



SHROPSHIRE HEALTH AND WELLBEING BOARD

Report

Meeting Date	14 September, 2023			
Title of report	Joint Commissioning BCF			
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations		Approval of recommendations (With discussion by exception)	x Information only (No recommendations)
Reporting Officer & email	Laura Tyler Assistant Director Joint Commissioning laura.tyler@shropshire.gov.uk			
Which Joint Health & Wellbeing Strategy priorities does this report 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 report address?				

Report content - Please expand content under these headings or attach your report ensuring the three headings are included.

1. Executive Summary

The Better Care Fund Planning cycle for 2023 – 25 has been reported to the HWBB, with details regarding the planning policy requirement and timelines. As agreed at the previous HWBB, due to the planning cycle not coinciding with a HWBB, the final documents were submitted with delegated sign off by Tanya Miles and Gareth Robinson on the 28th June, 2023.

The planning documents are attached as Appendices A and B, with an explanatory and supporting document as Appendix C. Additionally in Appendix D is the response to queries on the plan from our regional NHSE colleagues.

This BCF planning cycle is for 2 years and includes significant focus on demand and capacity modelling for the system.

A working group convened to develop the planning, template documents (attached) and to develop a briefing to the system CEO group. As such a joint paper (with T&W) was developed and presented to the CEO group describing the work that will take place in the next year to develop the BCF programmes.

The briefing noted the following:

For year 2, there is a commitment to the identification of the values across health and social care for all of the above (in this case listed below in the main body of the report) to be included for transparency; contractual arrangements however would still be via the responsible statutory body if and where appropriate. This would allow us to work in an integrated way and for accountability and joint reporting via the BCF but with the financial responsibility remaining as is current, therefore no financial risk only the opportunity for scoping joint working. This would be the first step towards delegation and will support the delivery function of Place via SHIPP and TWIPP.

We have also agreed to fully refresh the BCF governance with the BCF Boards being transitioned into Joint Commissioning Boards/Integrated Commissioning Forums. The new governance will mean that all partners are included and expected to be active members. We will develop a forward plan for all of the above which will be operationally managed via this group and feed up into HWBB/ICB governance, including both Place Based Boards.

We will also be bringing the Place Based Joint Commissioning into this arrangement to make sure that we have the clear links and frameworks implemented across the commissioning landscape for Adults and Children to support delivery at Place improving outcomes for our residents. This work will also include a focus on prevention and demand management, determining key deliverables for driving down demand in social care and the acute sector.

The priorities of the plan are listed in the main report below as is the summary financial position for 2023/24.

It is envisaged that work developed in 2023/24 will provide improved integrated working for 24/25.

2. Recommendations

1. Approve the Better Care Fund Planning Templates, Appendices A, B and in Appendices C and D.

3. Report

Since the previous Better Care Fund Plan (BCF), there has been good local development and learning, as well as the development of the Integrated Care Board as part of Shropshire Telford and Wrekin Integrated Care System. The system continues to work collaboratively to integrate services, reaffirm its vision and priorities through the Joint Forward Plan, strategically led by the Shropshire Health and Wellbeing Board and the ICB Board, informed by the Joint Strategic Needs Assessment. STW ICS continues to work collaboratively to reduce inequalities and reduce the impact of the covid pandemic and subsequent economic and health equity issues facing our families and communities. Opportunities are plenty for more joined up working and the BCF continues to support the delivery of Shropshire's HWBB and Shropshire Integrated Place Strategy and Priorities.

The HWBB Strategy has been refreshed and launch in March 2022. The strategy works through key areas of focus (Mental Health, Children and Young People, Healthy Weight and Workforce) to deliver the following strategic priorities:

- **Reducing Inequalities** – Everyone has a fair chance to live their life well, no matter where they live, or their background.
- **Improving Population and Environmental Health** - Improving the health of the entire Shropshire population, including preventing avoidable health conditions and helping people manage existing health conditions so they don't become worse.
- **Joined up Working** - The local System (i.e. the organisations who provide or support health and care such as NHS/Council/Voluntary and Community Sector), will work together and have joint understanding of health being social and economic, not just absence of disease.
- **Working with and building strong and vibrant communities** - Working with our communities to increase access to social support and influence positive healthy lifestyles.

Key elements of our strategic plans include developing our Person Centred Care approach, as well as an integrated approach, working towards more equitable good quality services, preventing ill health and wellbeing as a first port of call.

Informed by the strategic plans mentioned above, the BCF priorities have remained completely relevant and unchanged from the previous year. The priorities and key programmes areas are:

Prevention and inequalities – keeping people well and self-sufficient and in their usual place of residence; key programmes include: Healthy Lives, including community referral (Let's Talk Local, Community Development, Social Prescribing and Health coaches), Healthy Weight, Dementia strategy, Voluntary and Community Sector grants and contracts (Wellbeing and Independence and Advice and Advocacy contracts, Falls and hospital discharge), Assistive tech (through the DFG), Population Health Management, Carers, Mental health and Early Help services for children and young people. Our inequalities work crosses all work programmes but can be articulated in this section. We have developed a Shropshire Inequalities Strategy and are implementing a number of programmes under the banner of the Core 20 Plus 5 model (articulated in the Inequalities section). Despite a strong focus on prevention in the Shropshire system, investment in prevention has stagnated, and as such investment in our Voluntary and Community Sector is not where it needs to be to really provide

the prevention approach that is needed to reduce pressure on our secondary services. As such we are in the midst of developing a Prevention Strategy/ Framework, that puts primary through tertiary prevention at the heart of all that we do.

Admission Avoidance – when people are not so well, we support people to find the right service at the right time, in the community; key programmes include: Local Care (Rapid Response, Proactive Care (Case Management), Respiratory, Virtual ward, Care at Home), Integrated Community Services, Carers, Winter Pressures schemes, Occupational Therapy and Mental Health.

Delayed Transfers and system flow – when people have had to go into hospital, we are working collaboratively through the Urgent Care Board and the Hospital Discharge Alliance, using the 9 High Impact Model, learning from Covid, Discharge to Assess and an Enhanced Integrated Discharge Hub, to ensure system flow; Key areas of work include: Enhanced Integrated Discharge Hub (hospital social work interface and short term support purchasing), Reablement Transformation, Start Reablement Team, Integrated community services, UEC improvement plan (including therapies and supporting people to be independent), Joint Equipment contract, Assistive technology, and Pathway . Zero.

Four key elements unite all of our programmes:

- a focus on inequalities
- a focus on integration and collaborative commissioning
- taking a strengths-based, person centred approach at every stage – personalised care
- taking an evidence based approach

Key development areas for 23/24 include:

- a. Continuing to improve discharge arrangements, working closely with UEC Improvement Plan and D2A, including launching a Reablement Transformation programme
- b. Care Homes and domiciliary care – commissioning of the Independent Sector
- c. Supported Living – MH/LDA – commissioning of the Independent Sector
- d. Complex CYP placements – commissioning of the independent Sector
- e. Falls admission avoidance and preventative services
- f. Prevention and the Voluntary and Community Sector
- g. Carers support and Offer
- h. Digital offer
- i. Local Care Transformation Programme – Place and neighbourhoods (which will link to Reablement Transformation and Proactive Care)

Risk assessment and opportunities appraisal

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

The schemes of the BCF all must take into account inequalities, and how we can provide equity of access across the county. There are risks in this system regarding funding and planning when accessing annual grant funding (or now bi-annual for the BCF). This includes planning for Winter and additional strain on the system during seasonal surges. As a result of this, system partners had to provide additional information to supplement the BCF plan. One of the actions is to work with a national lead to support us to further develop our demand and capacity modelling as additional assurances on the BCF delivery.

Financial implications

(Any financial implications of note)

The full financial information is contained in the Planning Template Appendix B; a summary is below.

	ICB Minimum contribution	IBCF	LA discharge funding	ICB additional discharge funding
TWC	£14,510,214	£7,823,562	£1,096,851	£2,040,000 (includes £0.80m)

				baseline budget cont.)	
SCC	£26,030,030	£11,863,403	£1,663,231	£3,060,600 (Includes £1,2m baseline budget cont.)	
Climate Change Appraisal as applicable		N/A			
Where else has the paper been presented?	System Partnership Boards	Shropshire Integrated Place Partnership			
	Voluntary Sector				
	Other	BCF working group			
List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)					
Previous Joint Commissioning Reports at the HWBB					
Cabinet Member (Portfolio Holder) Portfolio holders can be found here or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead					
CIlr Cecilia Motley – <i>Portfolio Holder for Adult Social Care, Public Health & Communities</i> Rachel Robinson – <i>Executive Director, Health, Wellbeing and Prevention</i>					
Appendices (Please include as appropriate)					
Appendix A – Shropshire BCF Narrative Template Appendix B – Shropshire Planning Template Appendix C – Explanatory Appendix D – Additional Information as requested by NHSE regional team					