# Health and Wellbeing Board

**Wednesday 17 November 2021**

# Minutes

## Attendance

**Board Members**
Warwickshire County Council (WCC)
Councillor Margaret Bell, Chair
Councillor Jerry Roodhouse
Nigel Minns, Strategic Director, People Directorate
Shade Agboola, Director of Public Health

Provider Trusts
Russell Hardy, George Eliot Hospital (GEH) and South Warwickshire Foundation Trust (SWFT), Dame Stella Manzie DBE, University Hospitals Coventry and Warwickshire (UHCW), Jagtar Singh, Coventry and Warwickshire Partnership Trust (CWPT)

Borough/District Councillors
Councillor Julian Gutteridge, Nuneaton and Bedworth Borough Council (NBBC)
Councillor Jan Matecki, Warwick District Council (WDC)
Councillor Marian Humphreys, North Warwickshire Borough Council (NWBC)

**Other Attendees**
Councillor John Holland (WCC), Rachel Briden, Becky Hale, Isabelle Moorhouse, Pete Sidgwick and Paul Spencer (WCC Officers) Chris Bain (Healthwatch Warwickshire (HWW))

**1. General**

**(1) Apologies**

Councillors Jeff Morgan and Izzi Seccombe OBE (WCC), Dianne Whitfield, (CWPT), Julie Grant (NHSE/I), Elizabeth Hancock (HWW), Councillor Jo Barker (Stratford-upon- Avon District Council) and Sir Chris Ham (Coventry and & Warwickshire Health and Care Partnership).

**(2) Members' Disclosures of Pecuniary and Non-Pecuniary Interests**

None.

**(3) Chair's Announcements**

None

## 2. Better Care Fund Submission

Rachel Briden, WCC Integrated Partnership Manager introduced this item. Background was provided on the Better Care Fund (BCF), a programme spanning both local government and the NHS which sought to join-up health and care services, so that people could manage their own health and wellbeing and live independently in their communities.

The report set out the BCF policy framework for 2021/22 and the requirements for submission of the annual plan for approval, by the deadline of 16th November 2021. This provided continuity to previous years of the programme and included four national conditions:

1. A jointly agreed plan between local health and social care commissioners and signed off by the Health and Wellbeing Board.
2. NHS contribution to adult social care to be maintained in line with the uplift to Clinical Commissioning Group (CCG) minimum contribution.
3. Agreement to invest in NHS commissioned out-of-hospital services.
4. Plan for improving outcomes for people being discharged from hospital.

The CCG and local authority were required to confirm compliance with the above conditions to the Board. They were also required to ensure that local providers of NHS and social care services had been involved in planning the use of BCF funding for 2020 to 2021. In particular, activity to support discharge funded by the BCF should be agreed as part of the whole system approach to implementing the hospital discharge service policy. It should support an agreed approach for managing demand and capacity in health and social care. This continued to be managed through the Better Together Programme and Joint Commissioning Board.

The financial implications were reported with sections on the Improved Better Care Fund (iBCF), Disabled Facilities Grants (DFGs) and a table showing the financial contributions, funding sources and expenditure plans. There were minimum mandatory funding sources pooled in the BCF and for 2021/22, which totalled £60.3 million. As in previous years, WCC would continue as the pooled budget holder for the fund. Additionally, it continued to align out of hospital service provision and funding with Coventry and Warwickshire CCG to support closer integration as part of plans for moving to an Integrated Care System. A Section 75 legal agreement would underpin the financial pooling arrangements.

Supporting information was provided on the national metrics which had to be included in the BCF plans, those still included from previous years and a new measure around avoidable hospital admissions. With regard to discharge metrics, there was a requirement to agree ambitions and a plan to improve outcomes across the HWB area. The proposed ambitions and rationale were provided in the planning template and narrative plan, included as appendices to the report.

The report concluded with information on the other review and approval processes undertaken, prior to the BCF submission taking place and the timetable for regional and national assurance activities.

It was confirmed that this item related to the BCF for the current financial year. The Chair invited questions and comments from Board members:

- Clarity was sought on the degree of flexibility within the BCF, it being understood that this was only within the iBCF element. This was confirmed, but commissioners may choose to flex some core funding too and agreement was reached in advance on the schemes that would be undertaken.
- An area of concern was frontline social care services which may impact on discharge from acute hospitals. In terms of flexibility, the iBCF funding element had been the same for the last three years. Due to the pandemic, there had been additional funding through a hospital discharge grant this year, which had given additional flexibility.
- The Chair explored the impact of the hospital discharge grant ceasing. This grant would remain in place for the rest of this financial year, but thereafter, clarity was awaited. A need to consider the totality of resources available and what this would mean for current schemes. The Chair stressed the importance of effective hospital discharge and that this was resourced adequately even if this grant was withdrawn.
- A concern about the adequacy of care facilities available for those discharged from hospital in some areas, with North Warwickshire used as an example. There were pressures in the community support market, with a lot of work from the Council working with care providers to support recruitment, retention and ensuring capacity. Staff from WCC, the acute sector and CCG continued to work jointly and have a regular dialogue, looking at different options and solutions. The preference remained to return people to their home. Current pressures would continue through the winter months. An assurance that officers understood the current issues and were working jointly. It was not necessarily about the funding, more about recruitment and retention of staff. The Council was prioritising hospital discharge and looking to provide additional bedded capacity. Context that the BCF was an element of the expenditure, which had a long and complex history, with the iBCF being a more recent funding stream. There was activity within this submission to enable hospital flow. Examples were provided of the schemes which sought to assist with hospital discharge, some of which enabled the patient to return home. It was emphasised that the iBCF funding only accounted for a small proportion of the total activity. The current complexities and pressures faced by the care market were reiterated (locally, regionally and nationally).
- A plea for the future that the BCF proposals be brought to the Board at an earlier stage so it may provide influence. An example was used of the DFG allocations and understanding more about how this was formulated. Reference to the current challenges in the care market with examples of the use of agency staff in care homes and some staff doing very long shifts, which couldn't continue indefinitely. There were extreme work pressures for staff in domiciliary care too with examples provided of the long working hours. The system was in severe difficulty and required close monitoring. Reference also to the Warwickshire care collaborative and working at the 'place' level.
- The Chair summarised the key issues raised about forward planning for the BCF and recognising the challenges for both care homes and domiciliary/ community care. These should be discussed further at the next Board meeting. Officers reminded of the complexities around the BCF funding. The iBCF had been intended for one year but had been used for several years. There was very short notice of the requirements (metrics) used to base submissions on. There was an expectation the current arrangements would be replaced with a new joint funding scheme. Additionally, the hospital discharge money was due to end in March and would need to be replaced by another scheme. It was hoped that the revised schemes would have a proper planning cycle to enable engagement with stakeholders. Similarly, on the DFG allocations this was largely prescriptive at present.

- The Chair noted that aside from the formal funding applications, joint planning took place based on the estimated requirements. She asked that the Board be involved in that planning and that a report be provided to the next Board meeting.
- Officers explained that clarity was awaited on the BCF requirements for next year. It was likely to form part of the Care Collaborative responsibilities and there would be a number of aspects to work through in terms of the Section 75 agreement as the CCG will cease to exist. An assurance that the Joint Commissioning Board, which was a collection of commissioners and providers, was looking at this. After this BCF submission, work would start promptly to review the current schemes for 2022/23 as some are likely to need to continue. A further report would be provided early in the new year to give an update on the planning process.
- A comment about the complexity of the BCF. This confused what was core adult social care funding and what was labelled as better care, resulting in an untransparent methodology. A more transparent scheme would be welcomed. There was empathy for the endeavours to make best use of the separate funding streams with differing conditions. From the health perspective there were challenges regarding deployment of funding. It was hoped the authority may have some influence with government in securing a more transparent and appropriate scheme moving forwards.
- The current workforce issues for the care market were emphasised and it was considered that this may take 2-3 years to address. In areas such as Herefordshire and south Lincolnshire increased pay rates were being trialled as a recruitment drive. A workforce strategy was required for social care. This may need to include cross funding from the acute hospital sector as it would make financial sense for patients to be discharged to appropriate care provision, rather than staying in hospital longer than necessary.
- A collective view and strategic approach were needed on workforce across the health and social care system, where possible using the local population, which would also assist the prevention agenda. A need for a strategic debate on how to inspire people to work in these sectors.
- The related point on workforce was staff retention, providing career paths, training and ensuring quality.
- A comment on gathering the patient and public perspective on the BCF proposals and a plea that their views were captured at the appropriate stage when planning for future submissions.
- There was recognition of the need for a long-term strategy on recruitment and retention for the care market. The focus currently was on short-term measures for the winter period. Examples were provided of a range of initiatives being used to support the care market. There were continuing discussions about commissioning support to recognise and respond to these challenges. A report would be brought to the Board on both the current short-term measures and those required in the longer-term, which were likely to have resource implications.

**Resolved**

That the Board supports the submission of the Better Care Fund Plan to NHS England.

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Councillor Margaret Bell, Chair

The meeting closed at 9:45am