

DECISION-MAKER:	Health and Wellbeing Board
SUBJECT:	Better Care Fund Year End Report 2021/2022 and 2022/2023 Narrative Plan and Templates
DATE OF DECISION:	21/09/2022
REPORT OF:	Cllr L Fielker Cabinet member for Health, Adults and Leisure

<u>CONTACT DETAILS</u>			
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STATEMENT OF CONFIDENTIALITY	
Not applicable	
BRIEF SUMMARY	
<p>Partners across Southampton have set out ambitious plans for residents to Start well, Live Well, Age Well and Die Well in the Southampton Health & Care Strategy. These papers set out the performance of our Better Care Fund (BCF) for 22/23 and the plans we have in place to further integrate our service provision and deliver improved outcomes for residents and patients. The BCF is the vehicle for pooled funding and planning to achieve these plans.</p>	
<p>In 2021/22 against a backdrop of Covid, locally as a system we performed well and have much to be proud of. Part of the BCF Framework requires a Year End Return for 2021/2022 to be returned to NHS England, setting out how we delivered our plans. This return was submitted under delegated authority due to timescales, however formal sign off it required by the Health and Wellbeing Board (HWB).</p>	
<p>In late July, the 2022/23 Policy and Planning return for BCF was published. The local area is responsible for submitting plans to the regional Better Care Fund (BCF) team for assurance by the 26th of September.</p>	
<p>The content of these papers are not repeated in this document rather a summary of the requirements, with all papers included as an addendum. Noting that all planning requirements were met in 2021/2022 and will be met in 2022/2023.</p>	
RECOMMENDATIONS:	
	(i) Health and Wellbeing Board approve the year end return 2021/2022 as set out in appendix 1.
	(ii) Health and Wellbeing Board approve the draft response to Better Care Fund Policy Framework and Planning Guidance, following agreement of the CEO of the Local Authority and Accountable

	Officer of the Integrated Care Board (ICB), and delegate authority to the Chair of the board to sign off the final submission.
REASONS FOR REPORT RECOMMENDATIONS	
1.	The BCF requires Integrated Care Boards 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).
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	No other options considered, sign off by the Health and Wellbeing Board is a requirement set out in the BCF Policy Framework and Planning Guidance.
DETAIL (Including consultation carried out)	
3.	<p>BCF Year-end return 2021/2022 - The Department of Health and Social Care published the BCF Policy Framework for 2021/2022 on the 19th of August 2021 and the Planning Guidance, which supports the framework, on the 30th of September 2021. In response to this a narrative plan and template were submitted to the BCF team regionally for assurance and sign off on 16th of November 2021. The national team requested a year-end return be submitted on or before the 27th of May 2022.</p> <p>Ahead of submission of the year-end return to the national team officers holding the following roles were briefed for their agreement and where appropriate delegated sign off was obtained, subject to HWB approving at this meeting –</p> <ul style="list-style-type: none"> • Executive Director Health and Adult Social Care (SCC); • Direct of Commissioning – Integrated Health & Care (SCC & HIOW ICB); • Managing Director – Southampton Place Based Team (HIOW ICB); • Chair of Health and Wellbeing Board (SCC) <p>The submission confirmed that all conditions set in the policy and planning guidance for 2021/2022 were met and that performance against the metrics was excellent given the challenges faced by residents and services in that year. Five metrics were set nationally, for one of these there was no access to national data in order to assess the position for the city, i.e. unplanned hospitalisation for chronic ambulatory care sensitive conditions. The remaining four were either on target to meet the plan for that year or very close to meeting plan:</p> <ul style="list-style-type: none"> • proportion of inpatients resident for 14 days or more and 21 days or more; whilst not quite on plan Southampton performed well against our comparators and the mean figure for England. • Percentage of People who are discharged from acute hospital to their normal place of residence – on track to meet target, an excellent achievement given the rising levels of demand and frailty in our population. • Rate of permanent admission to residential care per 100k population (65+ yrs of age) – missed plan by a small margin. An excellent achievement, plus it should be noted that the trajectory for the last

	<p>three years has been a downward trend which is a very positive achievement.</p> <ul style="list-style-type: none"> • Proportion of older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation services – on plan and again good performance.
4.	<p>Policy and planning guidance 2022/2023, including BCF Plan Priorities</p> <p>The Department of Health and Social Care published the BCF Policy Framework and planning guidance for 2022/2023 on the 21st of August 2022. As in previous years there are four national conditions set out in the policy and planning guidance which aim to drive health and social care integration. Setting and agreeing a joint plan, which is agreed by the Health and Wellbeing board, is the first of these, along with setting the NHS minimum contribution, commitment to invest in NHS commissioned out-of-hospital services and focusing on the following BCF policy objectives.</p> <ul style="list-style-type: none"> ○ Enable people to stay well, safe and independent at home for longer ○ Provide the right care in the right place at the right time (focusing on hospital discharge) <p>The first of these is an additional objective for this year, how the system addresses it, along with the other conditions, is set out in the narrative which can be found in appendix 2. The narrative plan and related templates therefore reflect how commissioners will work together in 2022-23 to:</p> <ul style="list-style-type: none"> • continue to implement a joined-up approach to integrated, person-centred services across health, care, housing and wider public services locally. • Including a high level description of the governance process in place to enable such an approach. • overarching approach to support people to remain independent at home • a narrative on the approach in the area to jointly improving outcomes for people being discharged from hospital, and therefore increasing the proportion of people who return home to their usual place of residence <p>Additional requirements for 2022/2023</p> <p>This year the BCF planning guidance requires the following to be completed –</p> <ul style="list-style-type: none"> • Self-assessment by the place-based system/HWB area against the High Impact Change Model (HICM) – Managing Transfers of Care¹ which was refreshed by the Local Government Association in July 2020. Reference to this will be made in the narrative. • Completion of a capacity and demand model for intermediate care services locally, this tool is under development and as such will not undergo assurance and therefore the content does not require sign off. <p>The outputs from the HICM will contribute to local planning and development of the support commissioned, and delivered, to enable effective transfers of care. However, whilst a requirement of the planning process, assurance will only be required that the self-assessment has been completed.</p>

¹ [Managing transfers of care – A High Impact Change Model | Local Government Association](#)

	<p>Similarly the capacity and demand model for intermediate care will be based on local planning for 2022/2023 and as such the output will contribute to ongoing work through the year. The capacity and demand model does require submission as part of the policy and planning guidance response however the content will not be subject to the assurance process.</p> <p>The planning template which provides a full financial and metrics breakdown of the plan for this year, this can be found in Appendix 3. The metrics for this year no longer include the inpatients resident for 14 and 21 days and an adjustment has been made to the first metric to support readily available data and with it self-assessment of the system. The metric is now 'Indirectly standardised rate (ISR) of admissions per 100,000 population'.</p> <p>The priorities in this years plan have been adjusted slightly to reflect the new requirements and our local health and care strategy and health and wellbeing plan. They are -</p> <ul style="list-style-type: none"> • 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) 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. <ul style="list-style-type: none"> ○ 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. <p>The narrative plan provides further detail on the developments and services which contribute to these priorities.</p>
5.	<p>BCF sign off and local reporting and oversight 2022/2023.</p> <p>Local sign off requirements are - Health and Wellbeing Board, CEO of the local authority and Accountable Officer of the ICB. Unlike previous years this process is expected to be complete ahead of the submission date of the 26th of September, however the request for delegated authority to the HWB chair is requested should there be small changes required ahead of the final submission.</p>

	<p>BCF updates continue to be presented to the Joint Commissioning Board with the 2021/2022 update and outline of planning for 2022/2023 planned for September 2022. In addition the BCF Finance and Performance Group meet six times in the year with the purpose of</p> <p>'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'</p>
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
6.	<p>Southampton HWBB area has one of the largest Better Care pooled funds in the country. Financial and resource implications are described in the pooled fund details within the year-end return 2021/2022 and narrative plan and template 2022/2023.</p> <p>2021/2022 - The mandated level for 2021/2022 was £32,469,932 and at the beginning of the year there was a total pooled fund of £135,420,940, £86,013,511 from the ICB and £49,407,429 from SCC. During the year additional investments were made by both organisations meaning that the actual pooled fund income was £138,954.039. Adjustments to income when compared with plan relate to in part the 6-month budgeting cycle within the ICB during 2021/2022.</p> <p>2022/2023 - Mandated level for 2022/2023 of £33.892m and a total pooled fund of £143.562m, £91.259m from the ICB and £52.303m from SCC. The BCF plan distributes these funds across ten schemes, noted within the narrative and detailed in the expenditure tab of the BCF 2022/2023 planning template.</p>
<u>Property/Other</u>	
7.	Not applicable
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
8.	<p>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. Southampton is compliant with all conditions in 2021/2022 and 2022/2023.</p>
<u>Other Legal Implications:</u>	
9.	Not applicable
RISK MANAGEMENT IMPLICATIONS	
10.	<p>There remain risks of greater expenditure than that set at the beginning of each year, the management of this risk is set out in the S75 agreement making clear how such expenditure will be managed by the two organisations.</p>

	<p>These areas are subject to scrutiny and where appropriate subject to review in order to identify ways to ensure appropriate budget allocation going forward. In 2022/2023</p> <ul style="list-style-type: none"> • There is a risk of overspend against a small number of schemes within the pooled fund, in particular Learning Disability Commissioning and Aids to independence. 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 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.
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 ICB Operating Plan 2017-19, which in turn complement the delivery of the local ICB plan, NHS 5 Year Forward View, Care Act 2014 and Local System Plan.
12.	<p>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:</p> <ul style="list-style-type: none"> • 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 DECISION?	Yes
WARDS/COMMUNITIES AFFECTED:	All
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	2021/2022 BCF year-end return
2.	Southampton BCF Narrative Plan 20222023
3.	Southampton BCF Planning Template 20222023

Documents In Members' Rooms

	None

Equality Impact Assessment		
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.		No
Data Protection Impact Assessment		
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.		No
Other Background Documents		
Other Background documents available for inspection at:		
Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)	
	None	