



## SHROPSHIRE HEALTH AND WELLBEING BOARD Report

<b>Meeting Date</b>	<b>17<sup>th</sup> November 2022</b>			
<b>Title of Paper</b>	<b>Better Care Fund (BCF) Update</b>			
<b>Reporting Officer</b>	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			
<b>Which Joint Health &amp; Wellbeing Strategy priorities does this paper address? Please tick all that apply</b>	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
<b>What inequalities does this paper address?</b>	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 from the Joint Commissioning Board and highlights the Better Care Fund Submission for 2022/23; it includes the Planning Template Appendix A and the Narrative document, Appendix B. It also provides a brief update on the BCF review being undertaken by the Joint Commissioning Board and the BCF Audit being conducted by the Integrated Care Board.

### 2. Recommendations

2.1 The HWBB is asked to:

- Approve the BCF Plan for 2022/23
- Agree a BCF working group as part of the governance arrangements, with membership from the Integrated Care Board, Shropshire Council, and members from provider organisations as needed.
- Note the work of the BCF review and BCF audit, with a further detailed report to be submitted at the January HWBB.

### 3. Report

#### BCF Planning

3.1 The BCF Planning Template was received in the summer 2022, with a return date of the 26<sup>th</sup> September. Although the Narrative Plan, Planning Template and Demand and Capacity template have been submitted to NHSE for approval, this is the first time the HWBB has had a chance to consider the plan and approve it. The contents, however, have been developed with partners and the Joint Commissioning Group and Board. We have been advised that the Regional NHSE team have recommended the plan for approval.

3.2 It was anticipated that the framework for 2022/23 would include a two-year plan which would offer some continuity, compared to the usual annual plans which have been subject to annual

planning guidance and released very late into the financial year, with annual metrics also changing. However, this was not the case. The plan continues as an annual plan, and the metrics have been updated from the last planning cycle.

3.3 Following regular reviews, our BCF plan continues to focus on the priorities of Prevention, Admission Avoidance and System Flow (delayed transfers).

3.4 The plan must highlight how it addresses the 4 national conditions; i) a Jointly agreed plan, ii) supporting social care, iii) out of hospital commissioned services iv) BCF policy objectives – see Appendix A Planning Template, tab 7 for more details. Additional clarification was sought this year on national condition four which requires areas to agree an overarching approach to meeting the BCF policy objectives to:

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

3.5 The plan also sought clarification on:

- The approach to integrating care to deliver better outcomes, including how collaborative commissioning will support this and how primary, community and social care services are being delivered to support people to remain at home, or return home following an episode of inpatient hospital care
- How BCF funded services will support delivery of the objectives
- Plans for supporting people to remain independent at home for longer should reference
- Steps to personalise care and deliver asset-based approaches
- Implementing joined-up approaches to population health management, and preparing for delivery of anticipatory care, and how the schemes commissioned through the BCF will support these approaches
- Multidisciplinary teams at place or neighbourhood level.

3.6 Plans for improving discharge and ensuring that people get the right care in the right place, should set out how ICB and social care commissioners will continue to:

- Support safe and timely discharge, including ongoing arrangements to embed a home first approach and ensure that more people are discharged to their usual place of residence with appropriate support
- Carrying out collaborative commissioning of discharge services to support this.

3.7 Additionally, discharge plans should include confirmation that we have carried out a self-assessment of implementation of the High Impact Change Model for managing transfers of care and any agreed actions for improving future performance.

3.8 Shropshire's plan continues to be congruous with national policy objections and therefore the narrative document and planning template are largely a continuation of previous plans with the following key changes:

- Metric 8.1 added – Rate of Unplanned Hospital Admissions Ambulatory Care (see **Appendix A**, planning template)
- Updated narrative on Prevention, Local Care and Admission Avoidance
- Updated narrative on System Flow, including the High Impact Changes and 100 days Challenge. There was recognition of the significant overlap, and that action planning would essentially be the same for aligned areas. (See **Appendix B**, narrative template)

3.9 In addition to the Planning Narrative Templates, this year, the Better Care Fund (BCF) also requires additional information on capacity and demand plans. These plans are set out in the BCF Planning Requirements document for 2022-23, which supports the aims of the BCF Policy Framework and the BCF programme.

3.10 The Planning Requirements sets out guidance on how to develop Capacity and Demand Plans and provided local areas with a template to support the process – (see Appendix C).

3.11 This template has been designed to collect information on expected capacity and demand for intermediate care. These plans should be agreed between Local Authority and Integrated Care Board partners and signed off by the HWB as part of the wider BCF plan for 2022-23.

3.12 The template is split into three main sections.

- Demand
- Intermediate care capacity
- Spend data.

#### **4. BCF Review – local deep dive and BCF Audit**

4.1 Work is completed regarding a line-by-line review to respond to consider each budget area of the Better Care Fund. This was overviewed by commissioners in both Shropshire Council and the ICB. A working group is currently peer reviewing with discussion re key themes emerging. Early findings are that there are no projects we are spending money on that we shouldn't be, generally good oversight and governance is in place - some themes emerging - (areas for development include review all IT funding to ensure its maximising capacity, enablement beds, joint posts), as well as significant shortfall between system demand and available funding.

4.2 Additionally, the review is highlighting that the BCF timetable and process does not necessarily align with the changes we may need for the future in Shropshire. Our system is currently significantly challenged by the demands of hospital discharge, and we are progressing with remodelling reablement. Whilst it would be prudent in this situation to review the BCF for the next financial year the fact is that national criteria are not released until after spend has to be committed.

4.3 A significant proportion of the BCF funding is already allocated to supporting hospital discharge and avoidance and we are required to also spend a proportion on prevention and on carers. Changes need to support the national criteria, however in year planning documents, make planning a significant challenge for the beginning of each financial year. We know from early feedback on our BCF review that Shropshire's current spend allocation is correct against criteria and we have to assume that therefore we will not be in a position to allocate more BCF to hospital discharge in 23/24. If the BCF does set out a 2 year criteria timetable, as has been promised nationally, it should be possible to review for the following year. Finally, it is clear that the shortfall between demand and funding is very challenging for our system and in essence the BCF in total is insufficient to meet the demand in Shropshire (highlighted in the risk section). Further details of the review work, and planning for 2023/24 are being developed including proposed plans to work closely together to reduce demand through prevention activity.

4.4 ICB audit committee commissioned a BCF audit from NHS CW Audit is underway. Their remit is 'Through a process of control evaluation and testing', to examine the extent to which the key control objectives recorded below are being met:

##### Control Objectives

- There are appropriate governance arrangements in place over BCF for both Shropshire and Telford & Wrekin
- Funds are being utilised effectively to:- meet system objectives; transform services and deliver services in an innovative way.

##### Risks

- Value for money
- System Outcome & Productivity (impacting ultimately on patient care)

<p><b>Risk assessment and opportunities appraisal</b> (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)</p>	<p>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.</p> <p>b. The schemes of the BCF and other system planning have been done by engaging with stakeholders, service users, and patients</p> <p>c. This grant funding to support system flow, admissions avoidance and transfers of care schemes, holds significant financial risk should the grant funding stop. As such the Board is asked to approve recommendation 2.1.2 regarding a regular working group to develop the Better Care Fund further, realising more opportunities to develop integrated services, ensuring better value provision of services.</p> <p>d. 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.</p>	
<p><b>Financial implications</b> (Any financial implications of note)</p>	<p>The BCF financial details are included in the Planning Template, Appendix A.</p>	
<p><b>Climate Change Appraisal as applicable</b></p>	<p>All projects and commissioned services need to evaluate climate impact on all service delivery if applicable.</p>	
<p><b>Where else has the paper been presented?</b></p>	<p><b>System Partnership Boards</b></p>	<p>Joint Commissioning Group, Joint Commissioning Board Members</p>
	<p><b>Voluntary Sector</b></p>	
	<p><b>Other</b></p>	
<p><b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b></p>		
<p><b>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: <a href="https://shropshire.gov.uk/committee-services/mgCommitteeDetails.aspx?ID=130">https://shropshire.gov.uk/committee-services/mgCommitteeDetails.aspx?ID=130</a>)</b> Cllr Simon Jones, Portfolio Holder for Adult Social Care and Public Health Tanya Miles: Executive Director of People, Shropshire Council</p>		
<p><b>Appendices</b> Appendix A BCF 2022/23 Planning Template and Appendix B BCF 2022/23 Narrative Template, Appendix C BCF Demand and Capacity Template</p>		