

Southend Health & Wellbeing Board

Agenda
Item No.

Report of the Director of Commissioning

To Health & Wellbeing Board

on
8th June 2022

Report prepared by: Benedict Leigh, Director Commissioning

For information only		For discussion		Approval required	x
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Better Care Fund

(Southend on Sea Borough Council/ Southend Clinical Commissioning Group)

Better Care Fund 2021-22 End of Year Submission

Part 1 (Public Agenda Item)

Purpose

The purpose of this report:

1. To provide members of the Health and Wellbeing Board (HWB) the 2021/22 end of year BCF submission, sent tentatively to the NHSE BCF National Team on the 27th of May 2022 until HWB sign off.
- 2.

Recommendation

1. The Board to note and approve the proposed Southend BCF 2021/22 end of year submission.

Background

The Better Care Fund (BCF) is one of the government's national vehicles for driving health and social care integration. It requires clinical commissioning groups (CCGs) and local government to agree a joint plan, owned by the Health and Wellbeing Board (HWB). These are joint plans for using pooled or non-pooled budgets to support integration, governed by an agreement under Section 75 of the NHS Act (2006).

From July 2022 the CCGs will formally be known as Integrated Care System (ICS).

NHS England (NHSE) and Department of Health and Social Care (DHSC) national team published the BCF policy framework with national conditions and priorities for funding, including guidance on the metrics to be used to measure outcomes of the

BCF. The policy framework for 2021-22 was published in August 2021. However, the guidance and templates to submit BCF Plans were published later, on the 30th of September 2021. This was following several delays from government on releasing the guidance following a turbulent year of Covid 19 system response.

On the 15th of December, the Health and Wellbeing Board signed off the 2021/ 22 BCF plan.

BCF National Policy Framework 2021-22

The BCF funds are managed locally, and in each Local Authority area the Council is legally obliged to submit an agreed BCF plan jointly with their local Clinical Commissioning Group (CCG) which adheres to the national guidance.

There is an annually agreed CCG minimum contribution for each area to the BCF. For the current (2021/22) financial year this contribution for Southend CCG is £14.3 Million. The intention is to shift resources into social care and community services from the NHS budget in England and save resources by keeping patients out of hospital.

The national policy framework for 2021-22 sets out four national conditions, which have been met:

1. A jointly agreed plan between local health and social care commissioners, signed off by the Health and Well Being Board (HWBB)

The local authority and CCG must agree a plan for their local authority area that includes agreement on use of mandatory BCF funding streams. The plan must be signed off by the HWBB.

BCF plans set out a joined-up approach to integrated, person-centred services across local health, care, housing, and wider public services. They include arrangements for joint commissioning, and an agreed approach for embedding the current hospital discharge policy in relation to how BCF funding will support this.

2. NHS contribution to adult social care to be maintained in line with the uplift to the CCG minimum contribution

The 2020 spending round confirmed the CCG contribution to the BCF will rise in actual terms by 5.3% in 2021/22. Minimum contributions to social care will also increase by 5.3%. The minimum expectation of spending for each HWB area is derived by applying the percentage increase in the CCG contribution to the BCF for the area to the 2020 to 2021 minimum social care maintenance figure for the HWBB.

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

BCF narrative plans set out the approach to delivering this aim locally, and how health and local authority partners will work together to deliver it. Expenditure plans should show the schemes that are being commissioned from BCF funding sources to support this objective.

4. A plan for improving outcomes for people being discharged from hospital

This national condition requires areas to agree a joint plan to deliver health and social care services that support improvement in outcomes for people being discharged from hospital, including the implementation of the hospital discharge policy, and continued implementation of the High Impact Change Model for Managing Transfers of Care.

The High Impact Change Model for Managing Transfers of Care aims to focus support on helping local system partners minimise unnecessary hospital stays and to encourage them to consider new interventions. It offers a practical approach to supporting local health and care systems to manage patient flow and discharge and can be used to self-assess how local care and health systems are working now, and to reflect on, and plan for, action they can take to reduce delays throughout the year.

5. The local BCF plan should focus on improvements in the key metrics below:

- Reducing length of stay in hospital, measured through the percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days
- Avoidable admissions – unplanned hospitalisation for chronic ambulatory care sensitive conditions
- improving the proportion of people discharged home using data on discharge to their usual place of residence
- long term admission to residential and nursing care per 100,000 population
- Reablement – proportion of older people still at home 91 days after discharge from hospital into a reablement service

End of Year BCF 2021-22 Submission

The end of year submission focuses on key successes and challenges of this year, including narrative on meeting all BCF metrics.

- All five BCF metrics are on track for meeting targets

Two key successes and two challenges of this year:

Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2021-22

Success 1	Strong, system-wide governance and systems leadership	We revised our BCF governance arrangements and established a BCF Management Group with key partners (including acute, community trust, VCS), planning priorities, reviewing key themes and activity across Southend, and having financial oversight of BCF governed through the Section 75 Agreement. The MSE Clinical Care and Outcomes Review Group leads on work on readmissions for the ICP. At a local level, this system level work and plans links with the SE Essex Alliance Urgent and Emergency Care Delivery Group.
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		The work through these governances are highly interrelated and managed and coordinated through the BCF management group and a Discharge to Assess Working Group. The plan is to also ensure that there is strong correlation to the UEC Programme of the acute services to ensure consistency of approach to patient flow and discharge.
Success 2	Joint commissioning of health and social care	Partnerships within the developing ICS and SE Essex Alliance have become notably stronger. Work is underway to improve patient flow with MSE NHS Foundation Trust, together with developing a D2A home first bridging service to support clear discharge pathways, whereby assessments are made in the community and out of acute settings. The service will deliver a therapy led approach both in the bridge, but also all pathways out the service that promote strength based active recovery and reablement, with lower numbers of people needed on ward long term care. A dedicated team and multi-agency care planning process will be introduced. This will have a significant impact, both in reducing discharge flow pressures, but also in improving outcomes and experience for individuals supported through this approach.
Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2021-22		
Challenge 1	Good quality and sustainable provider market that can meet demand	We recognise the challenges in the local system particularly in home care market capacity and sustainability. We have mitigations in place locally to enact mid/long term workforce plans and have increased the hourly rate for home care sector. Albeit the care market capacity issue remains complex, and there is a significant risk to the system of any further unexpected upsurge in demand. We also acknowledge the growing pressures on community health services as a consequence of increasing demands in local acute hospital and primary care services. Levels of demand across primary care, acute hospitals, community health, mental health and VCSFE sectors are at unprecedented levels as a consequence of COVID and workforce challenges.
Challenge 2	Local contextual factors (e.g. financial health, funding)	There are marked socio-economic and health inequalities between different wards in the borough, which were exacerbated by coronavirus pandemic. As well as the increase in the borough's population, the age profile of Southend is changing, with a growing

	arrangements, demographics, urban vs rural factors)	number of older people, and a significant proportion of population presenting with more complex needs for longer. The impact of austerity on services provided in the community has had a long and lasting impact. SBC has seen unprecedented workforce and retention issues in the care market, as well as in the community and acute sector. Improving health outcomes by addressing and reducing variation within the wider determinants of health (education, housing, employment and income) is a vital and an integral part of our system response plans, to meet the needs of the community.
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Appendix

Full End of Year BCF 2021-22 submission