

	Health and Wellbeing Board 9 December 2021
Title	Better Care Fund Plan 2021-22
Report of	Executive Director, Adults and Health
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix 1 "Final BCF 2021/22 Narrative" Appendix 2 "BCF planning template"
Officer Contact Details	Muyi Adekoya, Head of Joint Commissioning – Older Adults and Integrated Care Muyi.adekoya@nhs.net

Summary

The Better Care Fund (BCF), operating since 2014-15, is the current national policy approach for integrating health and adult social care. Spanning the NHS and local government the BCF seeks 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. The policy stipulates that local plans are overseen by each Health and Wellbeing Board (HWB) across England.

Our local BCF plan has a total pooled budget of £39,995,465 for the financial year 2021-22, covering schemes that support the core work programmes of for delivering placed based care, managing transfers of care, prevention and system flow.

Usually, national BCF guidance is issued each December for the following financial year's BCF plans. The Barnet HWB then approves the Barnet BCF plan in the subsequent spring, for submission to NHS England, and the plan is then enacted for the new financial year. Due to the impact of the pandemic, the Better Care Fund policy guidance and associated financial uplifts was only released on 30th September 2021.

Barnet's BCF plan therefore, reflects arrangements that are to a significant extent already in existence, since we are now 8 months into the financial year. Nevertheless, we will still aim to maximise the impact that we can have during the remainder of the year.

This report presents the 2021-22 BCF Plan for approval.

Recommendations

- 1. That the Health and Wellbeing Board approve the Barnet Better Care Fund plan for 2021-22.**

1. WHY THIS REPORT IS NEEDED

- 1.1 The Better Care Fund (BCF), one of the biggest incentives for the integration of health and social care, requires Clinical Commissioning Groups (CCG) and Local Authorities (LA) to pool budgets and to agree an integrated spending plan for how they will use their allocation.
- 1.2 This report sets out how the local plan addresses the BCF planning requirements and the metrics conditions that must be satisfied in order to receive assurance from NHS England.

2. REASONS FOR RECOMMENDATIONS

- 2.1 The BCF has been in place since 2014-15 and is a mechanism for joint health and social care planning, service commissioning and delivery of activity to patients/residents. The BCF schemes provide residents with integrated health and social care services, resulting in an improved experience and better quality of life.
- 2.2 This report sets out the trajectories for the 5 metrics that the CCG/ LA will be measured against, together with a summary of the plan that support these measures, as well as presenting the BCF budget for sign-off

2.3 PROGRESS TO DATE

- 2.3.1 Full details of the 2020-21 achievements are set out in the supporting narrative. A summary is provided below.
- 2.3.2 NHS and local authority joined up working has been key to supporting the pandemic response on a range of fronts and is now instrumental to the recovery. A journey that has highlighted and brought into focus the health inequalities that affect areas of our local footprint. Key areas where the BCF is having an impact are:
 - Enabling more residents to stay at home for longer
 - Reducing pressure on carers, who have been under increased pressure during the pandemic

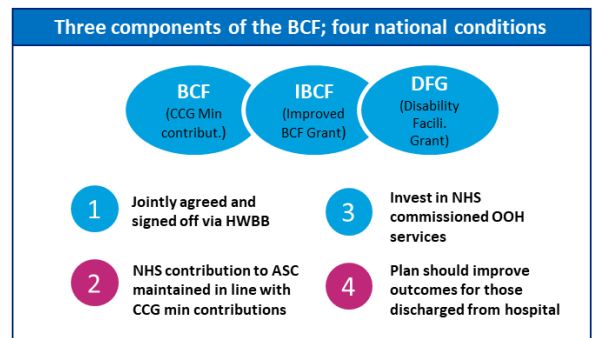
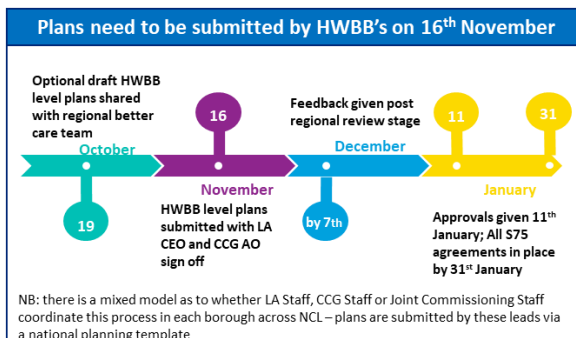
- Providing additional support to hospital social work and discharge teams, which in turn enables better hospital flow for patients presenting in A&E who need to be admitted
- Enabling the development of systems and processes as part of local ICPs, including the development and support of neighbourhood models
- Providing greater access to preventative care to help reduce unnecessary admissions.

2.3.3 The 2021-22 plan reflects the local ambition to continue to support commissioned schemes that have adapted delivery models, in response to the pandemic, to ensure services and support to some of our most complex and vulnerable residents have been maintained (or even increased) during this time.

2.4 Better Care Fund Guidance 2021/22

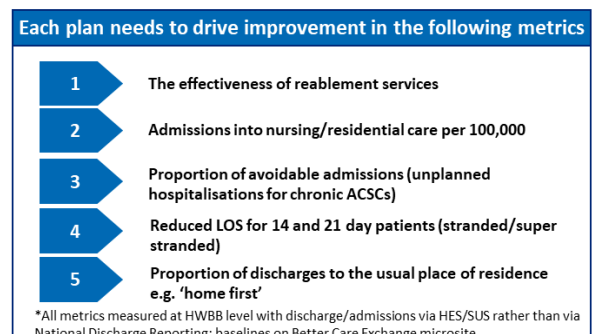
2.4.1 The BCF guidance asks CCG and LAs to make submissions broadly consist of 3 components: (1) financial plans confirming levels of investment; (2) narrative plans confirming the borough approach to integration and commissioning collaborative discharge models; and (3) setting trajectories and ambitions for the BCF metrics that will be monitored for remainder of year.

2.4.2 The diagram below summarises the key features of the BCF guidance, including the different funds, the timescales for submission, increase in minimum contributions required and the metrics on which we will be measured:



5.3% average national increase in minimum contributions

	20-21	21-22	£ inc.	% inc.
National	-	-	-	+5.3%
NCL CCG	£108.65m	£114.33m	+\$5.61m	+5.2%
Barnet	£26.33m	£27.77m	+\$1.45m	+5.5%
Camden	£20.18m	£21.95m	+\$0.91m	+4.5%
Enfield	£22.36m	£23.57m	+\$1.21m	+5.4%
Haringey	£19.89m	£21.02m	+\$1.13m	+5.7%
Islington	£19.88m	£20.86m	+\$0.98m	+4.9%



2.5 Barnet's Better Care Fund 2021-22

2.5.1 The vision for this Better Care Fund period is to continue to invest in community-based services that will enable the local health and care system to deliver place-based services at the right time in the right place and support system flow.

2.5.2 As a continuation of the 2020-21 plan, the BCF Plan 2021-22 plan as shown in Appendix A is presented for review and support by the Health and Wellbeing Board.

2.5.3 CHANGES AND NEW DEVELOPMENT

2.5.3.1 **Financial:** The funding allocations for the 2021-22 BCF are summarised below:

Funding Sources	Income	Expenditure
DFG	£2,884,527	£2,884,527
Minimum CCG Contribution	£27,772,288	£27,772,288
iBCF	£9,338,650	£9,338,650
Total	£39,995,465	£39,995,465

2.5.3.2 Overall, there is a £5.7 million uplift to the CCG minimum contribution across North Central London, which is 5.2% of the total CCG contribution. Barnet received a 5.5% uplift.

2.5.3.3 **Delivery:** Our BCF narrative and financial template sets out our local approach for:

2.5.3.3.1 How collaborative commissioning of discharge services support managing transfers of care; taking into consideration the fact that Systems should have regard to the guidance on collaborative commissioning published by the Local Government Association (LGA)¹, in partnership with the BCF Programme

2.5.3.3.2 Providing details of planned spend on discharge-related activity.

2.5.3.3.3 How joint health and social care activity will contribute to the improvements agreed against BCF national metrics for discharge (reducing the percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days).

2.5.3.4 **BCF Metrics:** We have worked with local stakeholders to develop a plan for the new BCF metrics.

¹ <https://local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/systems-resilience/refreshing-high>

2.5.3.4.1 The targets have been triangulated with senior representatives at Central London Community Health Care Trust (CLCH and The Royal Free London (RFL), indicating that the targets set reflect the level of ambition agreed for local trusts. *This is particularly applicable to the unplanned hospitalisations and length of stay metrics.*

2.5.3.4.2 A summary of the metrics, together with 19/20 and 20/21 levels of performance is set out below (full details are available in the template). The regional lead for the BCF has provided CCGs with forecasting methods and in general the targets have been set on the basis of hitting or slightly exceeding the forecasted levels. The system has also taken into account the expected pressures that we are likely to experience over winter in the context of an upswing in non-COVID related A&E attendances and a potentially increase in the number of COVID-related admissions at the same time.

2.5.3.4.3

Metric	19-20 Actual	20-21 Actual	21-22 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	472.9	453.9	470.9

2.5.3.4.4

Metric		14+ days	21+ days
Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for i) 14 days or more ii) 21 days or more, as a percentage of all inpatients	21-22 Q3	10.8%	4.3%
	21-22 Q4	8.7%	4.1%
	21-22 Q4	10.20%	5.40%

2.5.3.4.5

Metric	Percentage of people, resident in the HWB who are discharged from hospital to their normal place of residence 21-22 Plan (%)
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	92.2%

2.5.3.4.6

Metric	19-20 Plan	19-20 Actual	20-21 Actual	21-22 Plan
Long-Term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (Annual rate)	327	503	502	486

2.5.3.4.7

Metric	19-20 Plan	19-20 Actual	21-22 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into a reablement/ rehabilitation programme (% annual)	63.80%	87.00%	75.0%

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not Applicable

4. POST DECISION IMPLEMENTATION

4.1 Not applicable. All areas are required to submit a BCF Plan.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The BCF plan aligns with the overarching aims of the Barnet Joint Health and Wellbeing Strategy 2021 to 2025 and the Council's Corporate Plan for 2021 to 2025

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 A breakdown of the proposed spend is set out in the main BCF plan for 2021-22, summary below.

Scheme name	Area Of Spend	Budget 21/22
		£
Seven Day Social Care Support	Local Authority	1,054,313
Seven Day Community Support	NHS Community Provider	2,568,717
Single Point of Access	NHS Community Provider	336,586
Social Care Demand Pressures	Local Authority	2,656,353

Scheme name	Area Of Spend	Budget 21/22
		£
Community Equipment	Local Authority	1,721,521
Enablers for integration LBB	Local Authority	895,638
Primary prevention & Early intervention and support closer to home	Private Sector	603,998
Community based integrated support	Local Authority	449,417
Intermediate Care in the Community - Step down	NHS Community Provider	10,060,026
Fracture Liaison Service	NHS Acute Provider	107,235
Intermediate Care in the Community - Reablement/rehabilitation	Local Authority	279,131
Quality in Care Home Team	Local Authority	271,512
Wellbeing Services	Charity / Voluntary Sector	622,950
End of Life care	Charity / Voluntary Sector	1,499,494
BCF Programme Governance to support system flows	Private Sector	76,852
Personalised Care- Safe guarding/mental health pressures	Local Authority	493,659
Memory Assessment	NHS Mental Health Provider	236,863
Care Act	Local Authority	942,275
Carers Support	Local Authority	352,613
Carers Support - CCG	Local Authority	947,354
Seven day social care support - Acute	Local Authority	142,248
Winter Resilience	Local Authority	1,447,489
Admissions Avoidance	Local Authority	275,301
Community support offer	CCG	970,418
Assistive technology	CCG	100,000
Day care Provision	Local Authority	52,000
Enablement	Local Authority	200,000

Scheme name	Area Of Spend	Budget 21/22
		£
Homecare	Local Authority	3,579,682
Prevention	Local Authority	73,000
Care Home provision	Local Authority	2,296,557
Supported Living	Local Authority	661,422
Staffing and support to monitor flows including development of toolkits	Local Authority	928,500
Care Home Support Programme	CCG	207,813
DFG	Private Sector	2,884,527
Total		39,995,465

5.3 Social Value

5.3.1 The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

5.3.2 Social Value will be considered during any procurement and review of activity detailed in the BCF plan for 2021-22. Our plans clearly recognise the importance of addressing wider factors such as education, employment, income and welfare. These wider factors can both impact on and be impacted by the health and wellbeing of an individual or population, and need to be considered in order to make sustainable improvements to health and wellbeing

5.4 Legal and Constitutional References

5.4.1 The BCF is allocated to Local Areas and placed into pooled budgets under joint governance arrangements detailed in s75 Agreements for Integrated Care between CCGs and Councils (Section 75 of the NHS Act 2006, provides for CCGs and local authorities to pool budgets). In Barnet, s75 Agreements and spend are monitored by the HWBJEG which reports its minutes to the HWB.

5.4.2 Under the Council's constitution, Responsibility for Functions (Article 7) the Health and Wellbeing Board has the following responsibility within its Terms of Reference:

(3); 'To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet (including

children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social well-being. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; and Section 75 partnership agreements between the NHS and the Council.'

(9); Specific responsibility for:
Overseeing public health
Developing further health and social care integration

5.5 Risk Management

5.5.1 Risk management is an integral part of the BCF plan and there is an embedded risk management plan within the Section 75 pooled budget agreement.

5.5.2 As part of managing the resilience across the system, partners have considered the overall pressures within the BCF spending plan, the level of investment needed to meet the BCF metrics and national conditions.

5.5.3 The HWBJEG is the executive for the BCF pooled budget and delivery of the BCF Plan, therefore the HWBJEG will receive progress updates, finance and risk reports and monitor the delivery of the Section 75. The HWBJEG reports, with its minutes, to the HWBB.

5.6 Equalities and Diversity

5.6.1 The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies **to have due regard** to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- advance equality of opportunity between people from different groups
- foster good relations between people from different groups

5.7 Corporate Parenting

5.7.1 In line with Children and Social Work Act 2017, the council has a duty to consider Corporate Parenting Principles in decision-making across the council.

5.7.2 There are no implications for Corporate Parenting in relation to this report.

5.8 Consultation and Engagement

5.8.1 The content of our BCF plan has been discussed with providers as an integral part of our strategic planning processes. The starting point for all discussions has been our jointly agreed Joint Strategic Needs Assessment (JSNA) and the

priorities and plans agreed by the HWB.

5.9 Insight

5.9.1 Our Better Care Fund (BCF) Plan for 2021-22 is informed by the:

- Barnet Joint Strategic Needs Assessment (JSNA)
- Contract management performance data and any service reviews/evaluations as appropriate
- The NHS Long Term Plan

6. Environmental impact

6.1 There are no direct environmental implications from noting the recommendations.

7. BACKGROUND PAPERS

7.1 2021-22 Better Care Fund: Policy Framework

[2021 to 2022 Better Care Fund policy framework - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/policies/better-care-fund)

7.2 Better Care Fund Planning Requirements for 2021-22

[B0898-300921-Better-Care-Fund-Planning-Requirements.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/wp-content/uploads/2021/03/B0898-300921-Better-Care-Fund-Planning-Requirements.pdf)

7.3 Better Care Fund Plan for 2019-20

<https://barnet.moderngov.co.uk/documents/b33359/Better%20Care%20Fund%20Plan%202019-20%2003rd-Oct-2019%2009.00%20Health%20Wellbeing%20Board.pdf?T=9>