

HEALTH AND WELLBEING BOARD 21 OCTOBER 2021

Report title: Better Care Fund 2021-22 Planning Template submission

Wards: All

Portfolio: Councillor Jim Dickson, Cabinet Member for Health and Social Care (job-share) and Chair of the Health and Wellbeing Board

Report Authorised by: Fiona Connolly: Executive Director for Adults and Health

Contact for enquiries: Jennifer Burgess, Integrated Commissioning Manager, 07771 344372
jennifer.burgess@nhs.net

REPORT SUMMARY

Better Care Fund (BCF) planning requirements have been published for 2021/22.

BCF brings together ring-fenced budgets from Clinical Commissioning Group (CCG) allocation, and funding directly paid to local government, i.e., Disabled Facilities Grant (DFG), and the improved Better Care Fund (iBCF) grant.

This report provides income and expenditure information relating to the pooled fund and areas of spend, and information about the planning requirement and next steps for formal sign-off.

FINANCE SUMMARY

Monies in the BCF are allocated as detailed in the finance section (3), below.

RECOMMENDATIONS

1. To note this report.
2. To delegate the formal sign-off of the Lambeth BCF 2021/22 to the HWB Chair and Vice-Chair, to be finalised before 16 November 2021.

1. CONTEXT

- 1.1 The Better Care Fund (BCF) was announced by the Government in the June 2013 spending round, to ensure a transformation in integrated health and social care. The BCF creates a local single pooled budget under a s75 agreement, to incentivise Clinical Commissioning Groups (CCGs) and local authorities to work together around people, placing their well-being as the focus of health and care services.
- 1.2 Planning requirements for BCF 2021/22 were published on 30 September 2021, with a formal submission date of 16 November 2021. The submission requires sign-off by the Health and Wellbeing Board, CCG Accountable Officer and Local Authority Chief Executive, Director of Adult Social Care. Prior to final submission there will also be a submission to London BCF Managers for moderation and support. The deadline for this is between 19 October – 2 November 2021. Approval of plans is expected on 11 January 2022. The full submission timetable can be found in Section 10 of this report.
- 1.3 BCF brings together ring-fenced budgets from CCG allocation, and funding directly paid to local government i.e., Disabled Facilities Grant (DFG), and the improved Better Care Fund (iBCF) grant. The total pooled fund for Lambeth BCF 2021/22 is £43,334,190. Please refer to Section 3 Finance for particulars of the Fund.
- 1.4 The BCF Planning Requirements have been met by the pooled fund outlined in Section 3. For sign-off we are required to submit the completed Planning Template and Narrative Template. These are currently in draft. For information, details of the National Conditions and Metrics are set out below, together with the headline requirements for the Narrative Plan.
- 1.5 The BCF Planning Requirements sets out four **National Conditions** that all BCF plans must meet to be approved. These are:
 - a. a jointly agreed plan between local health and social care commissioners and signed off by the Health and Wellbeing Board;
 - b. NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution;
 - c. invest in NHS commissioned out-of-hospital services; and,
 - d. a plan for improving outcomes for people being discharged from hospital.
- 1.5 The BCF Planning Requirements sets out five **Metrics** for quarterly reporting:
 - a. Avoidable Admissions – unplanned admissions for chronic ambulatory care sensitive conditions;
 - b. Length of Stay – percentage of inpatients, resident in the HWB, who have been an inpatient for 14 days or more and 21 days or more respectively;
 - c. Discharge to Normal Place of Residence – percentage of people, resident in the HWB, who are discharged to their normal place of residence;
 - d. Residential Admissions – long-term support needs of older people (aged 65 years and over) met by admission to residential or nursing homes; and,
 - e. Reablement – proportion of older people (aged 65 years and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.
- 1.6 To note, metrics a-c are new and will require NHS data sets for reporting. This will need to be arranged and reported via SE London CCG.
- 1.7 The **Narrative Plan**, currently being drafted, will need to respond to the following:
 - a. executive summary including priorities for 2021/22 and key changes from the previous plan;

- b. describe the local approach to agreeing the plan with local stakeholders e.g., hospitals, voluntary sector;
- c. governance arrangements;
- d. overall approach to integration;
- e. describe response to National Condition 4 – a plan for improving outcomes for people being discharged from hospital;
- f. describe utilisation of Disabled Facilities Grant (DFG) and bringing together health, care and housing to support remaining in their home; and,
- g. addressing equality and health inequalities for people with protected characteristics within health and care services.

2. PROPOSAL AND REASONS

- 2.1 Better Care Fund schemes support a wide range of services and support to people that are person centred, enabling independence and self-management. For example, the Disabled Facilities Grant supports adaptations in a person's home so they can remain independent in their home environment.
- 2.2 The integrated stroke advice and support team provide therapy, psychological support and advice on benefits and support groups for people who are stroke survivors and their families. The service works from hospital bed to home, supporting independence, a potential return to work, and providing much need advice and support following a life changing event, reducing the need for further hospital admissions.
- 2.3 The integrated reablement team support people remaining at home and continuing their journey of recovery, enabling them to reduce dependency on statutory services and remain as independent as possible.
- 2.4 The @Home team provide support to a person at home who is showing signs of deterioration and requires a clinical and potential social intervention so that they can remain at home and avoid going into hospital.

3. FINANCE

- 3.1 The BCF income and expenditure has been agreed by Council and CCG Finance Leads. All income streams are agreed, commissioned and recurrently funded. Income, expenditure and areas of spend are as follows:

Lambeth Better Care Fund 2021-22			
Income & Expenditure			
	Income	Expenditure	Difference
DFG	£1,678,410	£1,678,410	£0
Minimum CCG Contribution	£27,119,972	£27,148,829	-£28,857
iBCF	£14,506,951	£14,506,951	£0
Additional LA Contribution	£0	£0	£0
Additional CCG Contribution	£28,857	£0	£28,857
Total	£43,334,190	£43,334,190	£0

National condition - NHS Commissioned Out of Hospital spend from the minimum CCG allocation

Minimum required spend	£7,706,727
Planned spend	£14,408,097

National condition - Adult Social Care services spend from the minimum CCG allocations

Minimum required spend	£12,330,769
Planned spend	£12,740,732

Scheme Types

Assistive Technologies and Equipment Care Act Implementation Related	£0	(0.0%)
Duties	£865,000	(2.0%)
Carers Services	£290,000	(0.7%)
Community Based Schemes	£339,492	(0.8%)
DFG Related Schemes	£1,678,410	(3.9%)
Enablers for Integration	£539,954	(1.2%)
High Impact Change Model for Managing Transfer of Care	£0	(0.0%)
Home Care or Domiciliary Care	£14,506,951	(33.5%)
Housing Related Schemes	£0	(0.0%)
Integrated Care Planning and Navigation	£1,114,500	(2.6%)
Bed based intermediate Care Services	£3,688,042	(8.5%)
Reablement in a persons own home	£2,714,843	(6.3%)
Personalised Budgeting and Commissioning	£0	(0.0%)
Personalised Care at Home	£3,931,463	(9.1%)
Prevention / Early Intervention	£5,777,081	(13.3%)
Residential Placements	£5,801,000	(13.4%)
Other	£2,087,454	(4.8%)
Total	£43,334,190	

4. LEGAL AND DEMOCRACY

- 4.1 The pooled funds contained in the Better Care Fund are covered by a section 75 agreement between the South East London CCG and Lambeth Council. Section 75 of the National Health Services Act 2006 provides for local authorities to enter into agreements with clinical commissioning groups in respect of the exercise of their respective prescribed functions, which can include arrangements for pooling resources and delegating certain NHS and local authority health-related functions to the other if it would lead to an improvement in the way those functions are exercised.
- 4.2 There were no further comments from Democratic Services.

5. CONSULTATION AND CO-PRODUCTION

- 5.1 Not applicable.

6. RISK MANAGEMENT

- 6.1 The main risk that impede on the successful delivery of this procurement and contract are:

Table – Risk Register

Item	Risk	Likelihood	Impact	Score	Control Measures
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1	BCF plan is not agreed	1	2	2	Ensure BCF plan meets all requirements identified in planning requirements
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Key

Likelihood	Very Likely = 4	Likely = 3	Unlikely = 2	Very Unlikely = 1
Impact	Major = 8	Serious = 4	Significant = 2	Minor = 1

7. EQUALITIES IMPACT ASSESSMENT

7.1 This report covers a number of services that have previously received an Equalities Impact Assessment (EIA) at their point of commission. As such, no EIA is required for this report.

8. COMMUNITY SAFETY

8.1 Not applicable.

9. ORGANISATIONAL IMPLICATIONS

Environmental

9.1 Not applicable.

Health

9.2 The BCF was established to assist improved integration between health and social care.

Corporate Parenting

9.3 Not applicable.

Staffing and accommodation

9.4 Not applicable.

Responsible Procurement

9.5 Not applicable.

10. TIMETABLE FOR IMPLEMENTATION

10.1 The BCF submission table is as follows:

BCF planning requirements published	30 September 2021
Optional draft BCF planning submission submitted to London BCF managers for review and feedback	19 October 2021
Review and feedback from BCF London BCF managers	02 November 2021
Lambeth HWB Chair actions for sign-off Lambeth BCF plan	12 November 2021
BCF planning submission from HWB areas (agreed by CCGs and local government)	16 November 2021
Scrutiny of BCF plans by regional assurers, assurance panel meetings and regional moderation	16 November – 7 December 2021
Regional moderation outcomes feedback to BCF Team	7 December 2021
Cross regional calibration	9 December 2021
Approval letters issued giving formal permission to spend (CCG minimum)	From 11 January 2022
All section 75 agreements to be signed and in place	31 January 2022

AUDIT TRAIL

Name and Position/Title	Lambeth Directorate	Date Sent	Date Received	Comments in paragraph:
Councillor Jim Dickson	Cabinet Member for Health and Wellbeing	11.10.21		
Fiona Connolly, Executive Director	Adults and Health	12.10.21	12.10.21	
Jane Bowie, Director Integrated Commissioning	Adults and Health	11.10.21	11.10.21	
Peter Hesketh, Finance	Finance and Property	11.10.21	11.10.21	
David Thomas, Legal Services	Legal and Governance	11.10.21	11.10.21	4
David Rose, Democratic Services	Legal and Governance	11.10.21	12.10.21	

REPORT HISTORY

Original discussion with Cabinet Member	04.10.2021
Report deadline	12.10.2021
Date final report sent	12.10.2021
Part II Exempt from Disclosure/confidential accompanying report?	No
Key decision report	No
Date first appeared on forward plan	N/A
Key decision reasons	N/A
Background information	<ul style="list-style-type: none"> • Government June 2013 spending round • BCF 2021/22 published on 30.09.21
Appendices	None