Health and Wellbeing Board
20 October 2022

BETTER CARE FUND - ANNUAL PLAN 2022/23

Report of the Head of Integrated Adult Social Care Commissioning (Interim)

Please note that the following recommendations are subject to consideration and determination by the Board before taking effect

Recommendation: That the Health & Wellbeing Board note and endorses the BCF annual plan for 2022/23.

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1. Background

The Better Care Fund (BCF) is the only mandatory policy to facilitate integration between Health and Social Care, providing a framework for joint planning and commissioning. The BCF brings together ring-fenced budgets from NHS allocations, ring-fenced BCF grants from Government, the Disabled Facilities Grant and voluntary contributions from local government budgets. The Health and Wellbeing Board has oversight of the BCF and is accountable for its delivery.

This report summarises the annual plan for Devon (County Council area) for 2022/23, as defined by national planning requirements.

2. Partnership and planning arrangements

2.1 National planning requirements for the BCF were published on 19 July 2022 by NHS England. The core requirements are:

- Submission of annual plan documents by 26 September 2022. NHS England will assure and approve the plans, writing to areas to confirm that the NHS minimum funding can be released. These letters are expected from 30 November 2022.

- A s.75 (NHS Act 2006) agreement between DCC and NHS Devon (Integrated Care Board) to be completed by 31 December 2022. This agreement cannot be finalised until the annual BCF plan has been approved by NHS England.

2.2 The BCF Policy Framework sets out four national conditions that BCF plans must meet in order to be approved:

2.2.1 A jointly agreed plan between local health and social care commissioners and signed off by the Health and Wellbeing Board.
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2.2.2 NHS contribution to adult social care to be maintained in line with the uplift to the NHS minimum contribution.

2.2.3 Invest in NHS commissioned out-of-hospital services.

2.2.4 Implementing the BCF policy objectives, for 2022/23 these are:

- Enable people to stay well, safe and independent at home for longer.
- Provide the right care in the right place at the right time.

Commissioners should agree how services delivered via BCF funding sources will support these objectives. This includes continued implementation of the High Impact Change Model for Transfers of Care.

2.3 The annual plan for Devon was submitted by the required deadline, signed off by the Chair on behalf of the HWB as meeting dates didn't align. We currently await its approval by NHS England.

3 Annual Plan 2022/23

3.1 The national planning requirements require the production of three documents:

- A narrative plan (headings as recommended by the planning requirements)
- A template spreadsheet plan
- A template spreadsheet plan for Capacity and Demand for Intermediate Care (new requirement for 2022/23)

These are summarised below.

3.2 Since the last BCF plan NHS Devon has become an Integrated Care System (ICS): a partnership of health and social care organisations which come together to improve the health, wellbeing and care of people who live and work in Devon. This took effect on 1st July 2022, when NHS Devon statutory body took on the commissioning functions from NHS Devon CCG.

3.3 As part of the Devon-wide system sign-off for the under the new Integrated Care System (ICS) governance framework, the BCF plans for each of the three Health and Wellbeing Boards have been reviewed and signed off by the NHS Devon ICB Executive Board.

3.4 One of the key system priorities for 2022/2023 is urgent care and system flow, given the current challenges within the urgent care system and the impact any delayed discharge has on the whole system. The Devon BCF plan 2022/2023 responds to this with schemes that support targeted long-term investments to build sustainable community services across all care pathways, to reduce pressure on urgent care and ensure people can be supported to leave hospital as soon as possible.

3.5 The Devon ICS Community First Strategy sets out the vision and direction of travel for community services over the next five years (2022 to 2027), and the BCF plan reflects this strategy. Community services play an important role in keeping people well and managing acute, physical, and mental health and long-term illness. The strategy focuses on preventative and personalised care to support people to live as independently as possible, with greater connection to their local community.

3.6 The BCF funding helps ensure community and voluntary services are better represented in our system, ensuring that they are adequately funded to sustain delivery and outcomes in the longer term. This includes co-production and engagement with the voluntary and community sector as well as the public.

3.7 Devon has a strong history of integrated working, with several community services being provided in partnership with acute trusts. We have seen improved collaboration between services providing better continuity of care for people. Future developments are likely to include extension of traditionally acute based specialists out into the community, bringing more of the medical expertise to support people in their own homes and out of a hospital setting.

3.8 The strategy describes the plan to improve consistency and equity of access and outcomes for people using community services in their local areas.

4. Financial Considerations

4.1 NHS Devon received an overall budget uplift of 5.66%, so was therefore mandated to increase their 2022-23 BCF contribution by £3.46 million.

4.2 To comply with National condition two, contributions to social care must also be raised by 5.66%. For the Devon BCF this means a further £1.358 million must be invested.

4.3 This has been achieved with the Devon BCF Leadership Group approving the increase in planned spending for all its social care services from £23.989 million to £25.347 million for the 2022-23 financial year.

4.4 The remaining £2.102 million has been added to the planned spending on out of hospital services, which ensures the national condition three has also been achieved.

4.5 Changes to overall funding:

The Devon BCF fund increased overall by £7.674 million, due in the main to an increase in the amount of carry-forward required, along with the mandated NHS increased contribution mentioned above:

Changes to contributions from 2021-22 are as follows:

	2021/22	2022/23	Change
	£'000	£'000	£'000
Capital (DFG)	8,245	8,245	0
Improved BCF (iBCF) grant	28,271	29,126	855
NHS contribution	61,126	64,586	3,460
DCC contribution	4,154	4,154	0
Brought – forward from '21/22	7,279	10,638	3,359
	109,075	**116,749**	**7,674**

The Capital pool entirely relates to housing adaptations, financed by the Disabled Facilities Grant (DFG). Funding is passed in full to district councils.

4.6 Spending plan – Summary:

NHSE Scheme Type	£'000
Assistive Technologies and Equipment	8,797
Care Act Implementation Related Duties	142
Carers Services	4,853
Community Based Schemes	0
DFG Related Schemes	8,245
Enablers for Integration	781
High Impact Change Model for Managing Transfer of Care	10,466
Home Care or Domiciliary Care	16,935
Housing Related Schemes	0
Integrated Care Planning and Navigation	2,336
Bed based intermediate Care Services	8,537
Reablement in a person's own home	0
Personalised Budgeting and Commissioning	5,829
Personalised Care at Home	31,875
Prevention / Early Intervention	2,236
Residential Placements	15,408
Other	309
Total	**116,749**

5. Performance considerations

The performance metrics required by national requirements are as follows:

5.1 Avoidable Admissions to Hospital

Unplanned hospitalisations for chronic ambulatory care sensitive conditions – these are conditions which when treated and controlled appropriately should mean hospital admissions can be avoided: for example, flu, epilepsy, diabetes and asthma.

The metric definition has been amended for 2022/23 and is now an indirectly standardised rate of admissions per 100,000 population, described on a quarterly rather annual basis, as follows

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
2021/22	176.4	150.1	125.5	122.4
2022/23	159	153	155	153

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The impact of Covid for the past two years has resulted in atypical patterns of admissions to hospital which mean that the usual forecasting methods are unreliable.

Q1 actual data shows the lowest rate per 100,000 that we have seen in the last two years. This may be explained by the impact of Covid, pressures in the emergency departments reducing capacity to admit patients, and the impact of existing schemes that support people in the community to try to avoid admission to hospital.

We have forecast a degree of seasonality for the rest of the year and a slight decrease in admissions. There continues to be significant focus on discharge and patient flow, part of the national '100-day challenge', we will continue to deliver actions and improvements to address this throughout 2022/23.

Key schemes to improve hospital flow include increased community capacity to support people at home, some increased discharge to assess bed-based capacity and increased provision of voluntary sector services to support discharge.

5.2 Hospital discharges to the person's usual place of residence

The percentage of people who are discharged from acute hospital to their normal place of residence. This is a measure of how successful we have been in returning people to their previous level of independence.

	Qtr 1 %	Qtr 2 %	Qtr 3 %	Qtr 4 %
2021/22	92.1	92	91.9	91.5
2022/23	91.7	91.9	91.9	92

The impact of Covid for the past two years has resulted in atypical patterns of discharges to hospital which mean that the usual forecasting methods are unreliable.

Q1 actual data shows a much lower number of discharges than in 21/22. This was likely due to Covid, pressures in Emergency Departments reducing capacity to admit; and continued capacity issues affecting ability to discharge.

We have forecast a degree of seasonality for the rest of the year and a slight decrease in the number of discharges. There is still a high level of uncertainty around the potential impact of Covid and influenza this winter and have been cautious in our modelling.

We continue to work to improve hospital discharge through the 100-day challenge action plans and also to increase care at home capacity.

5.3 Residential Admissions

Long term support needs of older people (aged 65 & over) met by admission to residential & nursing care homes, per 100,000 population.

We aim to support people to be as independent as possible in their own homes, so we would normally expect this number to remain stable or reduce.

2021-22 Actual	2022-23 Plan
455.2	500.3

The 2021-22 outturn is reflecting pandemic impact, for example personal/family choice and reduced capacity as a result of outbreaks. The target has been based on the previous 5 years placement averages, which is likely to be more reflective of demand in 2022-23 and we continue to work to increase care market capacity.

5.4 Reablement

Proportion of older people (65 & over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services.

This measures the success of our reablement services in supporting people back to independence.

2021-22 Actual %	2022-23 Plan %
67.1	75

The target for 2022-23 is 75%, which reflects an aspiration to improve the effectiveness of our short-term services offer. Recent performance has been adversely impacted by the pandemic with a reduced reablement offer.

Actions are underway to increase reablement capacity with additional UCR workers.

5.5 A metric in relation to data on delayed discharges will be adopted as a formal BCF metric from April 2023, as long as the data is robust and can be published.

6. Capacity and Demand for Intermediate Care

6.1 Although it is a requirement that the template plan is submitted for 2022/23, as it is a new requirement the plan will not be subject to assurance and approval by NHS England.

6.1.1 Demand – Hospital Discharge

Discharge Pathway	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
0: Low level support for simple hospital discharges - e.g. Voluntary or Community Sector support - (D2A Pathway 0)	3860	3836	3922	3434	3098	3611
1: Reablement in a person's own home to support discharge (D2A Pathway 1)	506	503	513	450	406	474
2: Step down beds (D2A pathway 2)	184	183	186	163	147	173
3: Discharge from hospital (with reablement) to long term residential care (Discharge to assess pathway 3)	46	46	47	41	37	43

We have completed this plan to align with the ICB Operational Plan and activity has therefore been apportioned using modelling data.

Other demand and capacity planning in relation to community services is underway.

6.1.2 Estimated Spend on Intermediate Care Services (BCF & non-BCF)

Given the definitions in the guidance it is not possible to state the spend on intermediate care either in total for the ICB or at local authority footprint level. It is not a subset of overall spend that is currently captured.

7 Legal Considerations

7.1 There are no specific legal considerations. Following approval of the plan by NHS England the s.75 (NHS Act 2006) agreement between DCC and NHS Devon

(Integrated Care Board) will be concluded and published on the Health and Wellbeing Board website.

8 Equality Considerations

8.1 The basis of our strategic plan is our Devon ICS Community First Strategy, to which the BCF is an enabler. A wide range of stakeholders have been involved in the development and adoption of the ICS Community First Strategy. They have been engaged through a series of meetings developing the draft plan and final adoption of the plan. Engagement meetings in each locality via the Local Care Partnership structure have taken place with representation from primary, community, acute, mental health, local authority and VCSE organisations; and focus groups have taken place to ensure public representation. The feedback from the engagement meetings has been reviewed and considered for inclusion within the strategy.

8.2 The BCF plan briefly outlines the priorities for addressing health inequalities and equality for people with protected characteristics under the Equality Act 2010 within integrated health and social care services.

9. BCF Arrangements for 2023/24 and 2024/25

9.1 Future planning requirements are expected to be published before the end of March 2023. Government has indicated the intention to move to a two-year planning cycle.

Solveig Wright
Head of Integrated Adult Social Care Commissioning (Interim)

Electoral Divisions: All
Cabinet Member for Adult Care and Health: Councillor James McInnes
Chief Officer for Adult Care and Health: Tandra Forster

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS
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BACKGROUND PAPER
Nil