

## 2021/2022 BETTER CARE FUND PLAN

<b>Relevant Board Member(s)</b>	Councillor Jane Palmer Caroline Morison
<b>Organisation</b>	London Borough of Hillingdon Hillingdon Health and Care Partners
<b>Report author</b>	Tony Zaman, Social Care and Health Directorate, LBH Sue Jeffers/Richard Ellis, Joint Borough Directors, NWLCCG Gary Collier, Social Care and Health Directorate, LBH
<b>Papers with report</b>	None

### HEADLINE INFORMATION

<b>Summary</b>	The Better Care Fund (BCF) is a Government initiative intended to improve efficiency and effectiveness in the provision of health and care through increasing integration between health and social care. This report sets out the financial arrangements for the 2021/22 BCF plan, which the Board needs to consider and approve to satisfy the national conditions for the BCF.
<b>Contribution to plans and strategies</b>	The Better Care Fund is a key part of Hillingdon's Joint Health and Wellbeing Strategy and meets certain requirements of the Health and Social Care Act 2012.
<b>Financial Cost</b>	The recommended total amount for the BCF for 2021/22 is £106,454k made up of Council contribution of £57,327k and a CCG contribution of £49,127k.
<b>Ward(s) affected</b>	All

### RECOMMENDATIONS

That the Health and Wellbeing Board:

- a. approves the 2021/22 Better Care Fund Plan as described in the report, including the proposed financial arrangements and proposed targets for the national metrics.
- b. delegates to the Corporate Director, Social Care and Health to formally approve the submission template and supporting narrative on behalf of the Board.
- c. delegates authority to approve amendments to the 2021/22 plan in response to feedback from NHSE to the Corporate Director, Social Care and Health, in consultation with the co-chairmen and the Board representative of the North West London Clinical Commissioning Group and reports back in due course.
- d. notes the position regarding the refresh of Equality and Health Impact Assessments as set out in the report.

## INFORMATION

### Strategic Context

1. The policy framework that set out broad principles to be followed for the 2021/22 Better Care Fund (BCF) Plan was published on 19 August 2021. The detailed planning requirements were then published on 30 September 2021 and mandated that health and wellbeing board areas submit their BCF plan on 16 November 2021.

2. At its meeting on 14 September 2021 the Board approved an outline for the 2021/22 and agreed to delegate approval to the Council's Director for Social Care and Health in consultation with the Board Chairmen, the North West London Clinical Commissioning Group (CCG)'s Board representative and the Healthwatch Hillingdon Chair. The late publication of the BCF planning requirements and the deferment of the plan submission date means that the approval decision can be considered by a scheduled meeting of the Board. There is scope within the BCF planning requirements to allow for HWB approval post submission.

3. In accordance with national requirements, the Council's Chief Executive and CCG Accountable Officer approved the 2021/22 plan prior to submission. The Hillingdon Health and Care Partners (HHCP) Delivery Board also considered the detail of the plan at its meeting on 11 November 2021. Hillingdon's plan was formally submitted on 12 November 2021.

### 2021/22 BCF Plan and National Requirements

4. Since its introduction by the Government in 2014/15 the approach taken in Hillingdon has been to achieve ever closer alignment between the BCF and the broader health and care integration programme. Discussions have taken place between officers, the CCG and Hillingdon Health and Care Partners (HHCP) about the scope of the 2021/22 BCF plan within the context of the proposed changes to the NHS architecture expected to take effect from 2022/23, subject to the Health and Care Bill becoming law. As a result of these discussions, it is proposed that there will be full alignment between budgets and the health and care transformation programme within the BCF legal framework from 2022/23 and that the 2021/22 plan will be an incremental progression towards achieving this goal. This approach also takes into consideration a review of NHS investment in mental health provision across NWL that is currently in the progress, the outcome of which will help to shape the BCF from 2022/23.

5. The increased alignment between the BCF and transformation workstreams referred to in paragraph 4 is illustrated in table 1 below.

<b>Transformation Workstream</b>	<b>BCF Scheme</b>
<b>Workstream 1:</b> Neighbourhood Based Proactive Care.	<b>Scheme 1:</b> Neighbourhood development.
<b>Workstream 2:</b> Urgent and Emergency Care.	<b>Scheme 4:</b> Urgent and emergency care.
<b>Workstream 3:</b> End of Life Care.	<b>Scheme 3:</b> Better care at the end of life.
<b>Workstream 4:</b> Planned Care.	No related scheme.
<b>Workstream 5:</b> Care and support for Children and Young People.	<b>Scheme 7:</b> Integrated care and support for children and young people.
<b>Workstream 6:</b> Care and support for People with Mental Health challenges	<b>Scheme 6:</b> Living well with dementia. <b>Scheme 8:</b> Integrated care and support for

(including addictions) and/or People with Learning Disabilities and/or Autism.	people with learning disabilities and/or autism.
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6. The alignment between the BCF and the transformation workstreams is reflected in the integrated performance report submitted to the Board for its consideration.

### National Conditions

7. Table 2 below summarises the national conditions confirmed in the DHSC's December 2020 policy statement. The table describes the local position.

<b>Table 2: National Conditions and Local Response</b>	
<b>Condition</b>	<b>Local Response</b>
1. <b>A jointly agreed plan</b> - A plan that has been agreed by the HWB.	This is dependent on the recommendation being agreed.
2. <b>The contribution to social care from the CCG via the BCF is agreed and meets (or exceeds) the minimum expectation</b> - The Protecting Social Care funding is passported to Social Care with the inflationary uplift (£7,470k in 2021/22).	This is included within the CCG's minimum contribution.
3. <b>Agreement to invest in NHS-commissioned out of hospital services to meet or exceed the minimum ring-fence</b> - Investing a ring-fenced sum (£5,821k in 2021/22).	This is already addressed through the funding committed to the CCG's community contract with CNWL and the Neighbourhood Teams.
4. <b>A plan for improving outcomes for people being discharged from hospital</b> – The local approach to managing discharges from hospital.	This is in place and is described in <b>Appendix 1</b> .

### National Metrics

8. There are five mandatory metrics and these are:

- **Discharge indicator: Reducing the length of stay in hospital.** *Commentary:* The measure is the number of hospital inpatients who have been in hospital for longer than 14 and 21 days.
- **Discharge indicator: Improving the proportion of people discharged to their usual place of residence.** *Commentary:* The discharge destinations not included as 'usual place of residence' are set out in data issued by NHSE. A spell in a step-down facility before returning to their usual place of residence would be excluded.
- **Avoidable emergency admissions:** *Commentary:* This new metric is intended to measure a reduction in people admitted to hospital for ambulatory care sensitive conditions. The conditions within the scope of this metric include acute bronchitis, angina, heart disease, heart failure, dementia, emphysema, epilepsy, high blood pressure, diabetes, chronic obstructive pulmonary disease (COPD) and fluid on the lungs (pulmonary oedema).

9. NWL has coordinated the approach to the above metrics, which only apply to people aged 18 and above and has provided targets based on 2019/20 activity in line with the 2021/22 Operating Plan. The targets, supporting rationale and identification of schemes that will contribute to delivery are set out in **Appendix 2**. This information is reflected in the submission template. For the Board's assurance, the approach taken with all targets is that they should be achievable, especially taking into consideration the point we are at in 2021/22.

- **Permanent admissions to care homes of 65 and over population.** *Commentary:* This metric is from the Adult Social Care Outcomes Framework (ASCOF) and has been a national metric for the BCF since its inception. The aim is for admissions to be as low as possible.
- **Effectiveness of reablement.** *Commentary:* This is also an ASCOF metric that measures the percentage of the 65 and over population discharged into reablement from hospital who are still at home 91 days after discharge. The aim is for the percentage to be as high as possible and it has also been a BCF metric since its inception.

### **Submission Requirements**

10. Hillingdon's 2021/22 BCF submission consisted of the following:

- A narrative summary of the 2021/22 plan (attached as **Appendix 1**). This includes the priorities for 2021/22 by scheme.
- A completed template detailing financial arrangements and the local targets for the national metrics and supporting rationale, which is reflected in **Appendix 2**. Table 5 summarises the financial investment by the Council and the CCG by scheme.

11. Prior to submission officers made use of the opportunity for NHSE's Better Care Support Team to review the draft narrative plan to ensure that it addressed the key lines of enquiry in the planning requirements. The content of the submitted narrative plan reflected the feedback provided.

### **Next Steps**

12. Hillingdon's submitted plan will be subject to an assurance process involving NHSE, the Local Government Association, the Ministry for Levelling Up, Housing and Communities and the Association of Directors of Adult Social Services (ADASS). Notification of the results of the assurance process should be known the week starting the 11<sup>th</sup> January 2022. The outcome of the process will be that the plan will either be '*assured*' or '*not assured*', although if the latter is likely we would expect to be advised of this before Christmas.

13. Once assured status has been obtained it will be possible for the Council and the CCG to enter into an agreement under section 75 (s75) of the National Health Service Act, 2006, that will give legal effect to the partnership and financial arrangements within the BCF plan. Although the target date for this being signed is the 31<sup>st</sup> January 2022, the process for securing local approval of the agreement means that it will not be possible for the agreement to be signed until the end of February. NHSE has been made aware of this and there are no detrimental implications.

## Risk Share Arrangements

14. The arrangement for previous iterations of the plan has been that each organisation manage its own risks and it is proposed that this will continue for 2021/22. The detail of risk share arrangements will also be reflected in the s75 agreement referred to previously.

## Equality and Health Impact Assessments

15. Much of the 2021/22 plan represents a roll over from the 2020/21 plan, which was largely a continuation of the 2019/20 plan. Equality and health impact assessments (EIA & HIA) were undertaken for the latter. Under the circumstances it is the view of officers that a refreshed EIA and HIA is not required. This will be considered for the plan covering the period from 2022/23.

## Post April 2022 Arrangements

16. Officers understand that there is an aspiration for planning requirements for 2022/23 to be published in February 2022, but this is likely to be influenced by the publication of the health and social care integration white paper. Partners therefore intend to continue discussions about the full alignment between budgets and transformation workstreams within the BCF legal framework in order to address the needs of Hillingdon's population. The outcome of those discussions as agreed by the Board will then be fitted into the required BCF planning structure once published.

## **Financial Implications**

### Financial Uplift

17. The following tables show the split of the 2021/22 BCF allocations. Table 3 below provides a breakdown of the mandated financial requirements for 2021/22.

<b>Funding Breakdown</b>	<b>2020/21 (£,000)</b>	<b>2021/22 (£,000)</b>	<b>% Difference</b>
<b>MINIMUM CCG CONTRIBUTION</b>	<b>19,401</b>	<b>20,485</b>	<b>5.6</b>
<b>Required Spend</b>			
• Protecting Social Care	7,075	7,470	5.6
• Out of Hospital	5,513	5,821	5.6
• Other minimum spend	6,813	7,194	5.6
<b>MINIMUM LBH CONTRIBUTION</b>	<b>12,359</b>	<b>12,359</b>	<b>0</b>
<b>Required Spend</b>			
• Disabled Facilities Grant (DFG)	5,111	5,111	0
• Improved Better Care Fund (iBCF)	7,248	7,248	0
<b>MINIMUM BCF VALUE</b>	<b>31,760</b>	<b>32,844</b>	<b>3.4</b>
• Additional CCG Contribution	28,608	28,642	<1
• Additional LBH Contribution	43,089	44,968	4.4
<b>TOTAL BCF VALUE</b>	<b>103,457</b>	<b>106,454</b>	<b>2.9</b>

18. Table 4 below summarises the proposed contributions by the Council and HCCG in 2021/22 compared with 2020/21.

<b>Table 4: Financial Contributions by Organisation 2020/21 and 2021/22 Compared</b>		
<b>Organisation</b>	<b>2020/21 (£,000s)</b>	<b>2021/22 (£,000s)</b>
CCG	48,009	49,127
LBH	55,448	57,327
<b>TOTAL</b>	<b>103,457</b>	<b>106,454</b>

19. Table 5 below summarises the Council and HCCG contributions for 2021/22 by scheme and compares these with the 2020/21 position.

<b>Table 5: HCCG and LBH Financial Contribution by Scheme Summary</b>							
<b>Scheme</b>		<b>2020/21</b>			<b>2021/22</b>		
		<b>LBH (£,000)</b>	<b>CCG (£,000)</b>	<b>TOTAL</b>	<b>LBH (£,000)</b>	<b>CCG (£,000)</b>	<b>TOTAL (£,000)</b>
1.	Neighbourhood development	3,759	2,661	<b>6,420</b>	4,015	3,053	<b>7,040</b>
2.	Supporting carers	899	94	<b>993</b>	864	101	<b>965</b>
3.	Better care at end of life	0	819	<b>819</b>	0	1,983	<b>1,983</b>
	Covid Hospital discharge	2,411	845	<b>3,256</b>	0	0	<b>0</b>
4.	Urgent and emergency care	2,142	16,808	<b>18,950</b>	4,120	17,772	<b>21,693</b>
5.	Improving care market management and development.	7,598	17,011	<b>24,609</b>	7,598	13,875	<b>21,473</b>
6.	Living well with dementia	30	349	<b>379</b>	0	2,836	<b>2,836</b>
7.	Integrated care and support for children and young people.	501	2,306	<b>2,807</b>	2,567	2,384	<b>4,951</b>
8.	Integrated care and support for people with learning disabilities and/or autistic people.	38,108	7,029	<b>45,137</b>	38,163	7,034	<b>45,198</b>
	Programme Management	0	87	<b>87</b>	0	89	<b>89</b>
	<b>TOTAL</b>	<b>55,448</b>	<b>48,009</b>	<b>103,457</b>	<b>57,327</b>	<b>49,127</b>	<b>106,454</b>

20. For ease of reference, the main financial changes are:

- **Additional LBH contribution:** The following new items are included:

- *Scheme 1: Neighbourhood Development: Voluntary sector capacity building grant (£40k).*
- *Scheme 7: Integrated care and support for CYP: LBH contribution to CYP safeguarding (£1,883k); Homestart grant (£120k) and Relate, P3 and Uxbridge Child Centre grants (£57k).*
- **Protecting Social Care:** Service lines are mainly a roll over from 2020/21 and most of the additional funding is being used to support inflationary pressures within the care market. New items include:
  - Production of written information to support Carers.
  - Additional capacity within the Quality Assurance Team to provide support to providers undertaking activities regulated by the Care Quality Commission (CQC).
  - Additional social work capacity to undertake reviews in response to concerns raised about or by providers.
  - Contribution to funding intermediate care provision at Park View Court extra care scheme.
- **Additional CCG contribution:** The following new items are included:
  - *Scheme 1: Neighbourhood Development: Weekend Visiting Service (£370k).*
  - *Scheme 4: Urgent and emergency care: Winter pressures - 6 block step-down beds (£109k); Pathway 3 Brokerage Coordinator post (£27k); and additional D2A Bridging Care capacity (£63k).*
  - *Scheme 7: Integrated care and support for CYP: Children's safeguarding contribution (£64k) and Homestart contribution (£9k) and £6k increase to cost of Designated Clinical Officer post to make it full-time.*

### **Covid-19 and Hospital Discharge**

21. The Board may wish to note that in 2020/21 areas were required to establish a dedicated Covid-related hospital discharge scheme. This is not a requirement for 2021/22 and funding that was contained within the Covid-hospital discharge scheme in 2020/21 has been moved into scheme 4: *Urgent and emergency care* for this year.

22. Under the *Hospital and Community Support: Policy and Operating Model* (DHSC 21/08/21 & 19/10/21) funding for new or additional care following discharge from hospital was funded by the NHS for a period of up to six weeks for the period 1 April to 30 June 2021. This has reduced to four weeks from 1 July 2021 and will remain in place for the remainder of 2021/22. These funding arrangements are outside of the BCF.

### **Improved Better Care Fund Grant (iBCF)**

23. The iBCF in 2020/21 includes the winter pressures funding that was identified as a separate grant in 2019/20 and required separate reporting. The £7,248k iBCF funding is paid directly to the Council under Section 31 of the Local Government Act 2003, with specific grant conditions, including a requirement that the funding is pooled in the BCF.

24. *iBCF* - The grant conditions for 2020/21 are the same as for the last two years, namely that the funding is used for:

- Meeting adult social care needs;

- Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and/or
- Ensuring that the local social care provider market is supported.

25. As for the last two years, the Council is intending to use all the funding to support the local care market. This will fund the annualised effect of the fee uplifts as well as additional fee increases to reflect increased staffing costs to maintain and secure residential and nursing care home placements and homecare provision. As in 2020/21, the Council intends to use the winter pressures aspect of the iBCF funding to cover the cost of new placements and packages of care for people aged 65 and over.

## **EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES**

### **What will be the effect of the recommendation?**

26. The recommendation will ensure that Hillingdon complies with the BCF national conditions, which impacts on access to £20,485k additional funding via the NHS as well as £12,359k that is paid directly to the Council by the Ministry of Levelling Up, Housing and Communities (MLUHC).

### **Consultation Carried Out or Required**

27. HHCP representatives were involved in the development of the 2021/22 plan. The timescale for submitting the BCF plan restricted the scope for consulting with stakeholders about the plan's content and the point within the financial year and the fact that it is largely a roll over from previous 2020/21 also limited the value of doing so. The intention is to consult more broadly on the content of the plan from April 2022.

### **Select Committee comments**

28. None at this stage.

## **CORPORATE IMPLICATIONS**

### **Hillingdon Council Corporate Finance Comments**

29. The financial comments as set out in the report are agreed.

### **Hillingdon Council Legal Comments**

30. Section 223GA of the NHS Act, 2006, provides the legal basis for the BCF and gives NHSE power to make any conditions it considers reasonable in respect of the release of NHS funding to the BCF. Where it considers that an area has not met these conditions it also has the power, in consultation with the DHSC and the MLUHC, to make directions in respect of the use of the funds and/or impose a spending plan and give directions on the content of any imposed plan.

## **BACKGROUND PAPERS**

*2021 to 2022 Better Care Fund policy framework (DHSC 19/08/21)*  
*Better Care Fund planning requirements, 2021/22 (DHSC 30/09/21)*