

## Health and Wellbeing Board 14<sup>th</sup> January 2021

### HWBB Joint Commissioning Report - Better Care Fund (BCF) Performance Update

#### Responsible Officer

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#### 1. Summary

- 1.1 This report provides an update on the BCF spend and the 20/21 and 21/22 planning requirements for local areas.
- 1.2 As previously reported adjustments have been made to the pooled fund to support people through the Covid 19 pandemic. The schedule of how this would be managed locally was agreed at the September 2020 meeting, and the final variation agreement will come to the next HWBB.
- 1.3 The planning guidelines for 20/21 were released in December 2020, with the key element that plans will not be submitted for approval, however the national conditions must continue to be met. Additionally, planning guidelines for 21/22 are expected early in the new year. More detail on this is provided in the report below.

#### 2. Recommendations

- 2.1 The HWBB note the contents of the report.

### REPORT

#### 3. Risk Assessment and Opportunities Appraisal

- 3.1. (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)
- 3.2. The HWB Strategy requires that the health and care system work to reduce inequalities in Shropshire. All decisions and discussions by the Board must take into account reducing inequalities. Covid 19 has shone a light on inequalities and requires all of our services to further risk assess individual risk and to support the population who are at increased risk of ill health due to Covid 19.
- 3.3. The schemes of the BCF and other system planning have been done by engaging with stakeholders, service users, and patients. This has been done in a variety of ways including through patient groups, focus groups, ethnographic research.
- 3.4. Continued reliance on grant funding (iBCF and Winter Pressures), to support system flow, admissions avoidance and transfers of care schemes, holds significant financial risk should the grant funding stop.

## 4. Financial Implications

### Better Care Fund Allocations

	2020/21	2019/20
<b>Pooled Fund</b>		
Shropshire CCG Minimum Contribution	7,475,229	7,098,207
Shropshire CCG Additional Contribution	304,073	681,095
<b>Total</b>	<b>7,779,302</b>	<b>7,779,302</b>
<b>Non-Pooled Fund</b>		
Shropshire CCG Minimum Contribution	14,607,995	13,839,000
Original iBCF Grant	8,153,519	8,153,519
Additional iBCF Grant	1,967,260	1,967,260
Winter Pressures Grant	1,393,823	1,393,823
Disabled Facilities Grant	3,209,291	3,209,291
Additional Shropshire Council Contribution	1,831,023	4,632,133
<b>Total</b>	<b>31,162,911</b>	<b>33,195,026</b>
<b>Total Better Care Fund</b>	<b>38,942,213</b>	<b>40,974,328</b>

### Additional Expenditure – Covid-19

Additional expenditure in 2020/21 to provide an Enhanced Discharge Service is forecast to be approximately £6 million. This expenditure is incurred by Shropshire Council and is recharged to Shropshire CCG in accordance with the Variation to the Better Care Fund Section 75 Agreement.

## 5. Background

### Planning requirement for 20/21

5.1 In December the government released a statement confirming what local areas need to do to agree and finalise Better Care Fund (BCF) plans for this year. The statement confirmed that:

- Systems will not be required to submit plans for assurance in 2020-21.
- Areas must ensure that the use of the money in their area meets the national conditions.
- The funding is placed in a section 75 agreement with appropriate governance.

### 5.2 National Conditions

- Plans covering all mandatory funding contributions have been agreed by HWB areas and minimum contributions are pooled in a section 75 agreement (an agreement made under section 75 of the NHS Act 2006).
- The contribution to social care from the CCG via the BCF is agreed and meets or exceeds the minimum expectation
- Spend on CCG commissioned out of hospital services meets or exceeds the minimum ringfence
- CCGs and local authorities confirm compliance with the above conditions to their Health and Wellbeing Boards

- 5.3 The 2019 spending round confirmed that contributions to social care from CCGs via the BCF for 2020 to 2021 should increase by 5.3% to £4.048 billion in line with NHS revenue spend. The minimum expectation for each HWB area is derived by applying the percentage increase in the national CCG contribution to the BCF from 2019-20 to 2020-21 to the 2019-20 minimum social care maintenance figure for CCGs.
- 5.4 Spending plans will not be assured regionally or formally approved. Local authorities and CCGs should ensure that robust local governance is in place to oversee BCF funds. This includes placing the funding into a pooled fund governed by an agreement under section 75 of the NHS Act 2006 with an appropriate governance structure, that reports in to the HWB.
- 5.5 During 2020 to 2021, additional funding has been made available to support the Hospital Discharge Service Policy, providing fully funded care for people discharged from hospital with additional care and support needs from 19 March 2020 to 31 August 2020, and up to 6 weeks reablement or rehabilitation from 1 September 2020 to 31 March 2021.
- 5.6 HWBB areas were asked to place the additional funding into a pooled fund governed by a section 75 agreement, and a template section 75 variation document was published. Where an area has added this additional funding into its BCF pooled fund, the additional funding is not covered by BCF national conditions. Nor does it count towards the minimum contribution to social care or the minimum ringfence for out of hospital care. Areas can record activity funded through this additional funding source as an additional voluntary contribution.
- 5.7 Schedule 1 of Shropshire's Section 75 Partnership Variation Agreement was agreed at the September HWBB to respond to the above paragraph 5.6.

## **Better Care Fund 2021-22**

- 5.8 As part of the Government statement, the spending review confirmed the different funding elements for the Better Care Fund in 2021-22. The improved Better Care Fund grant will continue in 2021-22, maintained at its current level (£2.077 billion). The Disabled Facilities Grant will be worth £573 million. The CCG contribution will again increase by 5.3% in line with the NHS Long Term Plan settlement. The Policy Framework and Planning Requirements for 2021-22 will be published in early 2021.
- 5.9 The BCF in 20/21 continues to provide a mechanism for personalised, integrated approaches to health and care to support people to remain independent at home or return to independence after an episode in hospital. The Better Care Fund performance reporting includes the monitoring of additional grant funding known as IBCF (Improved Better Care Fund) and Winter Pressures funding. The performance reporting requirement has been reduced due to Covid 19, however the return prepared is similar to previous performance reports.
- 5.10 As a reminder, the priorities of the BCF (including improved Better Care Fund monies and Winter Pressures funding) continue to be:
- 5.10.1 **Prevention** – keeping people well and self-sufficient in the first place; Healthy Lives, including community referral (Let's Talk Local and Social Prescribing), Dementia Companions, Voluntary and Community Sector, Population Health Management, carers, mental health)
  - 5.10.2 **Admission Avoidance** – when people are not so well, how can we support people in the community; out of hospital focus (Care Closer to Home, Integrated Community Services, new admission avoidance scheme), carers and mental health
  - 5.10.3 **Delayed Transfers and system flow** - using the 8 High Impact Model; Equipment contract, Assistive technology, Integrated Community Service, Red Bag

- 5.11 The BCF delivery for 20/21 has taken account of the new requirements and Covid 19 guidance; BCF planning and delivery continue to work through our key priority areas, as set out above, and are delivered through the funding detailed in the financial section 4 above.
- 5.12 To respond to COVID – 19 the system rapidly put in place key working and governance groups to adapt to what was needed. For hospital discharge and admission avoidance this took the following form:

Covid 19 Discharge Process Operational Group



Care Pathways: Hospital discharge



Local Health Resilience Partnership (LHRP)

- 5.13 The Covid 19 Discharge Process Operational Group managed the regular Care Act processes and the 4 discharge pathways, to deliver the discharge to assess pathways as set out in the COVID 19 guidance. Pooled funding associated with the discharge and admission avoidance during the Covid Pandemic is set in Schedule 1, Section 75
- 5.14 Additional adjustments for BCF funded programmes were made as a result of the Covid 19 pandemic. A high level summary includes:
- 5.14.1 Let's Talk Local and Social Prescribing – phone and electronic based assessments and one to one support; Social Prescribing expanded to the whole of the county during lockdown, through a range of referral mechanisms including Shropshire Council Customer Services and the Community Reassurance Teams
  - 5.14.2 Voluntary and community sector – commissioned services moved to phone based and online services; the sector provided home shopping schemes, befriending, medicine collection, and online mental health support. Work continues to ensure that the VCSE are supported operate through the pandemic.
  - 5.14.3 WIPS – in October 2020 the Wellbeing and Independence Contract was enhanced to provide support for the Clinically Extremely Vulnerable, and other vulnerable to support winter pressures.
  - 5.14.4 Mental Health – services were adjusted to ensure Covid 19 guidance compliancy; and staffing was adjusted to respond to the pandemic.
  - 5.14.5 Care Closer to Home – the programme paused to allow a review of the data and development of next phases; this has been delayed due to Covid 19, however is moving forward as part of transformation, the STP Community and Place Based work and winter planning.
  - 5.14.6 Integrated Community Services – This service remained in place but responded to Covid 19 Discharge to Assess processes. Key aspects in response to Covid 19 was to move people out of hospital very quickly and to stop people from coming into to hospital, whilst ensuring all processes were Covid secure (including all work with other hospital and social care providers).
- 5.15 The system continues to work collaboratively to deliver the iBCF and Winter Pressures funding; both supporting winter planning and delivery.

**List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)**  
**For the final BCF plan please see HWBB paper [here](#)**

**Cabinet Member (Portfolio Holder)**

Cllr. Dean Carroll

Portfolio Holder for Adult Services, Climate Change, Health and Housing

**Local Member**

n/a

**Appendices**