

Assurance document for Health and Wellbeing Board – 25<sup>th</sup> May 2023.

Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through
<p>A jointly developed and agreed plan that all parties sign up to</p>	<p>Has a plan; jointly developed and agreed between all partners from ICB(s) in accordance with ICB governance rules, and the LA; been submitted? <i>Paragraph 11</i></p> <p>Has the HWB approved the plan/delegated approval? <i>Paragraph 11</i></p> <p>Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? <i>Paragraph 11</i></p> <p>Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned?</p> <p>Have all elements of the Planning template been completed? <i>Paragraph 12</i></p>	<p><u>Expenditure plan</u> ICB and John Sinnott (on behalf of the HWBB) sign-off mid-June</p> <p>Delegated approval will be used to sign-off the plan with the September 23 HWBB receiving this for official sign-off</p> <p><u>Expenditure plan</u> Commissioning colleagues to discuss plans with provider engagement. Communities team within LA and ICB to advise on elements of the BCF planning through VAL.</p> <p><u>Narrative plan</u> N/A – however commonalities across the 3 HWBB areas for system priorities for inclusion have been agreed (24 Apr 23)</p> <p><u>Validation of submitted plans</u></p>

<p>A clear narrative for the integration of health, social care and housing</p>	<p>Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes:</p> <ul style="list-style-type: none"> <li>• How the area will continue to implement a joined-up approach to integration of health, social care and housing services including DFG to support further improvement of outcomes for people with care and support needs <i>Paragraph 1</i></li> <li>• The approach to joint commissioning <i>Paragraph 13</i></li> </ul> <ul style="list-style-type: none"> <li>• How the plan will contribute to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics? This should include <ul style="list-style-type: none"> <li>- How equality impacts of the local BCF plan have been considered <i>Paragraph 14</i></li> <li>- Changes to local priorities related to health inequality and equality and how activities in the document will address these. <i>Paragraph 14</i></li> </ul> </li> </ul> <p>The area will need to also take into account Priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with Core20PLUS5. <i>Paragraph 15</i></p>	<p><u>Narrative plan</u></p> <p>The narrative will briefly describe the governance structure that supports joint commissioning and delivery how areas of integration are identified and usual processes for change. Including the overarching system-wide plans for delivery of person-centred care and intermediate care including Home First developments.</p> <p>Examples of joint commissioning: Nursing care market action and considering this from a joint commissioning perspective. Commissioning of training for Integrated Personalised Care Framework health tasks. System-wide commissioning of bedded capacity.</p> <p>The reduction of health inequalities is assessed as part of each integration initiative. The impact analysis for this is carried out at the beginning of each area of work. This is linked to the corresponding areas of delivery within the JHWS and any corresponding JSNA's. This includes the use of population health management data to identify areas of inequality in order to focus work particularly within the community. Examples: Care Co-ordination, Unpaid Carers support payments, Use of VCS for lower-level support needs, Transforming Care programme. Including documents for ICB award – Inclusive system of the year for workforce and Core20PLUS5 connectors presentations.</p>
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<p>A strategic, joined up plan for Disabled Facilities Grant (DFG) spending</p>	<p>Is there confirmation that use of DFG has been agreed with housing authorities? <i>Paragraph 33</i></p> <ul style="list-style-type: none"> <li>• Does the narrative set out a strategic approach to using housing support, including DFG funding that supports independence at home? <i>Paragraph 33</i></li> <li>• In two tier areas, has: <ul style="list-style-type: none"> <li>- Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or</li> <li>- The funding been passed in its entirety to district councils?</li> </ul> </li> </ul> <p><i>Paragraph 34</i></p>	<p><u>Expenditure plan</u> Updated as per letter received 10<sup>th</sup> May</p> <p><u>Narrative plan</u> To include the background to Lightbulb and ongoing service improvements and refresh of plans including revised visioning documents. Use of top-sliced DFG funded schemes and outcomes and expansion of the Housing Enablement Team to include additional support to community hospitals and additional Mental Health wards/units.</p> <p><u>Expenditure plan</u> Will be passported in line with requirements week commencing 15<sup>th</sup> May.</p>
<p>A demonstration of how the services the area commissions will support people to remain independent for longer, and where possible support them to remain in their own home</p>	<p>Does the plan include an approach to support improvement against BCF objective 1? <i>Paragraph 16</i></p>	<p><u>Narrative plan</u> Objective 1 = Enable people to stay well, safe and independent at home for longer. Examples: Integrated personalised care framework – LLR agreed framework that supports person-centred care in a person’s own home with providers across health and social care jointly trained in a series of shared tasks in order to provide a more stream-lined service to residents Working to embed asset based approaches to delivering care by conducting a review of ICB community assets by the estates team and investment in community hubs as part of the 5 year NHS plan. With the ASC asset review has been fed into the info and advice service Development of Integrated Neighbourhood Teams and how we draw on communities and networks which are forward looking. Plans for delivery are centred around personalised care and</p>

	<p>Does the expenditure plan detail how expenditure from BCF sources supports prevention and improvement against this objective? <i>Paragraph 19</i></p> <p>Does the narrative plan provide an overview of how overall spend supports improvement against this objective? <i>Paragraph 19</i></p> <p>Has the intermediate care capacity and demand planning section of the plan been used to ensure improved performance against this objective and has the narrative plan incorporated learnings from this exercise? <i>Paragraph 66</i></p>	<p>reducing health inequalities which is fed into the development of the District Health and wellbeing partnerships Care co-ordinators proactively working with people identified using PHM data</p> <p><u>Expenditure plan</u> Expenditure plan shows that circa 50% of investment is in prevention and community care. With an additional 1.1million investment in 23-24.</p> <p><u>Narrative plan</u> A visual slide has been produced that shows the level of investment across prevention, intermediate care and discharge. In addition to the 50% of investment currently in prevention and community care, an additional 1.1million investment is included in 23-24. This includes carers support payments, care technology equipment and personal health facilitators. This will be replicated and added to in 24-25.</p> <p><u>Expenditure plan</u> The expenditure plan will show that the largest area of additional investment for 23-24 will be to support intermediate care circa 3.4 million in additional funding.</p> <p><u>Narrative plan</u> An intermediate care plan for the LLR system was drafted in April 23 and includes initial demand and capacity planning which has been replicated in the BCF demand and capacity planning section. The section has helped to clarify the rational behind the draft plans particularly around the requirements to bedded care and the proposed intake model of care at home.</p>
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<p>An agreement between ICBs and relevant Local Authorities on how the additional funding to support discharge will be allocated for ASC and community-based reablement capacity to reduce delayed discharges and improve outcomes.</p>	<p>Have all partners agreed on how all of the additional discharge funding will be allocated to achieve the greatest impact in terms of reducing delayed discharges? <i>Paragraph 41</i></p> <p>Does the plan indicate how the area has used the discharge funding, particularly in the relation to National Condition 3 (see below), and in conjunction with wider funding to build additional social care and community-based reablement capacity, maximise the number of hospital beds freed up and deliver sustainable improvement for patients? <i>Paragraph 41</i></p> <p>Does the plan take account of the area's capacity and demand work to identify likely variation in levels of demand over the course of the year and build the workforce capacity needed for additional services? <i>Paragraph 44</i></p>	<p><u>Expenditure plan</u>  Agreement for system spend meeting organised for 19<sup>th</sup> May. Initial discussions for draft spend plans to take place 12<sup>th</sup> May.</p> <p><u>Narrative</u>  National condition 3 = Provide the right care in the right place at the right time.  Examples: UHL / LPT safe and timely discharge planning and developments from the flow-summit  Re-establishing presence on wards. RTL and Therapist alignments and re-opening of IDT office  Improving and utilising hub data to reduce blockages to delays across PO and criteria-led discharges. Investing in the voluntary sector to provide lower-level support taking learning from 22-23. Virtual wards utilisation and development.  Collaborative discharge funding elements from 22-23  Investment in the Intake Model of intermediate care.</p> <p><u>Expenditure plans</u>  This will show an additional 3.4 million investment using Discharge Grant funding to support the development and delivery of Intermediate Care and a further circa 600k for discharge planning in acute care.</p> <p><u>Narrative plan</u>  The demand and capacity model will ensure that demand over periods of increased activity are captured e.g. winter pressures. Investment will be made to include staff retention incentives where short-term funding is available to cope with periods of increased demand. Learning from 22-23 use of the discharge grant was taken into consideration when planning this. A series of likely 'pre-commissioned' schemes have been collated for additional use of funds to support increased demand. E.g. use of commissioned beds to support covid discharges when demand</p>
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	<p>Has the area been identified as an area of concern in relation to discharge performance, relating to the 'Delivery plan for recovering urgent and emergency services'?</p> <p>If so, have their plans adhered to the additional conditions placed on them relating to performance improvement? <i>Paragraph 51</i></p> <p>Is the plan for spending the additional discharge grant in line with grant conditions?</p>	<p>increases.</p> <p><u>Narrative and Expenditure plans</u> N/A</p> <p>Yes</p>
<p>A demonstration of how the services the area commissions will support provision of the right care in the right place at the right time</p>	<p>Does the plan include an approach to how services the area commissions will support people to receive the right care in the right place at the right time? <i>Paragraph 21</i></p> <p>Does the expenditure plan detail how expenditure from BCF sources supports improvement against this objective? <i>Paragraph 22</i></p> <p>Does the narrative plan provide an overview of how overall spend supports improvement against this <b>metric</b> and how estimates of capacity and demand have been taken on board (including gaps) and reflected in the wider BCF plans? <i>Paragraph 24</i></p>	<p><u>Narrative plan</u> National condition 3 = Provide the right care in the right place at the right time. Examples: Investment in the Intake Model of intermediate care and the approach to the development of this across commissioning partners. Investing in support for carers and lower-level support needs particularly utilising the VCS. Integrating reablement and therapy services in localities.</p> <p><u>Expenditure plan</u> This will be shown in the visual slide that shows how investment is split across the area in terms of commissioned spend to support more community, prevention and intermediate care delivery.</p> <p><u>Narrative plan</u> The narrative plan will link the demand and capacity modelling to the delivery of the Intermediate Care Plan. It will detail estimates and include a rationale for seasonal variance data.</p> <p><u>Expenditure plan</u> The expenditure plan will show areas of investment linked to demand and capacity modelling and support to deliver home</p>

	<p>Has the intermediate care capacity and demand planning section of the plan been used to ensure improved performance against this objective and has the narrative plan incorporated learnings from this exercise? <i>Paragraph 66</i></p> <p>Has the area reviewed their assessment of progress against the High Impact Change Model for Managing Transfers of care and summarised progress against areas for improvement identified in 2022-23? <i>Paragraph 23</i></p>	<p>based solutions. Alongside</p> <p><u>Expenditure plan</u> As above – check para 66</p> <p><u>Narrative plan</u> Meeting scheduled with ICB and hub colleagues on the 17<sup>th</sup> May to finalise the HICM completion</p>
<p>A demonstration of how the area will maintain the level of spending on social care services from the NHS minimum contribution to the fund in line with the uplift to the overall contribution</p>	<p>Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution? <i>Paragraphs 52-55</i></p>	<p><u>Auto-validated on the expenditure plan</u></p>
<p>Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?</p>	<p>Do expenditure plans for each element of the BCF pool match the funding inputs? <i>Paragraph 12</i></p> <p>Has the area included estimated amounts of activity that will be delivered, funded through BCF funded schemes, and outlined the metrics that these schemes support? <i>Paragraph 12</i></p> <p>Has the area indicated the percentage of overall spend, where appropriate, that constitutes BCF spend? <i>Paragraph 73</i></p>	<p><u>Auto-validated in the expenditure plan</u></p> <p><u>Expenditure plan</u> The expenditure plan shows expected outputs for each scheme. The narrative for each scheme will include any metric impact.</p> <p><u>Expenditure plan</u></p>

	<p>Is there confirmation that the use of grant funding is in line with the relevant grant conditions? <i>Paragraphs 25 – 51</i></p> <p>Has an agreed amount from the ICB allocation(s) of discharge funding been agreed and entered into the income sheet? <i>Paragraph 41</i></p> <p>Has the area included a description of how they will work with services and use BCF funding to support unpaid carers? <i>Paragraph 13</i></p> <p>Has funding for the following from the NHS contribution been identified for the area:  - Implementation of Care Act duties?  - Funding dedicated to carer-specific support?  - Reablement? <i>Paragraph 12</i></p>	<p>Finance colleagues will calculate system spend percentages for each scheme. Expenditure sheet finalisation will take place prior to 22<sup>nd</sup> May for draft submission deadline.</p> <p><u>Expenditure plan</u>  Each grant scheme will have a summary of how it meets grant conditions in the comments section on the expenditure plan.</p> <p><u>Expenditure plan</u>  The ICB allocation has been calculated as per the national Discharge Grant formula. For Leicestershire HWBB this is 49.9% of the overall ICB allocation.</p> <p><u>Narrative plans</u>  Included in the narrative will be a brief summary of system-wide schemes to support unpaid carers including a presentation on work to support carers discussed at the Home First Collaborative 10<sup>th</sup> May 23. There will also be a short assessment of the 22-23 scheme to support carers and an attached document showing rationale for continuing this through this years' discharge grant.</p> <p><u>Expenditure plan</u>  The expenditure plan will show areas of additional investment to support unpaid carers.</p> <p><u>Expenditure plan</u>  Implementation of care act (Care Act Support Pathway) is a separate line of expenditure within the plan. Additional funding to support carers will be included in the Discharge Grant spend  Reablement is included annually in the plan. This will be uplifted as per the guidance for 23-24.</p>
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<p>Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?</p>	<p>Have stretching ambitions been agreed locally for all BCF metrics based on:</p> <ul style="list-style-type: none"> <li>- current performance (from locally derived and published data)</li> <li>- local priorities, expected demand and capacity</li> <li>- planned (particularly BCF funded) services and changes to locally delivered services based on performance to date?</li> </ul> <p><i>Paragraph 59</i></p> <p>Is there a clear narrative for each metric setting out:</p> <ul style="list-style-type: none"> <li>- supporting rationales for the ambition set,</li> <li>- plans for achieving these ambitions, and</li> <li>- how BCF funded services will support this? <i>Paragraph 57</i></li> </ul>	<p><u>Expenditure plan</u></p> <p>Meeting to discuss ambitions for 23-24 metrics to be held with system performance colleagues on 11<sup>th</sup> May.</p> <p>In line with previous years, metric ambitions will be set using data from previous years to show an improvement trend.</p> <p>Narrative to support each metric will include a rationale for how schemes will contribute to improved performance.</p> <p><u>Expenditure plan</u></p> <p>As above</p>
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