



HEALTH AND WELLBEING BOARD: 25th NOVEMBER 2021

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

LEICESTERSHIRE BETTER CARE FUND PLAN 2021/22

Purpose of report

1. The purpose of this report is to present to the Health and Wellbeing Board the final Leicestershire Better Care Fund (BCF) Plan for 2021/22.
2. In order to meet NHS England deadlines, following consultation with the Chairman of the Health and Wellbeing Board, the Chief Executive (using his delegated powers) took urgent action to submit the BCF Plan for 2021/22.

Recommendation

3. It is recommended that the Health and Wellbeing Board:
 - a) Notes the urgent action taken by the Chief Executive using his delegated powers, to submit the Leicestershire Better Care Fund (BCF) Plan 2021/22 to NHS England by the deadline of the 16 November 2021
 - b) Approves the contents of the Leicestershire BCF submission, including the Planning Template and Narrative for 2021/22 which includes the proposed ambitions associated with the five BCF metrics, as detailed in the Executive Summary section of the narrative document (Appendix A).

Policy Framework and Previous Decisions

4. The BCF policy framework was introduced by the Government in 2015, with the first year of BCF plan delivery being 2015/16. The Cabinet in February 2014 authorised the Health and Wellbeing Board to approve the BCF Plan and plans arising from its use.
5. The Board received a report on the 2020/21 plan and work in progress to refresh the BCF Plan for 2021/22 at its meeting on 28th January 2021.
6. The report also confirmed the different funding elements for the BCF in 2021-22 following the Spending Review. The improved Better Care Fund grant (iBCF) continues, maintained at its current level. The Clinical Commissioning Group's (CCG) contribution was proposed to increase on average nationally by 5.3% in line with the NHS Long Term Plan settlement.

Timetable for Decisions

7. In March 2021, local areas were informed that publication of the Government's approach to the BCF in 2021/22 would be delayed. The submission documentation

was published on the 30th September with a deadline of submission to NHS England of the 16th November 2021.

8. The County Council's Constitution provides that the Chief Executive may take urgent action in-between meetings subject to the details being reported to the next appropriate meeting of the body concerned. Due to there not being a meeting of the Health and Wellbeing Board until after the deadline for submission, this provision was used to submit the BCF Plan for 2021/22 (consisting of the expenditure plan, narrative and outcome metrics) in order to meet the submission deadline. The documents were submitted on the basis that the Board would be asked to approve their contents at its next meeting.

Background

9. The BCF programme supports local systems to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers. It represents a unique collaboration between:
 - The Department of Health and Social Care
 - Department for Levelling Up, Housing and Communities
 - NHS England and Improvement
 - The Local Government Association
10. The four partners work closely together to help local areas plan and implement integrated health and social care services across England, in line with the vision outlined in the [NHS Long Term Plan](#). Locally, the programme spans both the NHS and local government 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.
11. Launched in 2015, the programme established pooled budgets between the NHS and local authorities, aiming to reduce the barriers often created by separate funding streams. The pooled budget is a combination of contributions from the following areas:
 - minimum allocation from NHS clinical commissioning group(s) (CCGs)
 - disabled facilities grant – local authority grant
 - social care funding (improved BCF) – local authority grant
 - winter pressures grant funding £240 million – local authority grant

BCF Plan for 2021/22

12. The primary purpose of BCF reporting is to ensure a clear and accurate account of continued compliance of spending in line with the national conditions of the Fund. The secondary purpose is to inform policy making, the national support offer and local practice sharing by providing a fuller insight from narrative feedback on local progress, challenges and highlights on the implementation of BCF plans and progress on wider integration.
13. The BCF Plan consists of the expenditure plan, narrative and outcome metrics
14. An excel template is made available for areas to use to record and agree spending in local BCF plans, named the BCF Expenditure Plan. A copy is included as Appendix B. This is intended to support local planning and also reporting at year end. It

includes targets and current data against the national metrics included in the requirements.

15. Whilst the short timeframe between the publication of the submission documentation (30 September) and the deadline for submission (15 November) did not enable the Health and Wellbeing Board to consider the documents prior to their submission, members of the Leicestershire Integration Executive (a subgroup of the Health and Wellbeing Board responsible for the delivery of the BCF plan) were consulted on their contents as was the Clinical Commissioning Groups' Management Team.

BCF National Conditions

16. The four national conditions set by the Government in the policy framework for 2021/22 are:
 - **A jointly agreed plan between local health and social care commissioners, signed off by the HWB.** The local authority and CCGs must agree a plan for their local authority area that includes agreement on use of mandatory BCF funding streams. The plan must be signed off by the HWB. BCF plans should set out a joined-up approach to integrated, person-centred services across local health, care, housing and wider public services. They should include arrangements for joint commissioning, and an agreed approach for embedding the current discharge policy in relation to how BCF funding will support this.
 - **NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution.** The local authority and CCGs must agree a plan for their local authority area that includes agreement on use of mandatory BCF funding streams. The plan must be signed off by the HWB. BCF plans should set out a joined-up approach to integrated, person-centred services across local health, care, housing and wider public services. They should include arrangements for joint commissioning, and an agreed approach for embedding the current discharge policy in relation to how BCF funding will support this.
 - **Investment in NHS-commissioned out-of-hospital services** BCF narrative plans should set out the approach to delivering this aim locally, and how health and local authority partners will work together to deliver it. Expenditure plans should show the schemes that are being commissioned from BCF funding sources to support this objective.
 - **A plan for improving outcomes for people being discharged from hospital** This national condition requires areas to agree a joint plan to deliver health and social care services that support improvement in outcomes for people being discharged from hospital, including the implementation of the hospital discharge policy, and continued implementation of the High Impact Change Model for Managing Transfers of Care. Within this, the joint BCF plan should focus on improvements in the key metrics of 'reducing length of stay in hospital, measured through the percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days' and 'improving the proportion of people discharged home using data on discharge to their usual place of residence'

Strategic Narrative

17. The narrative section (attached as Appendix A) sets out Leicestershire's approach to the integration of health and social care under the following headings provided in the narrative template:
- a. Stakeholder engagement
 - b. An executive summary
 - c. Governance
 - d. Overall approach to integration
 - e. Supporting discharge
 - f. Disabled Facilities Grant
 - g. Equality and health inequalities

BCF Income

18. The BCF Plan for Leicestershire currently totals £65.3million. This includes Disabled Facilities Grant funding of £4.4million which has been has passported to District Councils. Contributions are summarised in the table below:

ELRCCG minimum contribution	£18,680,875
WLCCG minimum contribution	£24,984,683
Improved BCF grant	£17,170,503
Disabled Facilities Grant	£4,447,227
Total	£65,283,288

19. In terms of the CCG minimum contributions for 21/22, East was increased by 5.4% and West by 5.8%.

BCF Metrics

20. In addition to the national conditions, the BCF Policy Framework sets national metrics that must be included in BCF plans in 2021-22. The local authority and CCG's are required to establish ambitions associated with each metric and set how they will be achieved. This process should then be approved by the Health and Wellbeing Board. The framework retains two existing metrics from previous years:
- Effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation)
 - The number of older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population
21. In addition, local systems should also agree targets associated with three further metrics to improve outcomes across the Health and Wellbeing Board area for the following measures:
- Reducing length of stay in hospital, measured through the percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days

- Improving the proportion of people discharged home using data on discharge to their usual place of residence.
- Reducing unplanned admissions for chronic, ambulatory, care-sensitive conditions.

22. A summary of the metrics, targets for 2021/22 and additional current investment to support the meeting of targets is detailed in the executive summary section of the narrative document.

Conclusion

23. The purpose of this report was to present the final BCF Plan for 2021/22, including the Expenditure Plan which provides the Health and Wellbeing Board with a clear and accurate account of continued compliance of spending in line with the national conditions of the Fund.

Background papers

Better Care Fund Planning Requirements 2021/22:

<https://www.england.nhs.uk/wp-content/uploads/2021/09/B0898-300921-Better-Care-Fund-Planning-Requirements.pdf>

Better Care Fund Policy Framework 2021/22:

<https://www.gov.uk/government/publications/better-care-fund-policy-framework-2021-to-2022/2021-to-2022-better-care-fund-policy-framework>

Circulation under the Local Issues Alert Procedure

24. None

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List of Appendices

Appendix A – BCF Plan – Strategic Narrative

Appendix B – BCF Expenditure Plan

Relevant Impact Assessments

Equality and Human Rights Implications

25. 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.

26. An equalities and human rights impact assessment has been undertaken when the BCF was established and is provided at <http://www.leicestershire.gov.uk/sites/default/files/field/pdf/2017/1/11/better-care-fund-overview-ehria.pdf>. This identified that the BCF will have a neutral impact on equalities and human rights.
27. A review of the assessment was undertaken in March 2017.

Partnership Working and associated issues

28. 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.
29. Day to day oversight of delivery is via the Integration Executive, a subgroup of the Health and Wellbeing Board.

Partnership Working and associated issues

30. 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/>