

SHROPSHIRE HEALTH AND WELLBEING BOARD

Meeting Date: Thursday 11 November 2021

Paper title: Better Care Fund (BCF) 2021-22 submission

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1. Summary

This report provides an update from the Joint Commissioning Board and seeks approval for the BCF submission for 2021/22 which is due to be submitted on the 16 November 2021.

The government published the new framework guidance notes on the 19th August and updated it again on the 1st October 2021. The focus of the BCF is person-centred integrated care, with health, social care, housing and other public services working together to provide better joined up care and is one of the government's national vehicles for driving health and social care integration. It requires clinical commissioning groups (CCGs) and local government to agree a joint plan, owned by the Health and Wellbeing Board (HWB).

2. Recommendations

2.1 The HWBB notes the content of the report

2.2 The HWBB notes and approves Shropshire's BCF planning template submission in both appendix A and B

2.3 The Board approve delegated Authority for final sign off of plan, if regional feedback suggests amendments following the HWBB

3. Report

3.1 The BCF is to enable people to live healthy, fulfilled, independent and longer lives will require these services to work ever more closely together towards common aims. The response to the coronavirus (COVID-19) pandemic appears to have accelerated the pace of collaboration across many systems and the government is keen to maintain momentum and build upon positive changes.

3.2 The response to the COVID-19 pandemic has demonstrated how joint approaches to the wellbeing of people, between health, social care and the wider public sector can be effective, even in the most difficult circumstances and Shropshire has proven this collaborative approach provides better outcomes for its residents.

3.3 Given the ongoing pressures there was minimal change to the BCF in 2021 to 2022. The 2021 to 2022 Better Care Fund policy framework aims to build on progress during the COVID-19 pandemic, strengthening the integration of commissioning and delivery of services and delivering person-centred care, as well as continuing to support system recovery from the pandemic.

3.4 The national conditions for the BCF in 2021 to 2022 are:

- a jointly agreed plan between local health and social care commissioners, signed off by the HWB
- NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution
- invest in NHS-commissioned out-of-hospital services
- a plan for improving outcomes for people being discharged from hospital

3.5 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)
- older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population.

New measures include:

- 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
- Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator)

The following metric are proposed based on the data sets received for the Shropshire:

Shropshire metrics (Q = Quarter)	Average 18 months data pack	Average by Q3	Average by Q4	Proposed target Q3	Proposed target Q4	Comments
LOS 14 days	9.6	9.75	10.9	9.3	9.6	You can see when you look at the average by Q 3 and 4 that the proposed targets are stretched, especially with pressures in the dom. care market.
LOS 21 days	4.4	4.5	5.2	4.4	4.9	As above.
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	Average annual target 90.3			90.3 maintain as annual target		Due to pressures in the system especially across domiciliary workforce it is considered that this is a stretched target.
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	Available from NHS Digital (link below) at local authority level.	20/21 actual 544		21/22 proposed target 543.2		This is the current predicted number based on data trends so proposing to put this. These numbers will be skewed by covid and no flu last year, therefore proposing to reduce slightly which again we believe to be a stretched target.
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/reablement services.		20/21 Actual 85.3%		82% ASCOF set target		Keep the same as the actual for previous year came out as 85.3% so this will be a target
Residential Admissions rate per 100,000 population		19/20 553	20/21 403	2021/22 590		The target set by the SMT for this measure this year is 590 and based on the population estimates used in the template this equates to 492 people. This is higher than

						performance last year, which were impacted by the pandemic and it is not clear yet how much change there will be this year. Early figures so far indicate admission numbers are higher.
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- The BCF has remained steady in supporting the local priorities through:

- **Prevention and inequalities** – keeping people well and self-sufficient in the first place; key programmes include: Healthy Lives, including community referral (Let's Talk Local, Community Development, Social Prescribing and Health coaches), Healthy Weight, new dementia vision, Voluntary and Community Sector grants and contracts (Wellbeing and Independence and Advice and Advocacy contracts), Population Health Management, Carers, Mental health and Early Help services for children and young people.
- **Admission Avoidance** – when people are not so well, we support people in the community; key programmes include: Local Care (Rapid Response, Case Management, Respiratory), Integrated Community Services, Carers, Winter Pressures schemes, Occupational Therapy and Mental Health.
- **Delayed Transfers and system flow** – when people have had to come into hospital, we are working collaboratively through the Hospital Discharge Alliance, using the 9 High Impact Model, learning from Covid, Discharge to Assess and an Integrated Discharge Hub, to ensure system flow; Key areas of work include: Integrated Discharge Hub (hospital social work interface and short term support purchasing), Start Reablement Team, Integrated community services, Equipment contract, Assistive technology, and Pathway 0.
- All programmes are based on a strengths-based ethos, working in a person-centred way to prevent ill health, avoid admissions to hospital and to ensure appropriate and swift discharge from hospital.

Risk assessment and opportunities appraisal

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

3.6 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.

3.7 The schemes of the BCF and other system planning have been done by engaging with stakeholders, service users, and patients

3.8 This grant funding to support system flow, admissions avoidance and transfers of care schemes, holds significant financial risk should the grant funding stop.

3.9 All schemes will be reviewed in early 2022 with consideration on future strategy and developments to support the new metrics.

4. Financial implications

Better Care Fund Allocations

	2021/22 Planned Allocations	2020/21 Planned Allocations
Pooled Fund		
Shropshire CCG Minimum Contribution	7,872,538	7,475,229
Shropshire CCG Additional Contribution		304,073
Total	7,872,538	7,779,302
Non-Pooled Fund		
Shropshire CCG Minimum Contribution	15,443,430	14,303,923
Improved Better Care Fund Grant	11,514,602	11,514,602
Disabled Facilities Grant	3,641,433	3,641,433
Additional Shropshire Council Contribution	1,955,475	1,831,023
Total	32,554,940	31,290,981
Additional CCG Contribution – Covid-19	2,600,000	6,000,000
Total Better Care Fund	43,027,478	45,070,283

Additional CCG Contribution – Covid-19

Additional expenditure to provide an enhanced discharge service is taking place, in accordance with national requirements. 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. Climate Change Appraisal

All projects and commissioned services need to evaluate climate impact on all service delivery if applicable.

List of Background Papers N/A
Cabinet Member (Portfolio Holder): Cllr. Simon Jones, Portfolio Holder for Adult Social Care and Public Health Tanya Miles: Executive Director Adult Social Care / Housing and Public Health
Appendices: Appendix A BCF Planning template Submission Appendix B Shropshire Narrative