Briefing		Cabinet Member for Health and Adult Social Care and Southampton Health & Care Partnership Board					
SUBJECT:		Quarter 3 Better Care Fund Update.					
DATE OF BRIEFING:		16/2/2023					
REPORT OF:		Director of Commissioning – Integrated Health & Care					
CONTACT DETAILS							
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#### STATEMENT OF CONFIDENTIALITY

Not applicable

### **BRIEF SUMMARY**

This report provides a review of performance for Quarter three 2022/23 against Southampton's Better Care programme and pooled fund.

#### **RECOMMENDATIONS:**

(i) The Southampton Health & Care Partnership Board note the content of this report.

## REASONS FOR REPORT RECOMMENDATIONS

1. The Southampton Health & Care Partnership Board (SHCPB) is responsible for oversight of the Better Care pooled fund. This responsibility has been delegated to SHCPB from the Health and Wellbeing Board (HWBB).

## **ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

3. Not Applicable

# **DETAIL (Including consultation carried out)**

## 4. Background

The Better Care Plan (BCF) for Southampton has its basis in our 5 year Health and Care Strategy (2020 – 2025). This strategy was formed through a partnership of health, care and community and voluntary sector representation and based on the Joint Strategic Needs Assessment (JSNA).

The Southampton 5 year health and care strategy (2020-2025) provides strategic direction for all system partners with the priorities listed below generated by all those partners. These priorities are distributed across the four programme areas of Start Well, Live Well, Age Well and Die Well. The BCF priorities, as a subset of the overall health and care strategy delivery, are informed by this priority setting process. The BCF priorities in relation to the 5 year health and care strategy and BCF policy and planning requirements are as

follows -

- Priority 1: Delivering on Avoidable Admissions/enable people to stay well, safe and independent at home for longer - Strong focus on prevention, admission avoidance through our urgent Response Service, proactive care at home (reducing preventable admission to long term care), carers services and Enhanced Health in Care Homes (EHCH) arrangements.
- Priority 2: Further developing the discharge model to promote right care in the right place at the right time: including Recovery and Assessment and Home First as a feature of the BCF plan.
  - Hospital Discharge process and out of hospital capacity
  - A flexible and broad offer of recovery and assessment, promoting a home first approach
  - Particular focus on discharge capacity for those with the most complex needs
- Priority 3: Increase the number of people who see benefit from Rehabilitation and Reablement, meaning a continued focus on reducing dependency on longer term care provision.
- Priority 4: Implement new models of care (within Adults and Children's)
  which better support the delivery of integrated proactive care and support in our
  communities.
- Priority 5: Effective utilisation of the Disability Facilities Grant promoting independence and personalised care/strength-based approaches.

The ICU manages (on behalf of the Southampton Health & Care Partnership Board/ HWBB) one of the largest Better Care pooled funds in the country. Mandated level for 2022/2023 of £22.892m and a total pooled fund of £143.564m, £91.259m from the ICB and £52.303m from SCC. In Q3, and for Q4, the addition of the Adult Social Care Discharge Fund was made, which equates to £924k through the Local Authority route and £????k through the ICB route.

Southampton's Better Care Fund pooled fund is made up of the following schemes:

- 1. Supporting Carers
- 2. Integrated Locality Working
- 3. Integrated Rehabilitation and Reablement and Hospital Discharge
- 4. Aids to Independence
- 5. Prevention and Early Intervention
- 6. Learning Disability Integration
- 7. Promoting uptake of Direct Payments
- 8. Transforming Long Term Care
- Integrated provision for children with special educational needs and disability (SEND)
- 10. Integrated health and social care provision for children with complex behavioural & emotional needs

## 5. Performance at Quarter 1&2 2022/2023 -

The performance in Q3 is in keeping with the plan set out for 2022/2023. The presentation included as appendix 1 provides the detail of scheme highlights, risks, performance against national metrics and finally financial position.

## **RESOURCE IMPLICATIONS**

## Capital/Revenue

- 7. The overall pooled fund for 2022/2023 is £143.564m, £91.259m from the CCG and £52.303m from SCC. Further split is as follows
  - DFG £2.513m
  - iBCF £10.390m
  - ICB minimum contribution £22.892m
  - ICB additional contribution (non mandated) £68.367m
  - SCC additional contribution (non mandated) £39.400m

In addition, the pooled fund is required to include all elements of the Adult Social Care Discharge Fund which was released in Q3. The LA portion of which is £924k and the ICB portion is £1,830k. This is in addition to the overall pooled fund details noted above.

Details of financial performance as per Q3 is available in the report attached.

# **Property/Other**

8. Not applicable

### LEGAL IMPLICATIONS

# Statutory power to undertake proposals in the report:

9. Not Applicable – briefing only.

## Other Legal Implications:

10. Not Applicable.

## CONFLICT OF INTEREST IMPLICATIONS

11. Not Applicable.

## **RISK MANAGEMENT IMPLICATIONS**

- 12. The risks noted in this briefing are as follows
  - Projected overspend in two schemes within the BCF LD Integrated Commissioning (which relates to increased costs in care packages and placements) and the Joint Equipment Service. The former is a known risk caused by change in caseload as a result of people who transition from children's to adult services and those being discharged from specialist inpatient care. In terms of children in transition to adult services, there is a Preparation for Adulthood work programme which will improve earlier transition planning with a view to better forecasting and potentially reducing costs in future. The Joint Equipment Service overspend is related to an increase in complexity which has been impacted by the change in hospital discharge policy. Both areas are being closely monitored with further analysis underway to inform any mitigation that can be put in place, including securing additional funding from the national hospital discharge fund.

- Capacity in the home care sector to meet the rise in the number of people
  with greater levels of complexity being discharged from hospital at a time
  when the sector is already under severe pressure in relation to its
  workforce. This is being mitigated to some extent through the workforce
  development project/role and the sustainability project with Hampshire
  Care Association mentioned above as well as additional funding and
  targeted work with providers who have capacity; however it remains a key
  risk to truly achieving a Home First discharge model.
- Lack of financial certainty and funding shortfall regarding hospital discharge capacity.
- Meeting the requirements of the Carers Strategies, including the rising demand for assessment and support for newly identified carers.
   Consideration of this is included within the new procurement approach for the support service, however the risk remains that demand may outstrip capacity for assessments.

## POLICY FRAMEWORK IMPLICATIONS

13. Plans for 2022/2023 were submitted on 26/09/2022 and sign off has now been received from the national BCF Team. A year end return is expected, the national team have also indicated that policy and planning guidance from April 2023 is expected to be for a full two-year period i.e. 2023 – 2025.

KEY DE	CISION?	No			
WARDS/COMMUNITIES AFFECTED:		FECTED:	All		
SUPPORTING DOCUMENTATON					
Appendices					
1.	Better Care Fund Performance update – Q3.				
2.					

#### Documents In Members' Rooms

Documents in Members Rooms				
1.				
Equality Impact Assessment				
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.			No	
Privacy Impact Assessment				
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.			No	
Other Background Documents Other Background documents available for inspection at:				
Title of	Title of Background Paper(s)  Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)		ules / locument to	

4	
1.	