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| Report title: Better Care Fund Plan 2022/23 | |
| Report to: Health and Wellbeing Board | |
| Report author: Peter Fairley, Director, Strategy, Policy and Integration | |
| Date: 21 st September 2022 | For: Decision |
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| County Divisions affected: All Essex | |

1. Purpose of Report

- 1.1. To share the Better Care Fund (BCF) Plan for Essex for 2022/23 for formal endorsement.

2. Recommendations

- 2.1 Endorse the plan and note that partners, including Essex County Council, will need to adopt the strategy via their own decision-making processes.

3. Background and Proposal

- 3.1. Thousands of Essex residents and their carers rely on health and care services to support them. By local government and the NHS working more closely together (including with wider partners), we can provide services in a more joined-up way and lead to better outcomes for residents across Essex.
- 3.2. The Better Care Fund (BCF) was created to help this approach by bringing together funding pooled between the NHS and local government, to spend together on services and support, providing a more integrated approach to health and social care services. In 2022/23 this funding amounts to £172.8m.
- 3.3. The national BCF Planning guidance requires that a plan for spending all funding elements is jointly agreed by the relevant local authority and Integrated Care Boards (ICB). The Plan comprises a Narrative Plan that sets out the overall approach and a Planning Template that sets out detailed financial commitments. Plans must be agreed by the ICBs and the local authority chief executive and signed off by the Health and Wellbeing Board. The 2022/23 Plan must be submitted to NHS England by 26 September 2022. The national guidance sets out four conditions that all plans must meet to be approved. These are:
 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 NHS minimum contribution.
 3. Invest in NHS commissioned out-of-hospital services
 4. Implementing the BCF policy objectives.
- 3.4. By developing a more integrated approach to services and spending public money, these proposals will contribute strongly to the achievement of the statutory purposes of integrated care systems and also to ECC's strategic ambitions in *Everyone's Essex*, notably around Equality and Levelling Up – working together 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.
4. **Options**
Not applicable
5. **Issues for consideration**

Context

- 5.1 The 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 (iBCF) 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.
- 5.2 Since 2017 the iBCF has been included as part of the wider BCF. It is a grant provided to the local authority for the purposes of Adult Social Care and must be focused on:
- i. Sustaining Adult Social Care
 - ii. Supporting activity to ease health pressures
 - iii. Sustaining the Care Market
- 5.3 The Essex BCF Plan brings together NHS and local government funding worth £173m in 2022/23 to provide vital services that support Essex residents with health and care needs. The Plan includes expenditure of:
- a) £46m on adult social care services (via mandatory NHS allocations), 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) £69m 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) £12m via district/borough/city councils on adaptations to homes to meet the needs of people living with disabilities (Disabled Facilities Grant).
 - d) £10m 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.
 - e) £36m contribution to the costs of meeting social care needs arising from higher prices and demand for services, as well as maintaining investment in discretionary services that have a benefit to social care and NHS partners (iBCF grant).
- 5.4 Local health and care systems have to submit their BCF plans for 2022-23 to NHS England by 26 September 2022. The BCF plan for Essex covers the Essex health and wellbeing board area, which includes the Essex elements of the 3 Integrated Care Boards (covering Hertfordshire and West Essex, Suffolk and North East Essex, and Mid and South Essex) and 5 local health and social care Alliances that cover the former clinical commissioning group (CCG) areas.
- 5.5 The BCF Policy Framework sets national metrics that must be included in BCF plans in 2022-23. The metrics for the BCF in 2022-23 are:
- a) proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation (effectiveness of reablement);
 - b) older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population (admissions to residential care homes);
 - c) unplanned hospitalisation for chronic ambulatory care sensitive conditions (avoidable admissions to hospital);
 - d) improving the proportion of people discharged home, based on data on discharge to their usual place of residence (discharge to usual place of residence).
- 5.6 Although the BCF covers 2022/23, the national guidance for the BCF Plan was only released at the end of July 2022 with a requirement for plans to be submitted to NHS England by 26 September 2022. This is a challenging timetable since local NHS organisations are in the middle of a transformation. This report outlines the key elements of Essex's Plan.

6. National Conditions:

All BCF plans must meet four national conditions:

- 6.1 **National Condition 1 – The plan must be jointly agreed** - The proposed plan meets that condition. The BCF plan will be endorsed by the Essex Health and Wellbeing Board and will be approved by Essex County Council and by each integrated care board.

- 6.2 **National Condition 2 – NHS contribution to Social Care is maintained in line with the uplift to NHS minimum contribution.** The proposed plan confirms that the total amount from the Better Care Fund NHS minimum contribution allocated for supporting social care in 2022-23 is £45.568m and represents a 5.66% increase in line with the national guidance. The proposed plan meets that condition.
- 6.3 **National Condition 3 – Invest in NHS commissioned out of hospital services.** The proposed plan confirms that the total amount to be invested in NHS commissioned out of hospital care in Essex will exceed the minimum ringfence required by national guidance. In Essex this is £32.534m.
- 6.4 **National Condition 4 – Implementing the BCF policy objectives, which for 2022-23 are:**
- I. **Enable people to stay well, safe and independent at home for longer -** This objective seeks to improve how health, social care and housing adaptations are delivered to promote independence and address health, social care and housing needs of people who are at risk of reduced independence, including admission to residential care or hospital. BCF plans for 2022-23 should set out how BCF funding (including any voluntarily pooled funding) aligns in support of this objective.
 - II. **Provide the right care in the right place at the right time -** BCF plans should set out how ICB and social care commissioners will continue to:
 - a. Support safe and timely discharge, including ongoing arrangements to embed a home first approach and ensure that more people are discharged to their usual place of residence with appropriate support.
 - b. Carry out collaborative commissioning of discharge services to support this. Systems should have regard to the guidance on collaborative commissioning published by the LGA, in partnership with the BCF Programme, and guidance produced following the evaluation of the Hospital Discharge Policy and Discharge to Assess.

The narrative plan (Appendix 1) sets out how Essex health and social care services are working to meet these objectives (pages 8-11) through personalised care and asset-based approaches; joined-up approaches to population health management; multidisciplinary teams at place or neighbourhood level; investment in intermediate care services and improving discharge processes.

Additional requirements for 22/23

- 6.5 The BCF plan (Appendix 1) must now include an overview of how BCF funding is supporting unpaid carers (with particular reference to how funding in the NHS minimum contribution to fund carer's breaks and local authority duties to support carers under the Care Act 2014 is being used). The proposed plan sets out how ECC and partners are doing this with reference to the *All Age Carers Strategy 2022-23* and specific commissioned services (pages 11-12).

- 6.6 Areas are also asked to develop plans that outline expected capacity and demand for intermediate care services in the area. This must cover demand for services to support people to stay at home (including admissions avoidance) and hospital discharge pathways, for quarters 3 and 4 of 2022-23 across health and social care. This should cover both BCF and non-BCF funded activity. (Pages 5-6).
- 6.7 As a first step, we must develop a single picture of intermediate care needs and resources for the Essex health and wellbeing board area. **There is no expectation that the BCF should be used to fund all services within this capacity and demand plan.**

7. Metrics

As with previous BCF plans there are national metrics used to measure progress.

7.1 **Metric 1: Long term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population**

We want people to be as independent as possible and to be able to live in their own home as far as is possible.

Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency, and the inclusion of this measure in the framework supports local health and social care services to work together to reduce avoidable admissions. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care. However, it is acknowledged that for some client groups admission to residential or nursing care homes can improve their situation and will always be necessary in some situations.

The target in Essex for 2022/23 is 430 per 100k. In 21/22 Essex had an actual rate of 478 per 100k so this plan is targeting an improvement.

7.2 **Metric 2: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services**

This measures the benefit to individuals from reablement, intermediate care and rehabilitation following a hospital episode, by determining whether an individual remains living at home 91 days following discharge – the key outcome for many people using reablement services. It captures the joint work of social services, health staff and services commissioned by joint teams, as well as adult social care reablement.

The target in Essex for 2022/23 is 87% - an improvement from performance 85.8% in 21/22 and a return to levels being achieved just before the pandemic.

7.3 **Metric 3: Unplanned hospitalisation for chronic ambulatory care sensitive conditions**

This indicator measures the number of times people with specific long-term conditions, which should not normally require hospitalisation, are admitted to hospital in an emergency.

The target in Essex for 2022/23 is 183 per 100k. This would maintain performance from 21/22

7.4 **Metric 4: Discharge to usual place of residence**

This measures the number of discharges of people over the age of 18, following an inpatient stay, that are recorded as being to a person's usual place of residence. This is an important marker of the effective joint working of local partners and is a measure of the effectiveness of the interface between health and social care services. Maximising the proportion of people who return to their usual place of residence at the point of discharge enables more people to live independently at home.

The target in Essex for 2022/23 is 93%. This would be an improvement on Essex average of 92.9% in 2021/22.

8. Other Considerations

8.1 **iBCF**

In the Government's March 2017 Budget additional funding was allocated to social care. The funding amounts to £46.4m in 2022/23. 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

The iBCF has funded various schemes and initiatives over the course of the allocation, as per monitoring reports and narrative plan. 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.

8.2 **Disabled Facilities Grant**

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 DFG will continue to be used by each

of the twelve District, Borough, and City councils in Essex to discharge their statutory housing responsibilities and support housing adaptations. District council use of DFG can play an important role in facilitating timely hospital discharges and ensuring that people have opportunities to return home after a hospital admission, rather than have to be admitted to a residential care or nursing home.

9. Financial implications

- 9.1 ECC is the pooled fund host for the Essex BCF. The planning requirements for the 2022/23 financial year were not published by NHS England until 19 July 2022, and so interim arrangements were agreed in March 2022 (Cabinet decision FP/286/01/22) to ensure continuity of funding from NHS partners.
- 9.2 The approval of the BCF plan will allow the relevant section 75 agreements (section 75 of the NHS Act 2006 enables joint commissioning and commissioning of integrated health and social care services) to be drawn up, including the revised payment schedules for NHS contributions. These must be signed and in place by 31 December 2022.
- 9.3 The tables below summarise the funding sources and planned expenditure at a countywide and local level for 2022/23. Expenditure on all schemes including those specific to each ICB and local level (Alliance area) are outlined in the attached BCF plan.

| Funding Source | HWE | MSE | SNEE | DLUHC | Total |
|--------------------------------|-------------|-------------|-------------|--------------|--------------|
| | £m | £m | £m | £m | £m |
| NHS Contribution | 23.8 | 64.3 | 26.5 | | 114.5 |
| iBCF | | | | 46.4 | 46.4 |
| DFG | | | | 11.9 | 11.9 |
| Total BCF Pooled Budget | 23.8 | 64.3 | 26.5 | 58.3 | 172.8 |

| Expenditure Plan | HWE | MSE | SNEE | County-wide | Total |
|------------------------------------|-------------|-------------|-------------|--------------------|--------------|
| | £m | £m | £m | £m | £m |
| Social Care (min NHS contribution) | 9.3 | 26.0 | 10.3 | | 45.6 |
| Community Services | 14.4 | 38.3 | 16.1 | | 68.9 |
| iBCF Meeting Social Care Needs | | | | 36.1 | 36.1 |
| iBCF Countywide & Locality Schemes | 0.2 | 0.4 | 0.1 | 9.6 | 10.3 |
| DFG funded | 2.1 | 6.0 | 3.8 | | 11.9 |
| Total BCF Plan | 26.0 | 70.7 | 30.4 | 45.7 | 172.8 |

10. Legal implications

There are no specific legal implications arising from the board's endorsement of the BCF Plan. The relevant partners, including ECC, will need to go through all relevant governance procedures to adopt the BCF Plan to submission to NHS England.

11. Equality and Diversity implications

- 11.1 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.
- 11.2 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).
- 11.3 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.

12. List of appendices

Appendix 1 - BCF 2022-23 Narrative Plan
Appendix 2 - Equality impact assessment

13. List of Background papers

BCF Planning Template