



## Health and Wellbeing Board

### **Report title: Better Care Fund Update**

**Date:** 4 March 2021

**Key decision:** No

**Class:** Part 1

**Ward(s) affected:** All

**Contributors:** Executive Director for Community Services (Lewisham Council), Director of System Transformation (South East London CCG)

### **Outline and recommendations**

The purpose of this report is to provide members of the Health and Wellbeing Board with an update on the activity that has been funded through the Better Care Fund (BCF) in 2020/21 and the arrangements for developing the BCF plan for 2021/22.

Members of the Health and Wellbeing Board are asked to note and agree the recommendations set out in the body of this report.

### **Timeline of engagement and decision-making**

The BCF plan for 2021/22 will be jointly developed by the Council and the CCG following publication of the Government's Policy Framework and Planning Guidance for the BCF. The guidance is expected to be issued shortly. The draft BCF 2021/22 Plan will be presented to the Health and Wellbeing Board for approval prior to submission.

## 1. Summary

- 1.1. This report provides the Health and Wellbeing Board with an update on the activity that has been funded through the BCF during 2020/21. The report also sets out the action that is being taken to review the Better Care Fund (BCF) and the Improved Better Care Fund (IBCF) which will inform the development of the BCF Plan in 2021/22.

## 2. Recommendations

- 2.1. Members of the Health and Wellbeing Board are recommended to:
  - Note that the BCF, during 2020/21, continued to support the activity that had been set out in the BCF plan for 2019/20 which was approved by the Health and Wellbeing Board in November 2019. For 2020/2021, NHSE did not require a formal BCF plan to be produced.
  - Note that the BCF during 2020/21 will be fully spent by the end of the financial year and that the mandatory minimum contribution to adult social care has been met.
  - Note that the use of the BCF during 2020/21 continues to meet the national conditions and is focused on the achievement of the metrics set out in the latest Policy Framework and Planning Guidance.
  - Agree to delegate approval of the BCF/IBFC end of year return to the S75 Agreement Management Group and to receive it for information at the next available Board following submission.
  - Note that a strategic review of the BCF is being carried out which will inform the development of the BCF Plan 2021/22.

## 3. Policy Context

- 3.1. The Council's Corporate Strategy 2018-2022 outlines the Council's vision to deliver for residents over the next four years and includes the following priority relevant to this item:

*1: Delivering and defending: health, social care and support - Ensuring everyone receives the health, mental health, social care and support services they need.*
- 3.2. The Better Care Fund is a joint health and social care integration fund managed by the Council and the CCG. The strategic framework is set out in the national BCF policy framework and planning guidance. The BCF also supports the delivery of the NHS Long Term Plan.

## 4. Background

- 4.1. The development and management of BCF/IBCF plans are overseen by the Section 75 Agreement Management Group, whose membership is drawn from representatives of the Council and the CCG. The group also oversees the Section 75 Agreement that is in place for the BCF.
- 4.2. At its meeting in November 2019, the Health and Wellbeing Board considered and formally agreed the BCF Plan for 2019/20. The plan was formally submitted to NHS England on 27 September 2019 and assurance from NHS England was received in January 2020.
- 4.3. Early in 2020, Health and Wellbeing Boards were advised that BCF policy and planning requirements would not be published during the initial response to the COVID-19 pandemic. In the meantime HWBs were advised to prioritise continuity of provision,

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social care capacity and system resilience and to continue to focus spend on locally agreed priorities pending further guidance. It was therefore agreed that the BCF spend for 2020/21 would continue to support the 2019/20 schemes that had been previously agreed.

- 4.4. On 3 December 2020, the Government advised that BCF plans would not need to be submitted to NHS England and NHS Improvement for approval in 2020/21. Local areas would instead be required to submit an end of year reconciliation to confirm compliance with national conditions and metrics and that the CCG minimum contribution to social care and out of hospital services have been met.

## 5. Funding Contributions in 2020/21

- 5.1. The total value of the pooled funding contributions in 2020/21 is £39.906m. In 2020/21 the financial contribution to the BCF from the CCG is £23.291m.
- 5.2. The following funding from the local authority is also included in the pooled budget arrangements: IBCF (£13.134m); the Disabled Facilities Grant (£1.339m); the Winter Pressures Grant (£1.368m); and an additional financial contribution from the Council to support neighbourhood teams (£774k).
- 5.3. The DFG and the Winter Pressures Grant are received by the Council and pooled into the BCF in line with grant conditions. The expenditure incurred to 31 December 2020 and the forecast outturn for 2020/21 are shown in tables 1 and 2 below.

**Table 1: Better Care Fund**

<b>Expenditure Category</b>	<b>Expenditure YTD 31 December 2020 £m</b>	<b>Forecast Outturn 31 March 2021 £m</b>
Adult Social Care contribution	7.218	9.624
Continuing Funding of NHS Contracts	6.301	8.401
Other BCF committed expenditure (including supporting Primary Care, Continuing Healthcare, Hospital Discharge and population health)	3.949	5.266
<b>Total BCF expenditure</b>	<b>17.468</b>	<b>23.291</b>

**Table 2: Improved Better Care Fund plus additional funding sources**

<b>Expenditure Category</b>	<b>Expenditure YTD 31 December 2020 £m</b>	<b>Forecast Outturn 31 March 2021 £m</b>
Mental Health support/provision	0.385	0.513
Community Health support/provision	0.053	0.07
Other IBCF expenditure	9.414	12.552

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Winters Pressure Grant	1.026	1.368
Disabled Facilities Grant	1.004	1.339
Neighbourhood Communities teams (Additional LA Contribution)	0.581	0.774
<b>Total IBCF and Other expenditure</b>	<b>12.463</b>	<b>16.615</b>

## 6. BCF Plan 2021/22

- 6.1. As in previous years, all Health and Wellbeing Boards in England will be required to agree a plan for the use of pooled funding to support integrated health and care services. Pooled funding includes the Disabled Facilities Grant which provides housing adaptations and related support, and the Winter Pressures Grant to encourage proactive, joint planning ahead of winter and to minimise seasonal pressures. Both the Disabled Facilities Grant and the Winter Pressures Grant are paid to the Council and pooled into the BCF/IBCF.
- 6.2. In its policy statement published on 3 December 2020, the Government confirmed that the national conditions in 2021/22 will continue to set a minimum contribution to support social care from the NHS, to support the health and wellbeing of people with care needs and reduce the need for more acute care. The statement confirmed that an inflationary uplift will be applied to the CCG minimum contribution to social care, however the amount of uplift allocated to each HWB area has not yet been confirmed.
- 6.3. The 2021/22 plan will cover one financial year and will be an evolution of the activity funded through the BCF in 2019/20 and 2020/21. The Policy Framework and Planning Guidance are due to be published imminently.
- 6.4. At the beginning of 2020, the Section 75 Agreement Management Group agreed that there should be a review of the BCF/IBCF schemes prior to the production of the 2020/21 BCF/IBCF plan. The review was agreed to ensure that the schemes supported the integration and transformation of health and care and continued to reflect the priorities of the Lewisham Health and Care Partnership (see Annex A).
- 6.5. Although deferred during 2020, the planned review of the BCF/IBCF has now been resumed. The review will inform the development of the BCF plan for 2021/22, in line with the Policy Framework and Planning Guidance, and identify funding which can be released from existing schemes/activity and redirected to areas which would in turn reduce spend in other areas across the health and care system.
- 6.6. Subject to the outcome of the review and publication of policy and planning guidance, it is anticipated that the Council and the CCG will continue to fund activity in the following areas:
- Prevention and Early Action
  - Community based care
  - Enhanced Care and Support to reduce avoidable admissions to hospital and facilitate timely discharge from hospital
  - Estates and Digital
- 6.7. In determining the expenditure against planned activity for 2021/22, the S75 Group will review the activity that has been funded through the BCF/IBCF since April 2020 and the impact that has had on health and wellbeing outcomes. During the Covid pandemic for example, the BCF has continued to fund the voluntary and community sector to provide vital support to communities; to fund the continued development of the population health

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management system which has been used to identify cohorts in support of the COVID-19 vaccination programme; and has continued to fund activity which supports timely discharge from hospital to home or into an appropriate care setting.

## **7. Next Steps**

- 7.1. Officers in the Council and the CCG will complete the BCF 2020/21 end of year reconciliation for approval by the S75 Agreement Management Group. The reconciliation will be submitted to NHS England and presented to the Health and Wellbeing Board at the next available meeting following submission.
- 7.2. The BCF 2021/22 plan will be jointly developed by the Council and the CCG following publication of the Policy Framework and Planning Guidance and agreed by the S75 Agreement Management Group.
- 7.3. The draft BCF 2021/22 Plan will be presented to the Health and Wellbeing Board for final approval prior to submission.

## **8. Financial implications**

- 8.1. There are no direct financial implications arising from the implementation of the recommendations in this report. Officers will seek to ensure that the BCF and IBCF funded activity continues to deliver value for money and where possible savings against other existing budget lines for the Council and the CCG, both of whom are parties to the pooled budget arrangements.

## **9. Legal implications**

- 9.1. There are no direct legal implications arising from the implementation of the recommendations in this report. However members will wish to note that the governance of the BCF is set out in the associated S75 Agreement. The draft 2021/22 BCF plan and associated expenditure will be presented and agreed by members of the S75 Board and subsequently approved by the Council and the CCG. Once agreed, the BCF plan will be presented for sign off by the Health and Wellbeing Board.

## **10. Equalities implications**

- 10.1. The Equality Act 2010 brought together all previous equality legislation in England, Scotland and Wales. The Act included a new public sector equality duty, replacing the separate duties relating to race, disability and gender equality. The duty came into force on 6 April 2011. It covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 10.2. The Council must, in the exercise of its functions, have due regard to the need to:
  - eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
  - advance equality of opportunity between people who share a protected characteristic and those who do not.
  - foster good relations between people who share a protected characteristic and those who do not.
- 10.3. Tackling inequalities in health is one of the overarching purposes of integration. Each new or existing service funded by the BCF or IBCF must have regard to the need to reduce inequalities in access to health and care and health and wellbeing outcomes.

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## **11. Climate change and environmental implications**

- 11.1. There are no specific climate change or environmental implications arising from this report or its recommendations.

## **12. Crime and disorder implications**

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

## **13. Health and wellbeing implications**

- 13.1. 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.

## **14. Background papers**

- 14.1. Better Care Fund – 2019/20 Plan

<https://councilmeetings.lewisham.gov.uk/documents/s68987/Item%205%20-%20BCF%20Plan%202019-20.pdf>

- 14.2. Better Care Fund Policy Statement published 3 December 2020

<https://www.gov.uk/government/publications/better-care-fund-policy-statement-2020-to-2021/better-care-fund-policy-statement-2020-to-2021#better-care-fund-in-2021-to-2022>

## **15. Report author and contact**

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## Annex A: Lewisham Health and Care Partnership Recovery Plan Priorities

### Addressing Inequalities

addressing inequalities and disparities in risks and outcomes, including a specific focus on our BAME communities and staff.

<p><b>Care Homes</b></p> <p>supporting care homes locally including co-ordinated support and safeguarding of all residents and staff</p>	<p><b>Prevention</b></p> <p>restarting services reduced or put on hold during lockdown with a focus on addressing inequalities</p>	<p><b>Planned Care</b></p> <p>including proactive immunisations, cancer screening, Long Term Conditions support and management, postnatal and health checks</p>	<p><b>Building Community Resilience</b></p> <p>recognising individual strength, knowledge and skills to ensure people have more control and a greater voice</p>	<p><b>Children, Young People &amp; Families</b></p> <p>catch-up immunisations, screening and weight management, mental health support and support to schools</p>
<p><b>Frailty</b></p> <p>understanding and mapping mild, moderate and severe frailty, links to other conditions, and how best to provide more responsive care</p>	<p><b>Diabetes</b></p> <p>including patients with undiagnosed diabetes, at risk of developing diabetes and with gestational diabetes</p>	<p><b>Respiratory</b></p> <p>integrated respiratory community hubs, review of Lung Education Exercise Programme (LEEP), and implementation of multi-disciplinary working for respiratory patients</p>	<p><b>Mental Health</b></p> <p>Front Door &amp; Rapid Crisis Response, Community Support, Rehabilitation &amp; Complex Care, including addressing inequalities and improving outcomes for BAME communities</p>	<p>Implementation of the i-Thrive model across early help and emotional health services to develop a common language and enable better access to services, creating improved family resilience</p>

### Safeguarding our communities and those who support them

mitigating and managing the risks of a “second surge” of Covid-19 in Lewisham, including Test and Trace, Shielding, “Covid-19 Secure” services

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