

Health and Wellbeing Board Sub-Committee

22 September 2022

Better Care Fund (BCF) Plan 2022/23

Recommendation(s)

1. The Board's Sub-Committee approves the final version of the Better Care Fund Plan for 2022/23, for submission to NHS England in line with the recommendation and delegation of the HWBB on 7th September 2022.

1. Executive Summary

- 1.1 This is an update to the report discussed at the Health and Wellbeing Board (HWB) on 7th September 2022, (HWB) on the draft Better Care Fund Plan. Following feedback from the Regional Better Care Fund Manager, minor amendments have been made to the BCF Narrative Plan, shown as tracked changes to Appendix 1.
- 1.2 The Better Care Fund (BCF) is a programme spanning both 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 2022/23

- 1.3 Earlier in the year, Health and Wellbeing Boards (HWBs) were advised that BCF policy and planning requirements would be published and that similar to the previous year, HWBs would be required to submit their BCF Plans to NHS England for approval.
- 1.4 The Better Care Fund 2022/23 Planning Requirements published on 19th July 2022, set out the template for Health and Wellbeing Boards (HWBs) to submit their annual plans for approval.

For 2022-23, 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.
- An intermediate care capacity and demand plan

- 1.5 The deadline for submission of the BCF plan to NHS England is 26th September 2022. Agreement is therefore sought for approval of the final version of the plan to be delegated to a Sub-Committee of the Health and Wellbeing Board, once it has been approved by the ICB and the Council.

National Conditions

- 1.6 The Better Care Fund Policy Statement for 2022-23 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 has 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 Integrated Care Boards (ICBs).
 2. **NHS contribution to adult social care to be maintained in line with the uplift to NHS minimum contribution** - The contribution to social care from the ICB via the BCF is agreed and meets or exceeds the minimum expectation. In 2022/23 for Warwickshire the minimum contribution is £15.273m.
 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 2022/23 for Warwickshire the minimum contribution is £12.206m.
 4. **Implementing the BCF Policy Objectives** – National condition 4 requires that local partners should have an agreed approach to implementing the two policy objectives for the BCF, set out in the Policy Framework: i. Enable people to stay well, safe and independent at home for longer. ii. Provide the right care in the right place at the right time.
- 1.7 For the first time, systems are also required to agree high level capacity and demand plans for intermediate care services, covering both BCF and non-BCF funded services. As a first step, areas are asked to jointly develop a single picture of intermediate care needs and resources across health and social care funded by the BCF and other sources for quarters 3 and 4 of 2022/23. These capacity and demand plans will need to be submitted with main BCF plans, but the content will not form part of the overall BCF assurance process.
- 1.8 The Coventry and Warwickshire Integrated Care Board ('ICB', previously known as Coventry and Warwickshire Clinical Commissioning Group) and the 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 plan. Spend

applicable to these national conditions is to be calculated in the planning template based on scheme-level expenditure data.

- 1.9 The ICB 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 2022 to 2023. 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

- 2.1 **Improved Better Care Fund (iBCF)** – In advance of the 2022/23 financial year and publication of the BCF Policy Framework, the Health and Wellbeing Board at its meeting on 12th January 2022 reviewed and supported the list of schemes to be funded from the IBCF for 2022/23.
- 2.2 These schemes have now been assured against the Policy Framework and it has been confirmed that they continue to meet the required conditions of the grant.
- 2.3 The grant conditions remain broadly the same as 2021/22. 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.
- 2.4 **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:

		2022/23		
		Pooled Contribution	Aligned Allocation	Total Budget
		£'000	£'000	£'000
Minimum NHS ring-fenced from ICB allocation	ICB (SW Place)	20,154	61,290	81,444
	ICB (WN Place)	14,344	32,743	47,087
	ICB (Rugby Place)	8,286	18,091	26,377
Disabled Facilities Grant (DFG)		5,124	-	5,124
Warwickshire County Council Improved Better Care Fund (iBCF)		15,133	-	15,133
Warwickshire County Council		-	71,308	71,308
Total Pooled Contribution		63,040		
Total Additional Aligned Allocation			183,432	
Total Budget				246,472

* 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 2022/32 have been prepared by the Finance Sub-Group in which Finance Leads from both the Local Authority and ICB 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 ICB 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 the ICB, 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 2022/23:

Funding Sources	2022/23
DFG	£5,124,786
Minimum NHS Contribution	£42,782,742
iBCF	£15,133,281
Total	£63,040,809

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 (2022/23: £63m). The former comes from the Department of Health and Social Care through the ICB, 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 Integrated Care Board 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 Integrated Care Board to support closer integration as part of plans for moving to an Integrated Care System.
- 2.12 The iBCF is temporary. 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.
- 2.13 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

None.

4. Supporting Information

Metrics

- 4.1 The BCF Policy Framework sets national metrics that must be included in BCF plans in 2022/23. Ambitions should be agreed between the local authority and the ICB 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 measure of avoidable admissions (unplanned hospitalisation for chronic ambulatory care sensitive conditions per 100,000 population) introduced last year has also been retained. 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 – Improving the proportion of people discharged from acute hospital to their usual place of residence has also been retained.
- 4.5 HWBs are no longer required to set targets relating to reducing length of stay measured through the percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days. Despite this there is an expectation that local areas will continue to monitor their performance and so performance will be reported through the Joint Commissioning Board.
- 4.6 The proposed ambitions for 2022/23 and rationale are set out in the Planning Template and Narrative Plan.
- 4.7 Locally we will continue to monitor progress quarterly against the BCF metrics set out above through the Joint Commissioning Board and Coventry and Warwickshire Urgent and Emergency Care Board.

5. Timescales associated with the decision and next steps

- 5.1 Prior to final review by the Health and Wellbeing Board on 22nd September, the BCF Plan for 2022/23 has been reviewed and approved by:

Organisation	Board	Date
Partnership	Joint Commissioning Board	17/08/22
WCC	People Directorate Leadership Team	31/08/22
WCC	Corporate Board	07/09/22
ICB	Finance and Performance Committee	07/09/22
WCC	Cabinet	08/09/22
ICB	Governing Body	21/09/22
Submission date		26/09/22

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 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. A cross-regional calibration meeting will be held after regions have submitted their recommendations, bringing together representatives from each region. Once approved - NHS England, as the accountable body for the NHS minimum contribution to the fund, will write to areas to confirm that the NHS minimum funding can be released.

Assurance activity

Assurance activity	Date
BCF planning requirements received	19 th July 2022
Optional draft BCF planning submission submitted to BCM	By 18 th August 2022
BCF planning submission from local HWB areas (agreed by ICB and WCC) sent to national BCF Team at NHS England	26 th September 2022
Scrutiny of BCF plans by regional assurers, assurance panel meetings and regional moderation	26 th September to 24 th October 2022
Cross regional collaboration	1 st November 2022
Approval letters issued giving formal permission to spend (NHS minimum)	30 th November 2022
All section 75 agreements to be signed and in place	31 December 2022

Appendices

1. Appendix 1 – BCF Narrative Plan
2. Appendix 2 – BCF Planning Template
3. Appendix 3 – BCF Capacity and Demand Plan

Background Papers

1. None

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

Local Member(s): None

Other members: None