

HEALTH AND WELLBEING BOARD: 24 SEPTEMBER 2020

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

BETTER CARE FUND PLAN 20/21

Purpose of report

1. The purpose of this report is to provide the Health and Wellbeing Board with an overview of the progress to refresh the Leicestershire Better Care Fund (BCF) Plan and for 2020/21.

Recommendations

2. It is recommended that:
 - a) The contents of this report be noted;
 - b) The provisional BCF outcome metrics attached as Appendix D to the report, be approved, noting that it is subject to any changes required following the publication of the BCF guidance;
 - c) The Chief Executive of Leicestershire County Council, following consultation with the Chairman of the Health and Wellbeing Board, be authorised to finalise the BCF plan refresh should the publication of the national guidance and submission date not align with future meetings of the Board;
 - d) It be noted that members of the Integration Executive (a subgroup of the Health and Wellbeing Board responsible for the day to day delivery of the BCF Plan), will be asked to indicate their agreement ahead of the final submission to NHS England.

Policy Framework and Previous Decisions

3. The BCF policy framework was introduced by the Government in 2014, with the first year of BCF plan delivery being 2015/16. In February 2014, the Cabinet authorised the Board to approve the BCF Plan and plans arising from its use.
4. Nationally, it has been confirmed that the 2020/21 BCF Policy Framework will be published in due course with systems continuing to focus efforts into managing the Covid-19 pandemic.
5. It is understood that two national reviews of the BCF policy have taken place, which inform the overall policy framework and operating model for April 2021 onwards, although the outcomes of these reviews have not been published.

6. It is anticipated that the while the BCF policy framework and guidance for 2020/21 will essentially be a continuation per the guidance for 2019/20 (with possible minor adjustments), BCF arrangements from April 2021 will be informed by the outcome of the national review. The outcome of the review is likely to be published later in 2020/21, however a date is yet to be confirmed.
7. In the meantime, the Government have given an indication that the BCF policy is likely to continue for a further three years through to 2023/24, although the content of the policy framework over this period is not yet determined.
8. The Health and Wellbeing Board approved the BCF Plan for 2019/20 at its meeting on 26 September 2019.
9. Due to the cancellation of several meetings of the Board as a result of the pandemic, members were provided with a report via email concerning the BCF Plan for 2019/20 which sought approval for the interim BCF Expenditure Plan for 2020/21.
10. Those who responded supported the plans and therefore the Chief Executive of the County Council, under delegated powers, approved the interim Expenditure Plan. The Plan was subsequently approved by East Leicestershire and Rutland and West Leicestershire Clinical Commissioning Group (CCG) Boards in April.

BCF National Conditions

11. The four national conditions set by the Government in the policy framework for 2019/20 are expected to remain the same:
 - a) That a BCF plan, including at least the minimum mandated funding to the pooled fund specified in the BCF allocations and grant determinations, must be signed off by the Health and Wellbeing Board, and by the constituent local authorities and CCGs;
 - b) A demonstration of how the area will maintain the level of spending on social care services from the CCG minimum contribution in line with the uplift to the CCG minimum contribution;
 - c) That a specific proportion of the area's allocation is invested in NHS-commissioned out of hospital services, which may include seven-day services and adult social care;
 - d) A clear plan on managing transfers of care (and improving delayed transfers of care), including implementation of the national high impact change model for managing transfers of care.

Background

BCF Plan for 2020/21

12. It is anticipated that later in 2020/21, NHS England will request a formal submission of the BCF plan. In previous years this has entailed the expenditure plan, supporting narrative, an overview of the BCF metrics and a submission against the high impact model for the transfers of care.

13. Once the planning template is published, the value of maintaining adult social care spend will need to be reviewed, as the latest version of the expenditure plan only contains an estimated value.
14. Current BCF Performance Targets have also been reviewed in light of the continued difficulties and restrictions brought about by the pandemic.
15. A workshop has been set to review and complete a Deed of Variation in relation to the Section 75 agreement for the BCF Plan.

Strategic Narrative

16. The narrative section (Appendix A) sets out Leicestershire's approach to the integration of health and social care under the headings from the template:
 - Joined up care around the person;
 - Joint commissioning and delivery of health and social care at Health and Wellbeing Board level;
 - How the BCF plan and relevant elements of the Sustainability and Transformation Partnerships/Integrated Care Systems plan aligns, including any jointly owned outcomes.

Proposals/Options

BCF Income

17. The BCF Plan for Leicestershire currently totals £62.4million. Contributions are summarised in the table below;

	£000
ELRCCG minimum contribution	17,725
WLCCG minimum contribution	23,625
Improved BCF grant (autumn 2015)	11,353
Improved BCF grant (spring 2017)	3,403
Winter Pressure Grant	2,414
Disabled Facilities Grant	3,920
Total	£62,440

18. In terms of the CCG minimum contributions for 20/21; East increased by 5.3% and West by 5.7%.
19. It is recognised that there will be additional funding pressures on the CCG's as a result of the pandemic and further information may be forthcoming from NHS England, as in previous years, regarding any additional support that may be made available.

BCF Expenditure Plan

20. The message pre-Covid-19 was that the Policy Framework for 20/21 would be a continuation from 19/20 with minimal changes. There has been no indication since that this will not be the case and therefore the completion of the national submission to NHS England is expected to follow the normal process.
21. The BCF Expenditure Plan for 20/21 as approved in April is set out in Appendix B.

22. National condition four of the BCF requires health and social care partners to work together to agree a clear plan for managing transfers of care and improved integrated services at the interface of health and social care to reduce delayed transfers of care.
23. Appendix C provides details on our priorities for embedding elements of the High Impact Change Model (HICM) for 20/21.

BCF Metrics

24. No BCF targets have been set for this year. In 19/20, there were four national BCF metrics reported quarterly to NHS England:

Metric 1	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population, per year.
Metric 2	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.
Metric 3	Delayed transfers of care from hospital per 100,000 population.
Metric 4	Total non-elective admissions into hospital (general and acute), per 100,000 population, per month.

25. Metrics 1 and 2 are from ASCOF (Adult Social Care Outcomes Framework) and were included in the local three-year target plan with 20/21 being the final year of the three. These targets are to potentially move us into the top national quartile on performance. The two metrics in question are:

ASCOF 2A - Part ii Older adult aged 65 and over;

ASCOF 2B – Living at home 91 days following hospital discharge.

26. Metric 3 is based on monthly national submissions made by providers to NHSCI (NHS Clinical Informatics). However, these submissions have been suspended since March of this year due to the pandemic. Information received in July, confirmed the suspension would continue to at least quarter 2 of 2021 by which time nothing will have been submitted for at least six months to monitor Delayed Transfer of Care (DTC) targets.
27. Metric 4 is based on plans that the CCG's submit, but as with DTC, these plans have been suspended due to the pandemic.
28. Appendix D shows an updated set of metrics using proxy information on non-elective admissions, permanent admissions and reablement data from the Discharge Cell.

Consultation/Patient and Public Involvement

29. Engagement with other stakeholders, including University Hospitals of Leicester, Leicestershire Partnership NHS Trust, District Councils and Healthwatch, is expected to take place during quarter 4.

Timetable for Decisions

30. Details of the assurance process and timetable for 20/21 are not yet known. Whilst it is likely to follow previous years, it may be adjusted to fit the shorter timeframe available, following later than normal publication of the framework policy. For guidance the process for 19/20 was as follows:

BCF planning submission from local Health and Wellbeing Board areas (agreed by CCGs and local government)	By 27 September
Scrutiny of BCF plans by regional assurers, assurance panel meetings, and regional moderation	By 30 October
Regionally moderated assurance outcomes sent out	By 30 October
Cross regional calibration	By 5 November
Assurance recommendations considered by Departments and NHS England	5–15 November
Approval letters issued giving formal permission to spend (CCG minimum)	Week commencing 18 November
All Section 75 agreements to be signed and in place	By 15 December

Conclusion

31. Whilst the publication of the BCF Policy Framework for 20/21 is later than normal as a result of the pandemic, the general opinion continues to be that the 20/21 plan will be a continuation of the 19/20 plan with minimal changes.

Circulation under the Local Issues Alert Procedure

32. None.

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List of Appendices

- Appendix A** – BCF Plan – Strategic Narrative
- Appendix B** – BCF Expenditure Plan
- Appendix C** – High Impact Change Model for Managing Transfers of Care
- Appendix D** – BCF Outcome Metrics
- Appendix E** – Risk Log/Assessment

Relevant Impact Assessments

Equality and Human Rights Implications

33. The BCF aims to improve outcomes and wellbeing for the people of Leicestershire, with effective protection of social care and integrated activity to reduce emergency and urgent health demand.
34. An equalities and human rights impact assessment (EHRIA) has been undertaken, and was reviewed in March 2017, and found that the BCF will have a neutral impact on equalities and human rights. The EHRIA can be access via the following link - <http://www.leicestershire.gov.uk/sites/default/files/field/pdf/2017/1/11/better-care-fund-overview-ehria.pdf>

Partnership Working and associated issues

35. The delivery of the BCF plan and the governance of the associated pooled budget is managed in partnership through the collaboration of commissioners and providers in Leicestershire.
36. Day to day oversight of delivery is via the Integration Executive through the scheme of delegation agreed via the Integration Executive's terms of reference which have been approved by the Health and Wellbeing Board.

Partnership Working and associated issues

37. The delivery of the Leicestershire BCF ensures that a number of key integrated services are in place and contributing to the system wide changes being implemented through the five-year plan to transform health and care in Leicestershire, known as the Sustainability and Transformation Partnerships <http://www.bettercareleicester.nhs.uk/>.

Risk Assessment

38. A risk log/assessment is attached at Appendix E.