

**Forward Plan reference number: FP/180/10/21**

<b>Report title: Better Care Fund Plan 2021/22</b>	
<b>Report to:</b> Cabinet	
<b>Report author:</b> Councillor John Spence, Cabinet Member for Adult Social Care and Health	
<b>Date:</b> 24 November 2021	<b>For:</b> Decision
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<b>County Divisions affected:</b> All Essex	

## 1. Everyone's Essex

- 1.1 Thousands of Essex residents and their carers rely on health and care services to support them. By working more closely with partners in the NHS, integrating our approaches, we can provide services in a more joined-up way. Doing this well can then lead to better outcomes for residents across Essex.
- 1.2 The Better Care Fund (BCF) was created to help this approach by bringing together funding pooled between the NHS and, in our case, Essex County Council, to spend together on services and support, providing a more integrated approach to health and social care services. In 2021/22 this funding amounts to £165m (£108m from NHS and £57m from the Department for Levelling-Up, Housing and Communities).
- 1.3 In order to comply with the terms of funding, it is necessary for Essex County Council (ECC) and partners to submit a plan to NHS England by 16 November 2021 showing how the money will be spent. This report therefore sets out the BCF Partnership's spending plans, which ECC has developed with health partners, and asks the Cabinet to endorse this Plan. It will also need to be endorsed by the Essex Health and Wellbeing Board. It will appear strange that approval for spending in the current financial year is only being sought at this stage, but the national guidelines were in fact only published on 30 September 2021.
- 1.4 By developing a more integrated approach to services and the spending of public money, these proposals will contribute strongly to ECC's strategic ambitions in Everyone's Essex, notably around Equality and Levelling Up – working with our health partners to improve outcomes for Essex residents – particularly those more vulnerable, who depend on effective local health and care services to enable them to lead a more independent and good-quality life.

- 1.5 This decision will lead to the commission of services which do emit carbon but we do not anticipate change and the decision will therefore have little or no adverse impact on the county's focus on tackling climate change.

## **2. Recommendations**

- 2.1 Agree the Better Care Fund Plan for Essex in the form appended to this report.
- 2.2 Agree to authorise the Executive Director for Adult Social Care to vary the section 75 agreements to reflect the agreed Plan.

## **3. Summary of issue**

### ***Context***

- 3.1 Essex County Council works with the local NHS and with district and borough councils to provide help and support to people to address their health and care needs, to help people to recover their strength and confidence after an adverse life incident, and to support them back home after a period in hospital.
- 3.2 The Essex Better Care Fund (BCF) Plan brings together NHS and local government funding worth £165m in 2021/22 to provide vital services that support Essex residents with health and care needs. The Plan includes expenditure of:
- a) £79m on adult social care services, including contributing towards the costs of funding care services in a person's home (domiciliary care); reablement services that enable people to recover their strength, confidence and independence; and support to carers.
  - b) £65m on NHS community services funding a range of health services that support people with complex needs to live as independently as possible and enjoy quality of life.
  - c) £11.9m via district/borough/city councils on adaptations to homes to meet the needs of people living with disabilities (Disabled Facilities Grant)
  - d) £8.9m on schemes that support hospital discharges and help address pressures that typically result from higher demand during winter (such as investment in 'bridging' services that provide interim support for a person between leaving hospital and being able to return home); investment in support to the care market (such as training and quality improvement); and investment in services that support people with sensory impairments.
- 3.3 Essex has already been working with local NHS partners during 2021/22 on using the Better Care Fund to deliver services in line with previously published planning guidance and local priorities. At the end of September, national guidance for 2021/22 was belatedly published and this requires local health and care systems to submit their Better Care Fund (BCF) plans for 2021-22 to NHS England by 16 November 2021. The Better Care Fund plan for Essex

will cover the ECC area which is also covered by five NHS Clinical Commissioning Groups. The Essex BCF Plan is also relevant to, and links to, the work of the three Integrated Care Systems (ICSs) that cover Essex but are not contained within our borders.

- 3.4 The national guidance and planning framework for 2021/22 expects systems to work together to:
- a) Reduce the number of permanent admissions into long-term residential and nursing care, in line with the principle of 'Home First'
  - b) Invest in reablement services with a focus on ensuring people are still at home 91 days after receiving reablement services
  - c) Reduce the length of time people stay within hospital by reducing the proportion of people who are in hospital over 14 days and over 21 days (this is a change to the previous national condition on delayed transfers of care)
  - d) Focus on addressing avoidable admissions (this is a change to the previous national condition on reducing non-elective admissions)
- 3.5 The national guidance says approval of plans will be judged largely on assurance around Hospital Discharge plans and a clear suggestion that approval of Plans will be determined by this. National Condition 4 and the BCF Discharge Metrics have changed to reflect the national Hospital Discharge policy and guidance (which was published in March 2020 at the start of the pandemic and significantly updated in July 2021).
- 3.6 Although the Fund covers 2021/22 and relies on the production of a plan, the national guidance on the production of the BCF Plan was only released at the end of September 2021 with a requirement for plans to be submitted to NHS England by 16 November 2021, which is a challenging timetable. This report outlines the key elements of the Plan and Essex's position on them.

### ***Strategic Context***

- 3.7 The proposed decision accords closely with the Council's key strategic theme, in 'Everyone's Essex' of 'health, well-being and independence for all ages' including and Levelling Up health, by proposing a funding plan that will help us and our health partners deliver our services in a more joined-up way, and so help to improve the experience and outcomes for residents in Essex who rely on our services.
- 3.8 The Council's priorities include:
- Enabling residents to live independently
  - Leveling up health
- 3.9 This decision will contribute towards these priorities by improving our capacity to work closely and develop a more seamless provision of care and support to some of the county's most vulnerable residents; enabling them to live the best-quality life they can.

### ***Background to the Better Care Fund***

- 3.10 The Better Care Fund (BCF) was announced by Government in June 2013. It was intended to provide an opportunity to transform local services through better integrated care and support. Health and Wellbeing Boards have been obliged to submit BCF Plans since then that meet mandated minimum financial values and demonstrate achievement of a series of NHS England national conditions. The BCF is overseen by the Health and Wellbeing Board and quarterly status reports are submitted to NHS England on performance. The Better Care Fund incorporates funding to support local authority social care (the Improved Better Care Fund; and Winter Pressures) which are subject to conditions that it be pooled into the BCF and used to ease pressures in the health and care system.
- 3.11 Since 2017 the Improved Better Care Fund (iBCF) has been included as part of the wider BCF and is part of the sixth county wide section 75 agreement. It is a grant provided to Adult Social Care and must be focused on:
- Sustaining Adult Social Care
  - Supporting activity to ease health pressures
  - Sustaining the Care Market
- 3.12 During the pandemic, there have been some further additions to the Better Care Fund to incorporate national funding for hospital discharges.
- 3.13 The total value of the Better Care Fund has increased in recent years:
- 2018/19: £135.8m  
2019/20: £153.9m  
2020/21: £159.7m  
2021/22: £165.3m

## **4. National Conditions:**

As with previous BCF plans there are four national conditions for the funding:

### **4.1 National Condition 1 – The plan must be jointly agreed**

The plan must be signed off by ECC, the individual CCGs and endorsed by the Health and Wellbeing Board. The BCF plan will be presented to Cabinet on 24 November and to the Essex Health and Wellbeing Board on 24 November. Each CCG will take the plan through its governance before 16 November. The proposed plan meets that condition.

### **4.2 National Condition 2 – NHS contribution to Social Care is maintained in line with inflation**

The total amount from the Better Care Fund CCG minimum contribution allocated for supporting social care in 2021-22 is £43.127m and represents a 5.37% increase. The proposed plan meets that condition.

### 3.7.3 **National Condition 3** – NHS commissioned out of hospital services

The total amount invested in NHS commissioned out of hospital care exceeds the minimum ringfence required. In Essex this is £30.791m. The proposed plan meets that condition.

### 3.7.4 **National Condition 4** – Improving outcomes for people being discharged from hospital

From March 2020, the Hospital Discharge Service Requirements replaced previous Delayed Transfer of Care (DToC) performance standards with revised national processes for hospital discharge. This includes a requirement that people should be discharged the same day who no longer need to be in hospital and implementation of 'home first' arrangements.

The proposed plan meets that condition.

## 5. **Metrics**

- 5.1 As with previous BCF plans there are also national metrics used to measure progress. These have changed for 2021/22 and they are published in the Better Care Fund Planning Requirements 2021/22.

### **Avoidable admissions (specific to Acute)**

- 5.2 This is a new metric and replaces the old target for acute hospitals on non-elective admissions.
- 5.3 The new metric measures the number of times people with specific long-term conditions, which should not normally require hospitalisation, are admitted to hospital in an emergency. These conditions include, for example, diabetes, convulsions and epilepsy, and high blood pressure. The metric includes all ages, the rate is standardised to account for differences in the age and sex distribution of the population. **The target in Essex for 2021/22 is a rate of 810 per 100,000.**
- 5.4 The latest avoidable admission rate in Essex (825.6 per 100,00 in 2019/20) is lower than the latest England rate (862.1). There was a small drop in avoidable admissions between 2018/19 – 2019/20 in Essex. This is an annual figure and there is no national target.

### **Admission to residential and care homes**

- 5.5 This metric remains the same as previous plans and measures the rate of admissions for people aged over 65. In 2020/21 there were 1,381 older Essex residents admitted to permanent residential or nursing care. This year, to September 2021 there have been a total of 715 admissions. If the number of monthly admissions stays at the average for 2021/22 so far, the total number

of admissions for the year will be around 1,420 – a rate of 450 per 100,000 older Essex residents.

- 5.6 **The target in Essex for 2021/22 is a rate of 450 per 100,000 older Essex residents.** This is a maintenance of current performance.

- 5.7 The table below shows the recent number of admissions by month and by care setting for 2020/21 - the trend has been down for residential care. Recent months are subject to change due to reporting lags:

Month	Residential	Nursing	Total	To date
Apr	133	24	157	157
May	105	24	129	286
Jun	98	26	124	410
Jul	88	23	111	521
Aug	86	16	102	623
Sep	76	7	83	706

### Effectiveness of reablement

- 5.8 This metric remains the same as previous plans and measures the number of people supported to stay at home after receiving reablement. The metric counts the number of older people discharged from hospital into reablement services between October 1 and December 31, who are still at home when they are followed up between January 1 and March 31.
- 5.9 **The target in Essex for 2021/22 is for at least 90% of the people who have received reablement services to remain out of hospital for 91 days following completion of reablement.**
- 5.10 This target has been set based on maintaining performance in previous years (table below). In 2019/20 reablement figure for Essex was within the top 20% of counties for reablement performance

Year	older people discharged in rehab / reablement services	still at home 91 days after discharge	performance
19-20	1,359	1,224	90.1%
18-19	1,550	1,362	87.9%
17-18	1,211	1,053	87.0%
16-17	1,130	918	81.2%

### Hospital Discharge

- 5.11 The new discharge metric measures the proportion of patients discharged to their usual place of residence. Historically Essex has performed well on this metric, with a pre-pandemic average of 93.8% of patients discharged to their usual place of residence.
- 5.12 **The target in Essex for 2021/22 is 93.4% of people being discharged into their usual place of residence.**

- 5.13 Since January 2021 Essex has seen higher proportions of patients discharged to their usual residence compared to England and similar HWB areas - the target looks to improve on this further.

### **Length of Stay**

- 5.14 This metric is new and replaces the old metric which measured delayed transfers of care. This is because the hospital discharge process national guidance was fundamentally changed in March 2020 and updated in July 2021.
- 5.15 There are two new length of stay metrics, measuring the proportion of patients staying in hospital for longer than 14 days and 21 days. There is a national target of no more than 12% of patients staying more than 21 days. There is no national target for the 14-day measure.
- 5.16 Essex consistently performs better than England and similar HWB areas on both measures. In August 2021 10.8% of patients were in hospital for 14+ days and 5% of patients were in hospital for 21+ days.
- 5.17 **The target in Essex for 2021/22 is:**
- **No more than 10% of patients staying for 14+ days**
  - **Maintaining 5% of patients staying for 21+ days.**

## **6. Other Considerations**

### **6.1 iBCF (Improved Better Care Fund)**

In the Government's March 2017 Budget additional transitional funding was allocated to social care. The funding is non-recurrent and amounts to £45m in 2021/22. The conditions for use of the iBCF remain the same. That is, it may only be used for:

- Meeting adult social care needs
- Reducing pressure on the NHS (including winter pressures)
- Supporting more people to be discharged from hospital
- Supporting the social care provider market

- 6.2 The iBCF has funded various schemes and initiatives over the course of the allocation and these will need to be afforded within the reduced iBCF envelope in 2021/22. Management of this has been through locality partnership boards where those schemes that have shown to add value have been adopted as part of mainstream health or care base budgets. Scheme level information will be included within the plan (Appendix A).

### **Additional (winter pressures) funding for Social Care**

- 6.3 It has also been confirmed within the guidance that additional Winter pressures funding is now included as part of the iBCF but is not ringfenced for use in winter.

## **Disabled Facilities Grant**

- 6.4 The Disabled Facilities Grant (DFG) is transferred directly from ECC to the twelve District, Borough and City councils to allow them to discharge their statutory duty with regard to DFGs. The main area of focus for 2021/22 is to improve the quality of life and promote independence within home settings. The DFG will continue to be used by each of the twelve District, Borough and City councils in Essex to discharge their statutory housing responsibilities.

## **High Impact Changes**

- 6.5 The High Impact Change Model was developed by the Local Government Association and NHS England as a way to support local care and health systems to manage patient flow and discharge and implementation of the model has been a requirement of the BCF plan since 2017. For 2021/22 The High Impact Change Model has been updated and remains best practice. But systems will not have to provide detailed narratives or progress against individual elements in 2021-22 .

## **The Future**

- 6.6 The future of the BCF and iBCF beyond March 2022 is unclear given wider changes to system working within the Health and Care Bill.

## **7. Financial implications**

- 7.1 The Council is the pooled fund host for the Essex BCF. The planning requirements for 2021/22 were not published by NHSE until 30 September 2021, and so interim arrangements were agreed in March 2021 (decision FP/995/02/21) to ensure continuity of funding from each CCG partner. The national uplift figure of 5.3% was applied uniformly to the 2020/21 CCG minimum contributions and payment schedules, which will be amended now that actual contributions have been published.
- 7.2 The approval of the BCF plan allows the relevant section 75 agreements for 2021/22 to be drawn up. These must be signed and in place by 31 January 2022.
- 7.3 The tables below summarise the funding sources and planned expenditure at a countywide and local level for 2021/22:



<b>Better Care Fund Summary</b>	<b>2021/22 £m</b>
<b>Funding Sources</b>	
Minimum CCG Contribution	108.4
Additional CCG Contribution	-
iBCF	45.0
DFG	11.9
<b>Total BCF Pooled Budget</b>	<b>165.3</b>
<b>Expenditure</b>	
Community Services	65.2
Social Care (min CCG contribution)	43.1
iBCF Meeting Social Care Needs	36.1
iBCF Countywide & Locality Schemes	8.9
DFG funded	11.9
<b>Total Expenditure</b>	<b>165.3</b>

<b>CCG Area Allocations</b>	<b>Community Services</b>	<b>Social Care (min CCG contr'n)</b>	<b>iBCF Meeting Social Care Needs</b>	<b>iBCF County- wide &amp; Locality Schemes</b>	<b>DFG funded</b>	<b>Total</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>
Basildon & Brentwood	12.0	7.6	-	0.1	1.9	21.6
Castle Point & Rochford	7.7	5.4	-	0.1	1.4	14.5
Mid Essex	15.8	11.1	-	0.2	2.8	29.9
North East Essex	16.1	10.2	-	0.1	3.8	30.2
West Essex	13.6	8.8	-	0.2	2.1	24.7
<b>Subtotal - Locality</b>	<b>65.2</b>	<b>43.1</b>	<b>-</b>	<b>0.7</b>	<b>11.9</b>	<b>120.9</b>
Countywide	-	-	36.1	8.2	-	44.3
<b>Total</b>	<b>65.2</b>	<b>43.1</b>	<b>36.1</b>	<b>8.9</b>	<b>11.9</b>	<b>165.3</b>

Expenditure on all schemes including those specific to each CCG area are outlined in the attached BCF plan.

## 8. Legal implications

- 8.1 The mandate from the Secretary of State to NHS England under which requirements as to how NHS money is spent may include specific requirements relating to the establishment and use of an integration fund. In recent years the Secretary of State has done this by requiring CCGs to establish better care funds (BCF).
- 8.2 In Essex the BCF is established by means of individual agreements under section 75 of the National Health Service Act 2006 between the Council and each of the five CCGs operating within Essex, together with an overarching County wide s75 agreement which relates to the Improved BCF (iBCF). There are six s75 agreements in total which are subject to annual variations to reflect the annual mandate and planning requirements. Following approval of the final BCF Plan, the same will be submitted to the Health and Well Being Board for

endorsement. The Board's role is to consider reports as requested by the Department of Health and to note the proposal with regards to the iBCF. This is part of the Board's role to promote the integration of health and social care.

- 8.3 The BCF Plan for 2021/22 must be submitted to NHS England by 16 November 2021 and s75 agreements to implement the BCF Plan for 2021/22 must be executed by 31 January 2022.

## **9. Equality and Diversity implications**

- 9.1 The Public Sector Equality Duty applies to ECC when it makes decisions. The duty requires us to have regard to the need to:
- (a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act. In summary, the Act makes discrimination etc on the grounds of a protected characteristic unlawful
  - (b) Advance equality of opportunity between people who share a protected characteristic and those who do not.
  - (c) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.
- 9.2 The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, gender, and sexual orientation. The Act states that 'marriage and civil partnership' is not a relevant protected characteristic for (b) or (c) although it is relevant for (a).
- 9.3 The equality impact assessment (appendix 1) indicates that the proposals in this report will not have a disproportionately adverse impact on any people with a characteristic.

## **10. List of appendices**

Equality impact assessment

## **11. List of Background papers**

Appendix A - BCF 2020-21 Planning Template