

Health and Wellbeing Board

Better Care Fund 2021/22 Plan Submission

17 November 2021

Recommendation(s)

The Board is recommended to support the submission of the Better Care Fund Plan to NHS England.

1. Executive Summary

- 1.1 The Better Care Fund (BCF) is a programme spanning both the local government and the NHS which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.

Better Care Fund Policy Framework 2021/22

- 1.2 Earlier in the year, Health and Wellbeing Boards (HWBs) were advised that BCF policy and planning requirements would be published and that similar to previous years prior to the Covid-19 pandemic, HWBs would be required to submit their BCF Plans to NHS England for approval.
- 1.3 The Better Care Fund 2021/22 Planning Requirements published on the 30th September 2021, set out the template for Health and Wellbeing Boards (HWBs) to submit their annual plans for approval.

For 2021-22, BCF plans will consist of:

- A narrative plan
 - A completed BCF planning template, including:
 - Planned expenditure from BCF sources.
 - Confirmation that national conditions of the fund are met, as well as specific conditions attached to individual funding streams.
 - Ambitions and plans for performance against BCF national metrics.
 - Any additional contributions to BCF section 75 agreements.
- 1.4 The deadline for submission of the BCF plan to NHS England is the 16th November 2021.

National Conditions

- 1.5 The Better Care Fund Policy Statement for 2021-22 provides continuity to previous years of the programme. The policy framework outlines the four national conditions:
1. **A jointly agreed plan between local health and social care commissioners and signed off by the Health and Wellbeing Board** - That a BCF Plan, covering all mandatory funding contributions have been agreed by Health and Wellbeing Board (HWB) areas and minimum contributions (specified in the BCF allocations and grant determinations) are pooled in a section 75 agreement (an agreement made under section 75 of the NHS Act 2006) by the constituent local authorities (LAs) and CCG.
 2. **NHS contribution to adult social care to be maintained in line with the uplift to Clinical Commissioning Group (CCG) minimum contribution** - The contribution to social care from the CCG via the BCF is agreed and meets or exceeds the minimum expectation. In 2021/22 for Warwickshire the minimum contribution is £14.455m.
 3. **Agreement to invest in NHS commissioned out-of-hospital services** - That a specific proportion of the area's allocation is invested in NHS commissioned out-of-hospital services, while supporting integration plans. In 2021/22 for Warwickshire the minimum contribution is £11.552m.
 4. **Plan for improving outcomes for people being discharged from hospital** – (national condition 4 – managing transfers of care) Ensure there is an agreed approach to support safe and timely discharge, including ongoing arrangements to embed a home first approach. BCF plans already include expenditure to support discharge and plans for 2021-22 should set out how BCF funding aligns in support of discharge. This should include:
 - How collaborative commissioning of discharge services is supporting this.
 - Providing details in the BCF planning template of planned spend on discharge related activity.
 - How joint health and social care activity will contribute to the improvements agreed against BCF national metrics for discharge (reducing the percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days).
- 1.6 The Clinical Commissioning Group and local authority are required to confirm compliance with the above conditions to the Health and Wellbeing Board. Compliance with the national conditions will be confirmed through the planning template and narrative plans. Spend applicable to these national conditions will be calculated in the planning template based on scheme-level expenditure data.
- 1.7 The CCG and local authority are also required to ensure that local providers of NHS and social care services have 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 and should support an agreed approach for managing demand and capacity in health and social care. This continues to be achieved through the Better Together Programme and Joint Commissioning Board.

2. Financial Implications

Grant Funding to Local Government

- 2.1 **Improved Better Care Fund (iBCF)** – The County Council’s Corporate Board and the Clinical Commissioning Group approved the proposed schemes to be funded from the iBCF in 2021/22 at their respective meetings on the 13th January 2021. Since then, in May 2021 the grant determination for the Improved Better Care Fund was issued and confirmed that since 2020-21 funding that was previously paid as a separate grant for managing winter pressures would continue to be included as part of the iBCF grant but is not ringfenced for use in winter. Overall allocations for BCF revenue and capital grants to local government for each local authority remain the same in cash terms as in 2020-21.
- 2.2 The grant conditions remain broadly the same as 2020-21. The funding may only be used for the purposes of:
- Meeting adult social care needs.
 - Reducing pressures on the NHS, including seasonal winter pressures.
 - Supporting more people to be discharged from hospital when they are ready.
 - Ensuring that the social care provider market is supported.
- 2.3 In addition, all iBCF schemes also support the local health and care system respond to priorities set out in:
- a) Local Place Based and Acute Winter Delivery Agreements and Winter Pressures Plans required by NHS England and NHS Improvement; and
 - b) The national Hospital Discharge and Community Support Policy and Operating Model published on 05th July 2021.
- 2.4 **Disabled Facilities Grant** - Ringfenced DFG funding continues to be allocated through the BCF and will continue to be paid to upper-tier local authorities. The statutory duty to provide DFGs to those who qualify for them is placed on local housing authorities.
- 2.5 Similar to previous years, the Disabled Facilities Grant continues to be allocated through the Better Care Fund through top tier authorities due to its importance to the health and care system and is pooled into the BCF to promote joined-up approaches to meeting people’s needs to help support more people of all ages to live in suitable housing so they can stay independent for longer. Creating a home environment that supports people to live safely and independently can make a significant contribution to health and

wellbeing, and is an integral part of our integration plans, and strategic use of the DFG can support this. The amounts allocated to the District and Borough Councils are pass-ported straight to them and monitoring of expenditure takes place at the Heart Board, with assurance through the Housing Partnership Board, a sub-group of the Better Together programme, as decisions around the use of the DFG funding need to be made with the direct involvement of both tiers working jointly to support integration.

Financial contributions

2.6 Funding sources and expenditure plans:

		2021/22		
		Pooled Contribution	Aligned Allocation	Total Budget
		£'000	£'000	£'000
Minimum NHS ring-fenced from CCG allocation	C&W CCG (SW Place)	19,074	44,345	63,419
	C&W CCG (WN Place)	13,576	22,568	36,143
	C&W CCG (Rugby Place)	7,842	13,725	21,566
Disabled Facilities Grant (DFG)		5,124	-	5,124
Warwickshire County Council Improved Better Care Fund (iBCF)		14,688	-	14,688
Warwickshire County Council		-	68,590	68,590
Total Pooled Contribution		60,304		
Total Additional Aligned Allocation			149,227	
Total Budget				209,530

* Notes:

- 1) The above table is rounded to £000's for summary purposes.
- 2) Areas can agree to pool additional funds into their BCF plan and associated section 75 agreement(s). These additional contributions are not subject to the conditions of the BCF but should be recorded in the planning template.
- 3) Please refer to the attached Appendix for more detail on funding contributions and spending plans.
- 4) All finances in the BCF Plan 2021/22 have been prepared by the Finance Sub-Group in which Finance Leads from both the Local Authority and CCG are represented.

2.7 Local Areas are also expected to keep records of spending against schemes funded through the BCF. This activity is led by Finance Leads at WCC and the CCG on the Finance Sub-Group which supports the Better Together Programme and assurance is through the Joint Commissioning Board.

iBCF funding can be allocated across any or all of the four purposes of the grant in a way that local authorities, working with CCG(s), determine best meets local needs and pressures. No fixed proportion needs to be allocated across each of the purposes. The grant conditions for the iBCF also require that the local authority pool the grant funding into the local BCF and report as required through BCF reporting.

Mandatory funding sources

- 2.8 The following minimum funding must be pooled into the Better Care Fund in 2021/22:

Funding Sources	2021/22
DFG	£5,124,786
Minimum CCG Contribution	£40,490,953
iBCF	£14,688,367
Total	£60,304,106

Financial Implications

- 2.9 The programme and initiatives for its success are in part funded through national grants: Better Care Fund, Improved Better Care Fund and Disabled Facilities Grant (2021/22: £60.3m). The former comes from the Department of Health and Social Care through the Clinical Commissioning Group, while the latter is received by the local authority from Department for Levelling Up, Housing and Communities. All three are dependent on meeting conditions that contribute towards the programme and the targets, and that plans to this effect are jointly agreed between the Clinical Commissioning Group and the Local Authority under a pooled budget arrangement.
- 2.10 Similar to previous years the County Council continues as the pooled budget holder for the fund.
- 2.11 The County Council also continues to align Out of Hospital service provision and funding with Coventry and Warwickshire Clinical Commissioning Group to support closer integration as part of plans for moving to an Integrated Care System.
- 2.12 The iBCF is temporary and is awaiting a national Social Care funding review. In order to counter the risk inherent in temporary funding, all new initiatives are temporary or commissioned with exit clauses. There are, however, a number of areas where the funding is being used to maintain statutory social care spending and this would require replacement funding if the Better Care Fund was removed without replacement. This risk is noted in Warwickshire County Council's annual and medium-term financial planning.

- 2.11 As in previous years, a Section 75 Legal Agreement will underpin the financial pooling arrangements. This cannot be signed until our Plan is nationally approved. In order to avoid under delivery and underspends, schemes and initiatives have to be entered into prior to the legal agreement being signed, but this is no different to previous years. The intention is that the Section 75 agreement will be drafted so that it can be signed by the partner organisations as soon as approval is granted.

3. Environmental Implications

- 3.1 None

4. Supporting Information

Metrics

- 4.1 The BCF Policy Framework sets national metrics that must be included in BCF plans in 2021-22. Ambitions should be agreed between the local authority and CCG and signed off by the HWB.
- 4.2 The framework retains two existing metrics which impact the local authority from previous years:
- effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation)
 - older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population.
- 4.3 The previous measure on non-elective admissions has been replaced by a measure of avoidable admissions (unplanned hospitalisation for chronic ambulatory care sensitive conditions). Areas need to agree expected levels of avoidable admissions and how services commissioned through the BCF will minimise these.
- 4.4 With regard to Discharge Metrics – areas are also required to agree ambitions and a plan to improve outcomes across the HWB area for the following measures:
- Reducing length of stay in hospital, measured through the percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days.
 - Improving the proportion of people discharged home using data on discharge to their usual place of residence.
- 4.5 The proposed ambitions and rationale are set out in the Planning Template and Narrative Plan.
- 4.6 Locally we will continue to monitor progress quarterly against the BCF metrics set out above through the Joint Commissioning Board and Coventry and Warwickshire A&E Delivery Board.

5. Timescales associated with the decision and next steps

- 5.1 Prior to approval by the Health and Wellbeing Board, the BCF Plan for 2021/22 has been reviewed and approved by:

Organisation	Board	Date
WCC	People Directorate Leadership Team	27/10/21
Partnership	Joint Commissioning Board - virtual	01/11/21
WCC	Corporate Board	02/11/21
CCG	Finance and Performance Committee	03/11/21
	Approved on behalf of the Governing Body who will ratify decision on	17/11/21
WCC	Cabinet via an Urgent Decision by the Leader of the Council	11/11/21
Submission date		16/11/21
Partnership	Health and Wellbeing Board	17/11/21

Regional and National Assurance

- 5.2 NHS England will approve BCF plans in consultation with the Department for Health and Social Care and the Department for Levelling Up, Housing and Communities. Assurance processes will therefore resume in 2021/22 to confirm that national conditions are met, ambitions are agreed for all national metrics and that all funding is pooled, with relevant spend agreed. Assurance of plans will be led by Better Care Managers (BCMs) with input from NHS England and local government representatives and will be a single stage exercise based on a set of key lines of enquiry. Once approved - NHS England, as the accountable body for the CCG minimum contribution to the fund, will write to areas to confirm that the CCG minimum funding can be released.

Assurance activity	Date
BCF planning requirements received	1 October 2021
Optional draft BCF planning submission submitted to BCM	By 29 October 2021
Review and feedback to areas from BCMS	By 2 November 2021
BCF planning submission from local HWB areas (agreed by CCG and WCC) sent to national BCF Team at NHS England	16 November 2021
Scrutiny of BCF plans by regional assurers, assurance panel meetings and regional moderation	16 November to 7 December 2021
Regionally moderated assurance outcomes sent to national BCF team	7 December 2021
Cross-regional calibration	9 December 2021
Approval letters issued giving formal permission to spend (CCG minimum)	From 11 January 2022
All section 75 agreements to be signed and in	31 January 2022

place	
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Appendices

1. Appendix 1 – Better Care Fund 2021/22 Narrative Plan
2. Appendix 2 – Better Care Fund 2021/22 Planning Template

Background Papers

None.

	Name	Contact Information
Report Author	Rachel Briden	rachelbriden@warwickshire.gov.uk
Assistant Director	Becky Hale Assistant Director People Strategy and Commissioning	beckyhale@warwickshire.gov.uk
Strategic Director	Nigel Minns Strategic Director for People	nigelminns@warwickshire.gov.uk
Portfolio Holder	Councillor Bell	margaretbell@warwickshire.gov.uk

The report was circulated to the following members prior to publication:

Local Member(s): n/a

Other members: Councillors Golby, Holland and Drew