DECISION-MAKER:		Cabinet Member for Health and Adult Social Care following consultation with the Joint Commissioning Board		
SUBJECT:		Better Care Fund - Year End Report 2020/2021 and priorities for 2021/2022		
DATE OF DECISION:		15th April 2021		
REPORT OF:		Interim Managing Director/Director of Quality and Integration		
CONTACT DETAILS				
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STATEMENT OF CONFIDENTIALITY
NOT APPLICABLE

BRIEF SUMMARY

This report provides a year-end position for 2020/2021 performance prior to submission to the national Better Care Team. In addition, it outlines the priorities identified for the Better Care Fund (BCF) for 2021/2022 and advises that proposals for the improved BCF (iBCF) 20201/2022 will be presented at a future meeting.

The Better Care team nationally have advised that the Better Care Planning Requirements, set out by the Department of Health and Social Care for the governance of the Better Care Fund in local systems, are being finalised. Whilst not available these requirements were not available at the time of writing the, an indication of the priority areas have been shared and are included within this document.

RECOMMENDATIONS:

	(i)	To note the end of year BCF report which is a reduced requirement when compared with previous years.
	(ii)	To note that the proposals for iBCF 2021/2022 which align with the BCF Section 75 pooled fund arrangements and BCF priorities for 2021/2022 will be presented at a future meeting.
	(iii)	To approve the proposed BCF priorities for 2021/2022 reflecting the local position and expected national requirements.

REASONS FOR REPORT RECOMMENDATIONS

1.	The BCF is a jointly led programme of work and as such requires approval from the Joint Commissioning Board on behalf of the city's Health and Well Being Board (HWBB). The planning guidance for 2020/2021, published in Q3, whilst requiring reduced reporting continued to require locally agreed plans (paragraph 6.) Whilst the Planning Requirements, set out by the Department of Health and Social Care for the governance of the Better Care Fund in local systems have yet to be published for 2021/2022, it is expected that the requirement for joint planning will remain.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	This is a planning requirement and as such no alternative options have been considered.
DETAIL (Including consultation carried out)	
	Background
3.	Southampton's Better Care Plan aims to achieve the following vision: • To put **individuals and families at the centre of their care and support**, meeting needs in a holistic way • To provide the **right care and support, in the right place, at the right time** • To make **optimum use of the health and care resources** available in the community • To **intervene earlier** and build resilience in order to secure better outcomes by providing more coordinated, proactive services. • To **focus on prevention and early intervention** to support people to retain and regain their independence.
4.	It is a programme of whole system transformational change which is based around 3 key building blocks: a. Implementing person centred, local, integrated health and social care. This includes harnessing the assets within communities and the power of individuals in improving their own health and wellbeing. b. Joining up Rehabilitation and Reablement, hospital discharge teams and other citywide services into integrated health and social care teams that in turn link with each locality. c. Building capacity across the system to promote and support people to maintain their independence for as long as possible. It includes developing the capacity of the voluntary and community sector to meet lower level needs in local communities, as well as investing in the home care sector to enable more people to continue living in their own homes.
5.	During 2019/20, Southampton's Better Care programme was refreshed to align with the city's new 5 Year Health and Care Strategy (2020 – 2025) which in turn aligns to the Council Strategy, CCG operating plan, NHS Long Term Plan and STP/ICS plans and is a subset of the wider 10 year strategy for health and wellbeing led by the Health and Wellbeing Board. The 5 Year Health and Care Strategy sets out the following goals to be achieved across the full life course (Start Well, Live Well, Age Well, Die Well): a. Reduce health inequalities and confront deprivation b. Tackle the city's three 'big killers': Cancer, Circulatory diseases and Respiratory diseases c. Improve earlier help, care and support d. Improve mental and emotional wellbeing e. Work with people to build resilient communities and live independently f. Improve joined up, whole person care
6.	National Better Care Fund Operating guidance was last published on 18 July 2019 for 2019/20 with the policy framework published for 2020/21 in December 2020 delayed because of the pandemic. This included confirmation of minimum contributions for CCGs and national conditions along with an expectation of a shortened end of year report for submission to the national team. The national conditions are as follows – a. Local agreement - Plans covering all mandatory funding contributions to be agreed by HWBB areas and minimum contributions for CCG minimum and iBCF pooled in a section 75 agreement (an agreement made under

section 75 of the NHS Act 2006)

b. Contribution to social care - The contribution to social care from the CCG via the BCF be agreed, and meet or exceed the minimum expectation

c. CCG out of hospital spend - Spend on CCG commissioned out of hospital (OOH) services to meet or exceed the minimum ringfence

d. HWBB oversight - CCGs and local authorities to confirm compliance with the above conditions to their Health and Wellbeing Boards

Future years - Prior to COVID, we were awaiting feedback from the national review of the BCF programme with the expectation that 2020/21 would be a further transition year for the Better Care Fund with the potential for a 3 year plan for 2021/22 – 2023/24, subject to outcome of the Comprehensive Spending Review. The spending review has however confirmed that 2021/2022 will be a further 1 year plan and we await confirmation of policy following that year.

Year End Report – 2020/2021

7. The national year-end report requirements –

a. Confirmation of compliance with National Conditions for the Better Care Fund – paragraph 6.

b. Income and expenditure – including all elements of the pooled fund arrangements

c. Use of the Disability Facilities Grant (DFG)

The local report –

d. Implementation of the new hospital discharge arrangements – which cut across a number of BCF schemes

e. Areas of progress and challenge across all BCF schemes.

The following paragraphs will highlight the key areas to bring to your attention.

8 Income and expenditure –The position at the time of writing is based upon Month 11 reporting; while the budgets should not change the actuals may change once month 12 actuals are known.

The total Better Care Funding is £138.1M, which includes £3.7M DSG funding and £0.4M iBCF funding carried forward from 2019/20.

- LA contribution – Disability Facilities Grant, grant award in year - £2.5M with £3,7M carry forward from previous years. See paragraph 9.
- iBCF contribution – £10.8M, including a carry forward of £0.4M from 2019/20
- LA additional contribution - £35.1M
- CCG Minimum Contribution - £18.6M
- CCG Additional Contribution – £67.3M

Expenditure will be reported by scheme, with the overall expenditure position being - £137.3M predicted in month 11, a projected total underspend of £0.8M. This is broken down as a projected BAU underspend of £5.7M. and additional Covid-19 related costs of £4.9M., These Covid-19 costs related primarily to the additional staff costs and resources required to manage demand in a Covid-19 safe manner.

The following key variances in financial performance within individual schemes should be noted –

	• Integrated LD Commissioning, £2.35M adverse variance - £0.7M predicted BAU overspend is generally due to net increase in new and existing client packages (primarily SCC) together with full year effect of additional part year costs in 19/20. The costs due to Covid-19 are forecast to be £1.65M adverse due to increased demand and non-achievement of projected savings. • Rehab and Reablement, £0.84M adverse – BAU is forecast to be £1.9M favourable mainly due to discharge to asses underspending as most of the activity in this area in linked to Covid-19. A £2.7M overspend all relates to Covid-19. • Aids to Independence, £4.3M favourable – BAU is forecast to underspend by £4.5M mainly due to the Disabled Facility Grant not utilising the carry forward from 2019/20, see section 9. £0.15M predicted Covid overspend for the Joint Equipment Service related to higher levels of dependency noted in year. With the exception of the Rehab and Reablement Scheme and the Joint Equipment Service, where over and under-spends are shared between the Council and the CCG on the basis of their respective contributions (so 68.8%CCG and 31.2% Council for Rehab and Reablement and 49.6% CCG and 50.4% Council for the JES) all the other schemes do not include risk sharing arrangements and so each party will absorb their own costs.
9.	DFG - Use of Disability Facilities Grant - report of spend against DFG in the financial year is included within the national summary report. 30% of the grant funding this year has not been allocated for works and will be added to the carry over figure of £3,726k from previous years. Whilst this is the position in this financial year there has been a significant piece of work undertaken with a full review completed by 'Foundations' during the year. The recommendations generated by this report will inform decisions on future direction in April 2021 with the aim to more fully utilise this opportunity going forward.
10.	Local Report New hospital discharge process - implementation of the new discharge arrangements, introduced by the Government in March 2020 in response to COVID, has been one of the areas of focus for the system. This has included 1. Development of the integrated discharge hub/single point of access (SPOA), initially based at Sembal House. A partnership between key health and social care partners to ensure timely and effective hospital discharge to meet the new national requirements. a. Significant progress made in the form of the multiagency discharge team, with the implementation of a community based discharge hub/single point of access formed from all relevant partners 2. Further development of the discharge to assess pathway, including an increase in capacity to meet the demand at each point of the pandemic. 3. 7 day working – testing of a further expansion of this through not only the integrated hospital discharge team but also the placement service and continuing health care team. Whilst this formed part of the COVID-19 response, it has provided an opportunity to inform longer term planning for this approach 4. Trusted assessor role development and implementation. 5. Well established Enhanced Health into Care homes – which provided an excellent foundation for our support to care homes during the COVID-19 response. Progress and challenge across all schemes – a) Covid impact – can be seen across a number of schemes, including long term care provision, LD commissioning and Housing Related Support (part of the

	prevention and early intervention scheme). In the majority of schemes provision of Covid funds for the inevitable additional costs have been necessary to support sustainability of providers. b) LD pooled fund arrangements experience significant challenges this year. There are a number of factors contributing to this including: additional clients requiring high cost packages of care either on discharge from inpatient settings or when transitioning from children's to adults services. c) Aids to Independence – the covid impact has been seen to a greater extent here with a rise in the number of people who require multiple pieces of equipment on discharge from hospital or following crisis intervention in their own home. This has resulted in a cost pressure in the region of £180k which has been met in line with the split set out in the S75.
	iBCF proposals – Position
11.	**Position:** At the time of writing, the approach to iBCF continues to be developed locally for 2021/2022. It is proposed to return to a future meeting with the iBCF proposal for endorsement.
	Proposed BCF priorities for 2021/2022
12.	At the point of writing the policy guidance for the Better Care Fund 2021/2022 has not yet been released by the national team. However, the Spending Review confirmed that the BCF will continue in 2021/22 and that the CCG minimum contribution will increase by 5.3% (overall), with iBCF and DFG continuing at 2020/21 cash value. The following priorities have been highlighted ahead of publication – **a.** Move from a Non-Elective Admissions metric to an Avoidable Admissions metric – the details of this are being developed nationally. This means a strong focus on our Urgent Response Service and Enhanced Health into Care Homes arrangements. **b.** Focus on embedding the new approach to discharge, including discharge to assess and home first as a feature in BCF plan. i. Including the Community Discharge Hub/SPOA. ii. A flexible and broad offer of discharge to assess provision, promoting a home first approach. **c.** Continued focus on reducing long term admissions to residential care **d.** Increase the number of people who see benefit from reablement, meaning a continued focus on reducing dependency on longer term care for those receiving reablement services. **e.** Effective utilisation of the Disability Facilities Grant All of this in the context of supporting the recovery of services within the BCF schemes following the unprecedented response to the pandemic.
RESOURCE IMPLICATIONS	
Capital/Revenue	
13.	See paragraphs 8 and 11.
Property/Other	
14.	It is assumed that all accommodations issues will be managed as part of individual schemes and escalated in accordance with individual proposals or reports.
LEGAL IMPLICATIONS	

Statutory power to undertake proposals in the report:	
15.	Section 75 of the National Health Service Act 2006 contains powers enabling NHS bodies and local authorities to pool funding into a pooled fund. The Southampton City Better Care Fund Section 75 Partnership Agreement is such an arrangement which enables the management of BCF schemes in accordance with the national conditions.
RISK MANAGEMENT IMPLICATIONS	
16.	The risks related to the BCF going forward are as follows – • BCF Planning Guidance not yet published – the priority areas identified for the schemes are guided by pre-briefings. To mitigate the risk of there being additional or changed elements, once published, our schemes have a focus on demand and good practice locally and regionally. • There is a risk that demand within some schemes differs significantly from that of previous year, in particular those that have a focus on hospital discharge or learning disability services. The former based upon the developing position of new hospital discharge process and fluctuating patient/client demand. The latter, learning disability service demand, based upon insufficient intelligence to inform projected service demand for a client group that often have complex needs. The mitigation is as follows – o Hospital Discharge – demand modelling work has been undertaken to inform the likely discharge to assess demand with intelligence gained from other regions/areas that are deemed to be 'ahead of us' in the pandemic. The use of this approach enables a more informed capacity planning than would have been possible if based on previous years. o Learning Disability services – the intelligence gathered in the last two years has not enabled effective financial planning. The proposal is to develop a new approach to intelligence gathering in order to better plan services for future years. • Joint Equipment Service demand is rising with the increase in the level of dependency of people living within their own home or extra care settings. The potential impact of this is a funding pressure on the commissioned service. The joint equipment service is working with SCC and SCCCG, through the integrated Commissioning Unit, to understand this demand more fully in order to plan an appropriate mitigation.
CONFLICT OF INTEREST IMPLICATIONS	
17.	None
POLICY FRAMEWORK IMPLICATIONS	
18.	The recommendations in this paper reflect the requirements which are expected to be included within the national policy framework.

KEY DECISION?	**No**
WARDS/COMMUNITIES AFFECTED:	**N/A**

<u>SUPPORTING DOCUMENTATION</u>

Appendices	
1.	None

Documents In Members' Rooms

1.	None

Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	**No**
Privacy Impact Assessment	
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.	**No**
Other Background Documents **Other Background documents available for inspection at:**	
Title of Background Paper(s)	
1. None	