



SHROPSHIRE HEALTH AND WELLBEING BOARD Report

Meeting Date	19th January 2023			
Title of Paper	Joint commissioning: Better Care Fund (BCF) Update			
Reporting Officer	Penny Bason, Head of Joint Partnerships, Shropshire Council and NHS Shropshire, Telford and Wrekin/Laura Tyler, Assistant Director, Joint Commissioning, Shropshire Council and NHS Shropshire, Telford & Wrekin			
Which Joint Health & Wellbeing Strategy priorities does this paper address? Please tick all that apply	Children & Young People	x	Joined up working	X
	Mental Health	x	Improving Population Health	x
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities	x
	Workforce	x	Reduce inequalities (see below)	X
What inequalities does this paper address?	All BCF programmes must take inequalities into account. The programmes work within the guidance of the Shropshire Inequalities Strategy and the NHS Core 20 Plus 5 local strategy.			

1. Summary

This report provides an update on the Better Care Fund, including the new Adult Social Care Discharge Fund. The fund and guidance were announced and published in November, with a deadline of 16th December for submission of a planning template (attached as Appendix A).

2. Recommendations

2.1 The HWBB is asked to:

- Approve the Adult Social Care Discharge Fund planning template.
- Note the significant pressure on the system and efforts across health and care to manage demand for services.
- Note that a further paper regarding risk around funding gaps for hospital discharge and social care placements will be brought to a future Board.

3. Report

In November 2022, the Minister of Care announced additional funding to support the discharge of patients from hospital, in order to reduce time people spend in hospital, improve system flow and improve individual outcomes.

It is expected that local areas pool the funding into the Better Care Fund (BCF). The funding will be provided in 2 tranches – the first (40%) in December 2022, and the second (60%) by the end of January 2023 for areas that have provided a planned spending report and fortnightly activity data and have met the other conditions.

Attached as Appendix A is the Adult Social Care Discharge Fund Planning template. The plan was developed collaboratively across the system and agreed by senior managers prior to submission due to the short timescales.

The guidance highlights that the fund can be used flexibly on the interventions that best enable the discharge of patients from hospital to the most appropriate location for their ongoing care. It suggests that funding should prioritise those approaches that are most effective in freeing up the maximum number of hospital beds and reducing bed days lost within the funding available, including from mental health inpatient settings. Discharge to Assess (D2A) and provision of homecare is recognised as an effective option for discharging more people in a safe and timely manner.

The additional funding can also be used to boost general adult social care workforce capacity, through staff recruitment and retention, where that will contribute to reducing delayed discharges, as well as a concerted effort on freeing up hospital capacity.

Fortnightly reporting is required describing how the money is being utilised in the system and robust metrics have been selected for reporting progress. These include:

- The number of care packages purchased for care homes, domiciliary care and intermediate care (to be collected through a new template)
- The number of people discharged to their usual place of residence (existing BCF metric)
- The absolute number of people 'not meeting criteria to reside' (and who have not been discharged)
- The number of 'bed days lost' to delayed discharge by trust (from the weekly acute sitrep)
- The proportion (%) of the bed base occupied by patients who do not meet the criteria to reside, by trust

Due to the nature of the fund allowing for flexibility to respond to local challenges, the national BCF team has not set overall targets for each of these metrics. Rather, these metrics should guide decisions on how systems spend the funding and will provide a picture during and after winter of the impact of that spend.

The funding is welcome as Shropshire's health and care system is under significant and continual pressure. In Shropshire, like much of the country, our ageing population, Covid and non-Covid related illnesses, system bed and domiciliary capacity, workforce issues and industrial action are all significant factors in driving our system unprecedented struggle to manage demand and flow through the hospital.

Shropshire recognises that it is crucial for our health and care systems to work together to meet the care needs of people and make best use of available resources. This includes coming together as joint teams including NHS, Council, social care providers and the voluntary and community sector, to manage demand.

In addition to the work highlighted in the planning template, partners are working together to respond to demand and industrial action. The actions include:

1. Attendance by senior managers to Gold meetings 7 days a week
2. Emergency planning team on standby in case of escalations
3. Transport - arrangements will be in place for strikes from Council transport team to support
4. Social prescribing team will be working in the hospital on strike days
5. Comms shared with providers to ensure they are fully aware of Strike actions/changes to Infection and Prevention Control/ Strep A management
6. Providers and discharges, Shropshire Partners in Care (SPiC) are liaising daily with all providers for any blocks to discharges and will contact commissioners daily for anything we need to unblock
7. Other actions:
 - Deploying additional staff into the bed hub to keep up with demand
 - Ensure that partner organisations are aware of the actions and arrangements at an operational, commissioning and strategic level.
 - Social Workers on identified wards to join Board/ ward rounds, Multi-Disciplinary Teams and carry out assessments
 - Establish daily meetings with operational staff.
 - Agreement with key providers to identify additional actions to support discharge (extended opening hours/ multiple admissions etc).

- Daily contact with bed hub and domiciliary care to ascertain level of capacity for discharge and/or admission avoidance.
- Implementation provider incentive schemes to continue.
- Flexible contract supports improved flow and forward plan discharges into block beds (review and flex contracts as needed including Reablement contracts as required).
- Continuous Review of all spot beds and domiciliary care to create additional capacity.
- Forward planning discharges, particularly through weekends to continue flow.
- Senior managers available for daily strike planning meetings as required.

It must be noted the enormous effort and support of the workforce across health and social care to support the health system and the residents across Shropshire.

It is also imperative that we highlight the risk to the system regarding current funding levels for hospital discharge and social care placements into 23/24. There is lack of certainty around the level of Adult Social Care Discharge Fund for 23/24 and the total combined spend for BCF/ Hospital Discharge Funding is well above BCF levels. Work is needed to agree a way forward as a system beyond the end of 22/23. Therefore, development with system partners on the BCF will continue over the coming weeks and months, and we propose a more detailed paper on this at a future Health and Wellbeing Board.

Risk assessment and opportunities appraisal

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

- a. The Joint Health and Wellbeing Strategy (JHWBS) 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.
- b. The schemes of the BCF and other system planning have been done by engaging with stakeholders, service users, and patients
- c. Increasing demand for services in the system are highlighting the need for specific joint work on prevention and considered response to projected spending gap in 2023/24.
- d. Funding gap highlighted regarding hospital discharge and social care placements, with lack of clarity of the future of grant funds into the area.

Financial implications

(Any financial implications of note)

The BCF financial details are included in the Discharge Fund Planning Template, Appendix A.

Climate Change Appraisal as applicable

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

Where else has the paper been presented?

System Partnership Boards

Voluntary Sector

Other

Joint Commissioning Group: Joint Commissioning Board Members

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

Cabinet Member (Portfolio Holder) or your organisational lead e.g. Exec lead or Non-Exec/Clinical Lead (List of Council Portfolio holders can be found at this link:

<https://shropshire.gov.uk/committee-services/mgCommitteeDetails.aspx?ID=130>)

Cllr Cecelia Motley, Portfolio Holder for Adult Social Care, Public Health and Communities

Tanya Miles: Executive Director of People, Shropshire Council

Appendices Appendix A BCF Discharge Fund Planning Template