DECISION-MAKER:	Health and Wellbeing Board	
SUBJECT:	Better Care Fund Narrative Plan and Template 2021/2022	
DATE OF DECISION:	15/12/2021	
REPORT OF:	COUNCILLOR I. White CABINET MEMBER FOR Health and Adult Social Care	

CONTACT DETAILS						
Executive Director	Title	Executive Director, Wellbeing (Health and Adults)				
	Name:	Guy Van Dichele Tel: 07703 498 223				
	E-mail	Guy.VanDichele@southampton.gov.uk				
Author:	Title	Associate Deputy Director, Integrated Commissioning Unit				
	Name:	Moraig Forrest-Charde Tel: 07769640375				
	E-mail	moraig.forrest-charde@nhs.net				

STATEMENT OF CONFIDENTIALITY

Not Applicable

BRIEF SUMMARY

The papers for consideration, and sign off, are written in response to the Better Care Fund Policy Framework and Planning Guidance, the latter being published on the 30th of September 2021. These papers were submitted to the regional Better Care Fund (BCF) team for assurance on the 16th of November as required in the Planning Guidance.

There are two papers - planning narrative and template which both of which were required in response to the Planning Guidance. The narrative was structured with a set of questions set by the national BCF team, the responses to these questions are informed by the 5 Year Health and Care Strategy, which builds on the work in response to the pandemic and new national policy i.e. hospital discharge policy. These priorities were identified in the Joint Commissioning Board (JCB) briefing April 2021 and are reflected in the narrative response. The template required detail of income and planned expenditure, setting of targets against the nationally set metrics and assurance that the planning requirements have been met.

The content of these two papers is not repeated in this document rather a summary of the requirements, with the papers included as an addendum.

RECOMMENDATIONS:

	(i)	Health and Wellbeing Board note the delegated approval of the Better Care Fund Policy Framework and Planning Guidance by the Health and Wellbeing Board Chair, following agreement of the CEO of the Local Authority and Accountable Officer of the Clinical Commissioning Group (CCG).
--	-----	---

	(ii)	Health and Wellbeing Board note that response from the regional BCF team regarding assurance is expected on the 9 th of January 2022.				
REASC	REASONS FOR REPORT RECOMMENDATIONS					
1.	1. The BCF requires clinical commissioning groups and local authorities to agree a joint plan, owned by the Health and Wellbeing Board. These are joint plans for using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006).					
ALTER	NATIVE	OPTIONS CONSIDERED AND REJECTED				
2		er options considered, sign off by the Health and Wellbeing Board is a ment set out in the BCF Policy Framework and Planning Guidance.				
DETAIL	. (Includi	ng consultation carried out)				
3	Policy I	Framework and Planning Guidance				
	Framew Guidano	partment of Health and Social Care published the BCF Policy ork for 2021/2022 on the 19 th of August 2021 and the Planning ce, which supports the framework, on the 30 th of September 2021. A ry of the requirements within the framework are provided below.				
		BCF remains the government's vehicle for driving health and social care integration, through the following –				
	 Health and Wellbeing Board agreement of a joint plan – CCG and LAs 					
	 Building on progress made during the pandemic 					
	 Strengthening integration of commissioning and delivery 					
	 Delivering person-centred care¹ (strength based approach) 					
		 Continuing to support system recovery from the pandemic 				
	 NHS contributions, pooled fund arrangements - 					
		\circ Can be in excess of the minimum requirements (as previously)				
		 Include funding that supports delivery of the Care Act requirements 				
		 Includes support to Reablement and provision of carers breaks 				
	 Meets the requirement of a 5.3% rise in the minimum NHS contribution to the fund. 					
	• [Disability Facilities Grant – as previously, no changes noted.				
	● ił	BCF – as previously, no changes noted.				
	 Conditions and Metrics outlined in the plan – 					
		 Jointly agreed plan – signed off by Health and Wellbeing Board 				
		 Includes agreed approach for embedding the current discharge policy. 				
		 NHS contribution in line with the required uplift i.e. 5.3% 				
	 Invests in NHS out of hospital services 					

¹ NHS England » Comprehensive model of personalised care

0	Plan for improving outcomes for people being discharged from hospital, including
	 Continued implementation of the High Impact Change Model for Managing Transfers of Care², focusing on
	 Reducing LOS, in particular % of hospital inpatient who have been in hospital for longer than 14 and 21 days
	 Improving the proportion of people discharge home using data on discharge to their usual place of residence.
0	Further metrics to be included as part of plan and reporting are
	 Avoidable admissions to hospital through rate of emergency admission for ambulatory care sensitive conditions³
	 Long term admissions to residential care homes – reported previously
	 Effectiveness of Reablement – reported previously.
and Planning Strategy and plan and tem	nd template were required in response to the Policy Framework g Guidance, the former is based upon our 5 Year Health and Care priorities identified in the JCB briefing April 2021. The narrative uplate were submitted to the BCF team regionally for assurance on 16th of November 2021.
The narrative together in 2	e plan and template must reflect how commissioners will work 021-22 to:
	inue to implement a joined-up approach to integrated, person- ed services across health, care, housing and wider public services
• over home	arching approach to support people to remain independent at
for percer	rrative on the approach in the area to jointly improving outcomes ople being discharged from hospital, and for reducing the ntage of hospital inpatients who have been in hospital for more 4 and 21 days (National condition 4)
Local sign of local authorit sign off is by presentation 16 th of Decer arrangement	f requirements are - Health and Wellbeing Board, CEO of the y and Accountable Officer of the CCG. Following submission, if the delegated authority for the Health and Wellbeing Board, to said Health and Wellbeing Board is requirement before the mber 2021. Prior to submission the necessary sign off s were followed, including delegation to Health and Wellbeing D chair ahead of this meeting.
	e of doubt all of the conditions were met at the time assurance is for the Southampton plan.

² <u>Managing transfers of care – A High Impact Change Model: Changes 1-</u> 9 | Local Government Association

³ Ambulatory Care Sensitive Conditions (ACSC) - NHS Digital

4	Narrative Plan Priorities
	The plan includes the following priorities for 2021/2022 -
	• Priority 1 : Delivering on Avoidable Admissions - Strong focus on admission avoidance through our urgent Response Service and Enhanced Health in Care Homes (EHCH) arrangements.
	• Priority 2 : Focus on embedding the new approach to discharge, including Discharge to Assess and home first as a feature within the BCF plan.
	 Including the Community Discharge Hub/Single Point of Access (SPoA)
	o A flexible and broad offer of discharge to assess provision (D2A), promoting a home first approach
	• Priority 3 : Focus on reducing long term admissions to residential care, including elements of the High Impact Change Model (Reducing preventable admissions to hospital and long-term care)
	• Priority 4 : Increase the number of people who see benefit from Reablement, meaning a continued focus on reducing dependency on longer term care provision.
	• Priority 5 : Implement new models of care which better support the delivery of integrated care and support in our communities and work towards anticipatory care as standard.
	• Priority 6: Effective utilisation of the Disability Facilities Grant – promoting independence and personalised care/strength based approaches.
	Changes to our previous BCF plan are based upon the above priorities and recovery of services post pandemic across all schemes. In summary these are:
	Priority 1 and 4
	• Expansion and redesign of our Urgent Response Service/Urgent Community Response and Reablement Service through a number of funding sources.
	• Expansion of our EHCH service arrangements through commissioned contracts with our GP federation and partnership work with Primary Care Networks.
	• Expanding our mental health crisis offer through the 'Lighthouse', a city based community facility that supports individuals in a recovery-focused way to manage their mental health crisis.
	• Development of Children's Hospital at Home service, building on the learning from Covid Virtual Wards in adults.
	Priority 2
	• Embedding the new discharge pathways in particular through making the Single Point of Access a sustainable element of delivery model.
	 Working with our provider market to promote a flexible offer of Discharge to Assess (D2A) arrangements to care homes and patients own homes (Home First)
	Priority 3 and 5
	• Roll out of integrated care teams with a broader scope across the city, building on the test and learn work of the last 2 – 3 years. SCC developing a

	RCE IMPLICATIONS /Revenue Financial and resource implications are described in the pooled fund details within the narrative plan and template. These pooled fund arrangements have been in place since agreement between the CCG and Local Authority at the outset of this year.
RESOU	RCE IMPLICATIONS
	Board with Q1 update on 19/08/2021 and Q2 on 21/10/2021. In addition the BCF Finance and Performance Group meet six times in the year with the purpose of 'the Better Care Finance and Performance Monitoring Group (F&PMG) is have oversight of the Better Care Fund S75 agreements and to provide assurance to Joint Commissioning Board that the funding and performance are being appropriately and effectively managed'
5	BCF local reporting and oversight. BCF quarterly updates continue to be presented to the Joint Commissioning
	The Narrative Plan and Template are included as appendices to this document for further detail.
	o Substantial system change in relation to ensure effective provision of adaptations through the DFG that promotes independence for the residents of Southampton.
	 Priority 6 Implementation of recommendations following a comprehensive review of DFG undertaken during 2020/2021.
	• Enhanced Primary Care Mental Health Team through a dedicated Southampton City Mental Health Partnership Board, with collaboration between CCG, PCNs, SHFT, DHUFT (IAPT) and VSCE delivery of the Community Mental Health Transformation continues.
	 Development of the locality model for supporting children and families with SEND as part of the next phase of service redesign (the Children's Destination 22 programme) Expansion of Crisis and Therapeutic offer within the integrated health and social care provision for children with complex behavioural & emotional needs.
	• Further developments in our prevention and early intervention offer and LD integrated commissioning approach that promote people staying well and independent for longer, 'active lives'.
	locality model in Adult social care, Children's social care and Communities aligns with this roll out.

Property/Other					
7	Not Applicable				
LEGAL	LEGAL IMPLICATIONS				
Statuto	Statutory power to undertake proposals in the report:				
8	The legal framework for the Better Care Pooled Fund derives from the amended NHS Act 2006, which requires that in each Local Authority area the Fund is transferred into one or more pooled budgets, established under Section 75, and that plans are approved by NHS England in consultation with DH and DCLG. The Act also gives NHS England powers to attach additional conditions to the payment of the Better Care Fund to ensure that the policy framework is delivered through local plans. In 2021-2022, NHS England set the following conditions:				
	 A Jointly Agreed plan between local health and social care commissioners, signed off by the Health and Wellbeing Board 				
	 NHS contribution to adult social care to be maintained in line with the uplift to the CCG minimum contribution 				
	Invest in NHS-commissioned out-of-hospital services				
	A plan for improving outcomes for people being discharged from hospital				
	Southampton is compliant with all four of these conditions.				
Other L	egal Implications:				
9	Not applicable				
RISK M	ANAGEMENT IMPLICATIONS				
10	 The risks are as follows – There is a risk of overspend against a small number of schemes within the pooled fund, in particular Learning Disability Commissioning and Aids to independent. The former related to the complexity of care and support required for the client group and the latter to the risk in equipment needs again with rising levels of complexity and frailty within the city. Each of these schemes are under close scrutiny and where possible the overspend is mitigated. The successful delivery of the stretch targets set as part of this planning process are subject to multiple system forces e.g. availability of workforce in adult social care providers will have a direct impact on delivery of hospital discharge metrics and reablement metric. At this point in time focus on recruitment and retaining of this workforce is a priority for the local authority and its commissioned providers. University Hospitals Southampton Foundation Trust (UHS) is identified as a 'trust of focus' by NHS England, as a result of discharge performance, and as such there will be a greater level of scrutiny of the submission for Southampton. Therefore there is a risk that the regional BCF team, working with NHS England and local government representatives, will not be sufficiently assured by the content of Southampton's narrative plan and template and request additional detail ahead of giving full assurance. This risk however remains low as a result of all of the conditions having been met. 				
POLICY	FRAMEWORK IMPLICATIONS				
11	Southampton's Better Care Programme supports the delivery of outcomes in the Council Strategy (particularly the priority outcomes that "People in Southampton live				

	safe, healthy and independent lives" and "Children get a good start in life") and CCG Operating Plan 2017-19, which in turn complement the delivery of the local HIOW Sustainability and Transformation Partnership, NHS 5 Year Forward View, Care Act 2014 and Local System Plan.				
12	Southampton's Better Care Plan also supports the delivery of Southampton's Health and Wellbeing Strategy 2017 - 2025 which sets out the following 4 priorities:				
	People in Southampton live active, safe and independent lives and manage their own health and wellbeing				
	Inequalities in health outcomes and access to health and care services are reduced.				
	• Southampton is a healthy place to live and work with strong, active communities				
	People in Southampton have improved health experiences as a result of high quality, integrated services				

KEY DE	ECISION?	Yes			
WARDS	6/COMMUNITIES AF	FECTED:			
SUPPORTING DOCUMENTATION					
Appendices					
1. Southampton BCF Narrative Plan 20212022					

2. Southampton BCF Planning Template 20212022

Documents In Members' Rooms

1.						
2.						
Equality	Equality Impact Assessment					
	Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.No					
Data Pr	otection Impact Assessment					
	Do the implications/subject of the report require a Data Protection No Impact Assessment (DPIA) to be carried out.					
	Other Background Documents Other Background documents available for inspection at:					
Title of Background Paper(s)Relevant Paragraph of the Access Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if application)						
1.						
2.						