at the next available Health and Wellbeing Board following submission.

# 3. Policy Context

- 3.1. The Health and Social Care Act 2012 requires Health and Wellbeing Boards to encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area.
- 3.2. The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the BCF. It allows for the mandate to NHS England to include specific requirements relating to the establishment and use of an integration fund.
- 3.3. The BCF is a joint health and social care integration fund managed by Lewisham Council and SEL ICB (Lewisham). The strategic framework is set out in the national BCF policy framework and planning guidance.
- 3.4. There are a number of upcoming reforms taking place to the health and social care system, including the Integration White Paper: <u>Health and social care integration</u>: joining up care people, place and populations, the <u>Adult Social Care Reform White</u> Paper, People at the Heart of Care; the Health and Care Act 2022 and reforms to the public health system which provide an important context for the BCF going forward.

# 4. BCF Plan 2022/23

- 4.1 On 19 July 2022, the Government published the Better Care Fund Policy Framework for 2022/23. The document set out the national conditions, metrics and funding arrangements for the BCF in 2022/23.
- 4.2 The Policy Framework stated that a full planning round would be undertaken in 2022/23 with areas required to formally agree BCF plans and fulfil national accountability requirements.

- 4.5 The BCF 2022/23 plan was developed by SEL ICB (Lewisham) and the Council. The BCF Plan 2022/23 covers one financial year and continues to fund activity in the following areas:
  - Prevention and Early Action
  - Community based care and Neighbourhood Networks
  - Enhanced Care and Support
  - Population Health and IT

# 5. Funding Contributions

- 5.1. In 2022/23 the financial contribution to the BCF from SEL ICB (Lewisham) is £25,971,817. The financial contribution from the Council in 2022/23 is £773,989, in addition to the DFG contribution of £1,518,970. The IBCF grant to Lewisham Council has been pooled into the BCF and totals £14,941,703. A report against Discharge Funding of £2,414.989 received during the year is required to be included in this BCF end of year report. In 2023/24 and 24/25 the Discharge Fund will be included in the BCF. The financial contribution from the Council to the Discharge Fund is £1,139,902. The financial contribution from the ICB to the Discharge Fund is £1,275,087. The total BCF pooled budget for 2022/23 was £45,621,468.
- 5.2. The financial contributions to the BCF have been agreed by the ICB and Council and agreed through the ICB's and Council's formal budget setting processes.

Summary	Areas of Expenditure	22/23
Assistive Technologies and Equipment	Equipment and telecare	£ 1,132,888.00
Additional or redeployed capacity from current care workers		£ 335,000.00
Bed based intermediate care		£ 121,000.00
Care Act Implementation Related Duties	Deprivation of Liberty Safeguards support	£ 900,000.00
Carers Services	Advice, information and support	£ 589,971.00
Community Based Schemes	Extended primary care and urgent care access, Medicine Optimisation and Enablement	£ 11,635,938.00
DFG Related Schemes		£ 1,518,970.00

5.3. As set out in the plan, the table below shows the areas of expenditure within the BCF and IBCF plan for 2022/23.

Enablers for integration	Connect care, managing pressures, Provider Alliance support, Population Health System	£ 1,789,746.00
High Impact Change Model for Managing Transfer of Care	D2A staffing, Trusted Assessor, CHC, Hospital discharge team	£ 4,556,295.00
Home Care or Domiciliary Care		£ 6,572,279.00
Housing Related Schemes	Learning disability supported accommodation	£ 164,000.00
Integrated Care Planning and Navigation	Discharge team, HR resource	£ 5,454,303.00
Local recruitment initiatives	Neighbourhood teams	£ 421,000.00
Personalised Care at Home	Community Falls, Social Prescribing	£ 4,380,844.00
Prevention / Early Intervention	reablement	£ 1,209,875.00
Reablement in a Person's Own Home	Extra-care provision, Transition support, MH provision	£ 469,000.00
Residential Placements		£ 4,370,359.00
TOTAL		£ 45,621,468.00

# 6. National Conditions, Capacity and Demand Plans and HICM

- 6.1 The national conditions for year 2022/23 are:
  - i) A requirement for a jointly agreed plan between local health and social care commissioners, signed off by the HWB.
  - ii) NHS contribution to adult social care to be maintained in line with the uplift to the minimum contribution.
  - iii) Requirement for investment in NHS commissioned out-of-hospital services.
  - iv) Implementing the BCF policy objectives, which are to:
    - (1) Enable people to stay safe, well and independent at home for longer and
    - (2) Provide the right care in the right place at the right time.
- 6.2 The BCF plan is required to demonstrate that these national conditions have been met
- 6.3 For the first time in 2022/23, the BCF submission required development of a local Capacity and Demand plan for intermediate care, this plan has been updated for the 2023/24 BCF plan and was submitted to the HWB as part of the 2023/24 approval process. This plan provides detail on local expenditure on intermediate care, whether this is funded via the BCF or other finance sources.

- 6.4 Intermediate care is defined as "a multidisciplinary service that helps people to be as independent as possible" which. "provides support and rehabilitation to people at risk of hospital admission or who have been in hospital" (NICE, 2022)
- 6.5 **High Impact Change Model:** The BCF requires local areas to self-assess against the High Impact Change Model. This element of the BCF report does not form part of the assessment of a local area's BCF plan by NHSE.

## 7. Metrics

- 7.1 This end of year report sets out the achievement for the year each of the national BCF metrics. These metrics are:
  - i) Effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation).
  - ii) Older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population.
  - iii) Unplanned hospitalisation for chronic ambulatory care sensitive conditions.
  - iv) Improving the proportion of people discharged home, based on data on discharge to their usual place of residence.
- 7.2 In previous years, the BCF included a metric for hospital length of stay. This metric has been removed from the BCF for 2022/23.

### 8. Governance

- 8.1 The BCF arrangements are underpinned by pooled funding arrangements with a section 75 agreement. A section 75 agreement is an agreement made under section 75 of the National Health Services Act 2006 between a local authority and an NHS body in England. It can include arrangements for pooling resources and delegating certain NHS and local authority health related functions to the other partner.
- 8.2 The Section 75 Agreement Management Group (Adults) continues to oversee the 2022/23 BCF plan and expenditure.

## 9. Financial Implications

9.1 There are no financial implications arising from this report. Monitoring of the activity supported by the Better Care Funding continues to be undertaken by the Section 75 Agreement Management Group (Adults).

## 10. Legal implications

- 10.1 As part of their statutory functions, members are required to encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area, and to encourage persons who arrange for the provision of health-related services in its area to work closely with the Health and Wellbeing Board.
- 10.2 Where there is an integration of services and/or joint funding, then this is dealt with under an agreement under Section 75 of the NHS Act 2006 which sets out the governance arrangements for the delivery of services, and where relevant any delegation of functions

from one party to another and the respective budget contributions of the local authority and the CCG in relation to the services.

## **11.** Crime and Disorder Implications

11.1 There are no specific crime and disorder implications arising from this report or its recommendations.

## 12. Equalities Implications

12.1 Tackling inequalities in health is one of the overarching purposes of integration. Each new or existing service funded by the BCF has regard to the need to reduce inequalities in access to care and outcomes of care. An equalities assessment/analysis is undertaken as part of the development of any new proposals to assess the impact of the new services on different communities and groups.

#### 13. Environmental Implications

13.1 There are no specific environmental implications arising from this report or its recommendations.

### 14. Conclusion

14.1 This report provides a report against delivery of the Better Care Fund 2022/23 plan and seeks formal approval from Members on the end of year 2022/23 report which has been submitted to NHS England. Members are asked to note the contents and agree the recommendations set out in the report.

#### **15.** Report authors and contact

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