BRIEFING	**TO:**	Health and Wellbeing Board
	DATE:	21st September 2022
	LEAD OFFICER	Karen Smith, Strategic Commissioning Manager, Adults Joint Commissioning (RMBC/RCCG) Karen-nas.smith@rotherham.gov.uk Tel. No. 01709 254870
	TITLE:	Better Care Fund Plan (2022/23)

Background

1.1 The purpose of this report is to provide the Health and Wellbeing Board with an overview of the Better Care Fund (BCF) Planning Template (Appendix 1), Narrative Plan (Appendix 2) and Capacity and Demand Template (Appendix 3) for 2022-23 which needs submitting to NHS England on 26th September 2022.

1.2 The BCF planning templates are in line with the Better Care Fund Policy Framework 2022 to 2023 and the Better Care Fund Planning Requirements 2022-23.

1.3 The fund will continue to provide a mechanism for personalised, integrated care, with health, social care, housing and other public services working together to provide joined up care to help older people and those with complex needs and disabilities to live at home for longer.

1.4 The fund supports services to work more closely together so that people can stay well, safe and independent at home, live healthy, fulfilled, independent and longer lives, get the care they need, when they need it so that they continue to remain independent at home or to return to independence after an episode in hospital.

1.5 The fund also enables those who need support get this at the right care in the right place at the right time by providing funding for adaptations to homes for disabled people and rehabilitating people back into their communities after a spell in hospital.

1.6 The BCF is a joint plan which uses pooled budget arrangements to support integration, governed by an agreement under Section 75 of the NHS Act (2006).

1.7 The BCF planning and reporting has incorporated the utilisation of the NHS minimum contribution, IBCF and Disabled Facilities Grants.

Key Issues

2.1 The BCF planning template (Appendix 1) shows that the planning requirements which are set out in the BCF Policy Framework 2022 to 2023 are fully met as follows:

(i) A jointly agreed plan between the Council and South Yorkshire ICB, signed off by the Health and Wellbeing Board.
(ii) Clear narrative for the integration of health and social care
(iii) A strategic, joined up plan for Disabled Facilities Grant (DFG) spending
(iv) Maintain the level of spending on social care services from the NHS minimum contribution to the fund, in line with the uplift in the overall contribution
(v) Commitment to spend equal to or above the minimum allocation for NHS commissioned out of hospital services from the NHS minimum BCF contribution
(vi) Agreed approach to implementing the BCF policy objectives, including a capacity and demand plan for intermediate care services
(vii) Confirmation that the components of the BCF pool that are earmarked for a purpose are being planned to be used for that purpose
(viii) The plan sets stretching targets which are clear and ambitious

2.2 **Income and Expenditure**

The total Better Care Fund (BCF) for 2022/23 is £46.483m, an increase of £0.997m from 2021/22. This increase is due to a combination of underspends in 2021/22 on the Improved BCF and Disabled Facilities Grants (DFG) carried forward, plus additional investment and the removal of non-recurrent funds from the previous year.

There is a prediction that around £300k is required for winter planning in addition to the £500k already identified which it is proposed will be used from the IBCF underspends from 2021/22.

Spending Plans continue to be allocated to the 6 themes and managed within 2 separate pooled funds, both the South Yorkshire ICB and RMBC managing one pool fund each. This is in line with previous years and can be summarised in the table below:

Better Care Fund 2022/23 Budget	2022/23 INVESTMENT			2022/23 SPLIT BY POOL	
BCF Investment	RCCG SHARE	RMBC SHARE	Total	Pool 1 RMBC Hosted	Pool 2 RCCG Hosted
	£000	£000	£000	£000	£000
THEME 1 - Mental Health Services	1,367		1,367		1,367
THEME 2 - Rehabilitation & Reablement	11,802	7,660	19,462	19,462	
THEME 3 - Supporting Social Care	3,624		3,624		3,624
THEME 4 - Care Mgt & Integrated Care Planning	5,207		5,207		5,207
THEME 5 - Supporting Carers	561		561		561
THEME 6 - Infrastructure	241		241		241
Risk Pool	500		500		500
Improved Better Care Fund		15,521	15,521	15,521	
TOTAL BUDGET	23,302	23,181	46,483	34,983	11,500

2.3 BCF National Metrics

The BCF Policy Framework for 2022 to 2023 sets out BCF national metrics which includes stretching ambitions for improving outcomes against the national metrics from the fund. These include:

(i) Indirectly standardised rate (ISR) of admissions per 100,000 population
(ii) % of people discharged from acute hospital to normal place of residence
(iii) Long-term support needs of older people (65 years and over) met by admissions to residential and nursing care homes, per 100,000 population
(iv) % of older people (65 years and over) who were still at home 91 days later after discharge from hospital into reablement / rehabilitation services.

2.4 BCF Narrative Plan 2022/23

A BCF narrative plan has also been completed which complements the agreed spending plans and ambitions of BCF national metrics for local areas.

The BCF narrative plan (Appendix 2) covers our joint approach to:

- Supporting safe and timely discharge including ongoing arrangements to embed a home first approach, ensuring people are discharged to their usual place of residence through collaborative commissioning
- 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
- Integrating care to deliver better outcomes, including how collaborative commissioning will support this

- Bringing together health, social care and housing services together to support people to remain in their own home through aids and adaptations to meet the housing needs of older and disabled people
- Personalisation of care and asset-based approaches
- Population health management and preparing for delivery of anticipatory care
- Multi-disciplinary teams at Place or Neighbourhood level
- Supporting unpaid carers through funding for carers breaks and implementation of the Care Act duties to improve outcomes
- Addressing health inequalities and equality for people with protected characteristics within health and social services.

2.5 **Supporting Unpaid Carers**

The Better Care Fund currently has a budget allocation of around £600k to provide support to a range of Carers Support Services. However, a proportion of this funding supports areas such as early planning / locality teams in Adult Social Care. Therefore, there is £237k of funding that is not directly spent on supporting carers.

The proposal is that BCF funding to support carers will be reinvested in 2022/23 to provide an increase in the number of carers assessment / direct payment to provide carers breaks and support as per the requirements of the Care Act duties and the BCF Planning Requirements 2022/23. However, the strategy around reinvestment will have a direct impact on the adult social care budget. The proposal is that funding earmarked for the early planning / locality teams should be used via the IBCF funding for 2022/23. Funding will be recurrent within the IBCF due to a national increase in overall allocation and a review of some existing IBCF funded schemes. Therefore, this will release the £237k of BCF funding to directly spend on supporting carers.

2.6 **Key Priorities for 2022-23**

The workstreams of the Urgent and Community transformation group (aligned to BCF and Ageing Well funding streams and Rotherham's Prevention and Health Inequalities strategy) are as follows:

Workstream 1: Sustaining People at Home
The aim of this workstream is to develop an integrated health and social care Multi-Disciplinary Team (MDT) tiered level of care model which supports more people to remain/return to living in their own home as independently as possible and for as long as possible. Projects include:

1. Development of a prevention and anticipatory care model in localities to support those with long term conditions and unplanned exacerbations aligned to Ageing Well priorities
2. Development of a frailty and acute respiratory virtual ward for those who would otherwise be in an acute bed, supported by remote monitoring technology
3. Development of our urgent community response, growing referral numbers and ensuring a minimum 2 hour response at least 70% of the time
4. Developing alternative pathways to conveyance to and admission from our emergency department

2.7 **Workstream 2: Integrating a Sustainable Discharge to Assess Model**
This builds on the Discharge to Assess model implemented during Covid. The aim is to target specific barriers to effective discharge, including those highlighted in the 100 day challenge, and enhance integrated working across acute and community health and social care. Planned activity includes:

1. Targeted acute ward by ward activity to reduce numbers of people with no right to reside and long length of stay including pilots of criteria led discharge, a reduction in TTO errors and duplication and increased usage of the discharge lounge
2. MDT working to improve patient outcomes and streamline discharge planning and reduce length of stay across our community bed base

	3. Streamlining our integrated discharge team processes and systems and clarification of roles and responsibilities particularly in relation to weekend working.
2.8	**Workstream 3: Enhanced Health in Care Homes** 1. Developing and embedding the care home offer for the above projects to ensure equity of provision. Activity includes developing our care home pathways to reduce avoidable conveyances and admissions 2. Improving MDT working including GP led MDTs and access to specialist services 3. Developing use of technology including remote monitoring and a shared care record 4. A jointly commissioned approach to standardising and streamlining care home specifications
2.9	**Key Changes since Previous BCF Plan** The key changes since the last BCF plan are as follows: • Further integration of community services including enhanced MDT working • Training of Reablement staff to deliver therapy plans • Jointly commissioned home care provision including night visiting services • Increase in providers on the framework to support demand • Remote monitoring pilot in care homes established • ECHO e-learning platform in place for End of Life Care and other health related topics • New model for Intermediate Care (bed base reconfigured) • Increased the spend on the COT provision in year to support the demand profile • Increased resources across Reablement and Integrated Rapid Response • Funded brokerage to provide support over the weekend to facilitate hospital discharges. • Recruitment of Public Health Specialist for the programme management of the Prevention and Health Inequalities Strategy.
2.10	**Capacity and Demand Template 2022/23** The BCF capacity and demand template for Intermediate Care Services (including hospital discharge and avoidance) which has become a new requirement for 2022/23, although this is not part of the BCF assurance process. The template (Appendix 3) covers: • The expected capacity and demand on intermediate care services (hospital discharges and community) during Quarters 3 and Quarters 4 of 2022/23. • This includes reablement, rehabilitation in a person's own home, intermediate care bed step up / step down and urgent community response services. • The demand for hospital discharges and community has been calculated using the referral rate from 2021/22. • The capacity for hospital discharges and community has been calculated using the maximum caseload or number of admissions at any one given time based on agreed 85% bed occupancy rates and average length of stay. • Overall spend on intermediate care services (BCF and non-BCF) for the whole of 2022/23 amounts to £6.529m
Key Actions and Relevant Timelines	
3.1	The BCF planning, narrative and capacity and demand templates for 2022/23 will go through various stages of the approval process as follows: • Optional draft BCF planning submission submitted to BCM – 31st August 2022 • BCF Operational Group – 1st September 2022 • BCF Executive Group – 5th September 2022 • Review and feedback to areas from Better Care Managers – 8th September 2022 • Health and Wellbeing Board – 21st September 2022

	• BCF planning submission from local HWB areas – 26th September 2022 • Scrutiny of BCF plans by regional assurers, assurance panel meetings and regional moderation from 26th September to 24th October 2022 • Regionally moderated assurance outcomes sent to BCF team – 24th October 2022 • Cross-regional calibration – 1st November 2022 • Approval letters issued giving formal permission to spend (NHS minimum) – 30th November 2022 • All Section 75 agreements to be signed and in place 31st December 2022
Informal Feedback from Better Care Team	
4.1	The Better Care Team have provided informal feedback on 7th September 2022, on the BCF Plan for 2022/23 as follows: • Rotherham has provided a "very good" draft plan which provides thorough narrative on Rotherham's joined up approaches to integrated person-centred services across health care, housing and wider public services locally. • Excellent narrative has been provided on Rotherham's approach to enabling people to stay well, safe and independent at home for longer and providing the right care in the right place at the right time. • Very robust narrative has also been provided on the progress made against the 9 changes of the High Impact Change Model (HICM) and actions moving forward, along with very detailed narrative providing robust context to the setting of all metric ambitions and local plans to meet those ambitions However, in terms of strengthening the BCF plan to fully meet all Key Lines of Enquiry (KLOE), there are a few areas where additional narrative has now been added to the narrative plan as follows: • Explanation of the overall approach / governance regarding collaborative commissioning in relation to the joint commissioning framework – page 6, 2nd paragraph. • Good examples of BCF as a pooled budget to support approach to hybrid roles to mitigate workforce challenges – page 8, 1st paragraph. • Other housing support including extra care housing schemes – page 17, paragraphs 5 / 6. • Mandatory functions for DFG are always considered annually before continuing to agree funding for community equipment – page 18, paragraph 6. The above requirements have now been incorporated within the BCF Narrative Plan for 2022/23.
Implications for Health Inequalities	
5.1	There is a recognition by the South Yorkshire ICB that tackling Health Inequalities (HI) is integral to everything the system needs to do to keep people healthy and independent and reduce statutory service demand. Rotherham's Prevention and Health Inequalities Strategy and Action Plan: 2022-25 focuses on supporting people in Rotherham to live well for longer through driving prevention-led approaches across health and social care. The strategy sets out the local approach to delivering the NHS Core20Plus5 framework. This means that as part of the programme, partners have committed to addressing inequalities for those living in the 20% most deprived communities according to the Indices of Multiple Deprivation. In Rotherham this accounts for 36% of the population.

	A number of inclusion groups include ethnic minority communities, gypsy, Roma and Traveller communities, people with severe mental illnesses, learning disabilities and neurodiverse people, carers, asylum seekers and refugees and those in contact with the criminal justice system. BCF funded schemes which reduce health inequalities includes: • Social Prescribing programme which provides interventions on tobacco, weight, alcohol, physical activity, obesity reduction, smoking cessation and diabetes prevention programmes. • Breathing Space is also delivering respiratory services within the Right Care pathway. • Project support for the implementation of Population Health Management (PHM) priorities
Recommendations	
6.1	**That the Health and Wellbeing Board approves the:** **(I) Documentation for submission to NHS England (NHSE) on 26th September 2022.** **(II) Plan for reinvestment of BCF funding to support carers**