

# Health and Wellbeing Board

<b>DATE</b>	20 <sup>th</sup> November 2023
<b>REPORT OF</b>	Councillor Shreeve Portfolio Holder for Health, Wellbeing and Adult Social Care
<b>RESPONSIBLE OFFICER</b>	Katie Brown, Director of Adult Services
<b>SUBJECT</b>	Better Care Fund (BCF)
<b>STATUS</b>	Open
<b>FORWARD PLAN REF NO.</b>	N/A

## **CONTRIBUTION TO OUR AIMS**

The continued receipt of BCF monies contributes to the aims of stronger economy and stronger communities

## **EXECUTIVE SUMMARY**

The Better Care Fund (BCF) is designed to promote integration between health and social care, and to create a local single pooled budget to incentivise the NHS and local government to work more closely together. BCF has not been the driver for integration in North East Lincolnshire (NEL), where an agreement under s75 of the NHS Act 2006, and pooled budget arrangements, have been in place since 2007.

Each area is required to produce a BCF plan annually, evidencing its progress towards integration since the last plan, and its focus during the coming year(s). Regular reports must be made to the Department of Health and Social Care (DHSC) and NHS England (NHSE). Local planning, reporting and spend is managed via the BCF Steering Group.

This report attaches the quarter two return (spreadsheet) submitted to NHSE on 31<sup>st</sup> October 2023, using Cllr Shreeve's delegated authority.

## **RECOMMENDATIONS**

1. Approve the quarter two return.

## **REASONS FOR DECISION**

It is a requirement of the BCF that local plans and reports are agreed by Health and Wellbeing Boards.

### **1. BACKGROUND AND ISSUES**

#### **1.1 Delayed receipt of BCF requirements**

This year areas were advised mid-April that a draft plan was to be submitted to regional NHSE on 19<sup>th</sup> May, and the final plan on 28<sup>th</sup> June (incorporating comments received from regional NHSE). Comments on the draft were received from regional NHSE on

13<sup>th</sup> June and were addressed in the revised version submitted to national NHSE on 28<sup>th</sup> June. The Board's approval was granted retrospectively on 10<sup>th</sup> July.

National approval of the plan was received on 20<sup>th</sup> September 2023. By that time the first quarter was passed. NHSE therefore decided that quarterly reporting would start from quarter two (bypassing quarter one).

## **1.2 National conditions**

The BCF sets national conditions annually. Conditions for the current year are:

- 1.2.1 Plans jointly agreed between local health and social care commissioners and signed off by the Health and Wellbeing Board
- 1.2.2 Maintain the NHS contribution to adult social care (in line with the uplift to the NHS minimum contribution to the BCF), and invest in NHS commissioned out of hospital services
- 1.2.3 Implement BCF policy objective one: enable people to stay well, safe and independent at home for longer
- 1.2.4 Implement BCF policy objective two: provide the right care at the right place at the right time.

We are required to confirm that these conditions are met, in tab 3 of the return. They are met.

## **1.3 National Metrics**

Areas must also comply with nationally set metrics (targets). These are:

- 1.3.1 Avoidable admissions to hospital (indirectly standardised rate of admissions per 100,000 population)
- 1.3.2 Falls (emergency hospital admissions due to falls in people aged 65 and over)
- 1.3.3 Discharge to usual place of residence (from acute hospital to normal place of residence)
- 1.3.4 Residential admissions (long-term support needs of older people aged 65 and over met by admission to residential/ nursing care)
- 1.3.5 Reablement (proportion of older people aged 65 and over who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services).

We are required to update on progress towards meeting the metrics, in tab 4 of the return. A majority, although not all, of the metrics are on track to be met. Where they are not on track, plans are in place to improve performance.

## **1.4 Capacity and demand planning**

As part of the BCF plan, systems were expected to submit estimated demand for intermediate care (rehabilitation and reablement) services, and other short-term services lasting up to 6 weeks (including all other short term domiciliary services). Plans must cover demand for services to support people to stay at home (including avoiding unnecessary hospital admissions) and on hospital discharge.

Capacity and demand has remained broadly as set out in our overarching plan (submitted in June). Further detail can be found in tabs 5.1 – 5.3 of the return.

## **2. RISKS AND OPPORTUNITIES**

### **2.1 Risks**

- 2.1.1 Failure to meet national reporting requirements. Areas are required to report on the entirety of the BCF quarterly and on the discharge fund aspects of it fortnightly. To date, all reports have been submitted on time and have been deemed acceptable to NHSE.
- 2.1.2 Failure to meet the national metrics. The BCF steering group meets at least quarterly and has oversight of BCF-related activity; in conjunction with partners, it can take action to address issues, as necessary.
- 2.1.3 Failure to manage capacity and demand on discharge from hospital and/ or in the community.

### **2.2 Opportunities**

- 2.2.1 Integrated working continues to provide opportunities to work more efficiently and effectively for the benefit of NEL.
- 2.2.2 The most recent addition to the funding streams paid via BCF – the adult social care discharge fund – provides increased opportunity to target funding at activity designed to reduce delays in discharge from acute settings.

## **3. OTHER OPTIONS CONSIDERED**

N/a. Compliance with a national reporting schedule is mandated.

## **4. REPUTATION AND COMMUNICATIONS CONSIDERATIONS**

The area would be likely to suffer some reputational damage if national requirements were not met.

Planning in the areas to which BCF relates or is linked are heavily reliant upon partnerships within and outside of the ICB and Council, and high levels of cooperation and communication. All BCF plans to date are published on the Clinical Commissioning Group's (CCG) website. This website is still live, although the CCG has ceased to exist.

## **5. FINANCIAL CONSIDERATIONS**

The report does not include/ require a spend update.

## **6. CHILDREN AND YOUNG PEOPLE IMPLICATIONS**

The focus of the BCF is on adult services. There are no known implications arising from this report, for children and young people.

## **7. CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS**

There are no known climate change or environmental implications arising from the matters in this report.

## **8. CONSULTATION WITH SCRUTINY**

No consultation with Scrutiny has taken place.

## **9. FINANCIAL IMPLICATIONS**

There are no direct financial implications as a result of this report, for the purposes of a national return. In general, spend against budgets and utilisation of available funding is reported as part of the Council's regular budget monitoring processes and through reports to Cabinet.

## **10. LEGAL IMPLICATIONS**

The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the BCF. The amended NHS Act 2006 gives NHSE powers to attach conditions to the payment of the BCF, and to withhold, recover or direct the use of funding where conditions attached to the BCF are not met. Compliance with BCF planning and reporting regimes is mandatory.

## **11. HUMAN RESOURCES IMPLICATIONS**

There are no HR implications.

## **12. WARD IMPLICATIONS**

There are no known individual ward implications. BCF monies are spent for the benefit of NEL as a whole.

## **13. BACKGROUND PAPERS**

N/A

## **14. CONTACT OFFICER(S)**

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**Councillor Stan Shreeve, Portfolio Holder for  
Health, Wellbeing and Adult Social Care**