

Report to:	HEALTH & WELLBEING BOARD
Date:	15 September 2022
Executive Member / Reporting Officer:	Councillor Eleanor Wills – Executive Member for Population Health & Wellbeing Councillor Taylor - Executive Member for Adult Social Care, Homelessness and Inclusivity Stephanie Butterworth - Director of Adult Services Kathy Roe - Director of Finance
Subject:	BETTER CARE FUND 2022-23 PLAN
Report Summary:	This report provides an update regarding the Better Care Fund for 2022/23 Plan and Assurance.
Recommendations:	The Health and Wellbeing Board is asked to approve the Plan.
Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	Following the 2021 spending round the NHS contribution to the Better Care Fund has risen in actual terms by 5.66%. Minimum contributions to social care have also increased by 5.66%, which results in a contribution by the Integrated Care Board (ICB) to Tameside Council of £19,470k. Overall planned spend on the Better Care Fund in 2022/23, including the ICB contribution, amounts to £34,904k.
Legal Implications: (Authorised by the Borough Solicitor)	The Better Care Fund Framework 2022-23 is a central government initiative intended to ensuring joint working between health, social care and housing services to help older people and those with complex needs and disabilities to live at home for longer. As part of this joint working, local authorities are required to develop capacity and demand plans for intermediate care covering both admissions avoidance and hospital discharge across health and social care to help the system prepare for winter. Further details in relation to the operation of the Fund are detailed in the main body of the report.
Links to the Health and Wellbeing Strategy:	The Better Care Fund is one of the government's national vehicles for driving health and social care integration. It requires ICB and local government to agree a joint plan, owned by the Health and Wellbeing Board. These are joint plans for using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006).
Risk Management:	This report sets out how the funding is being used to avoid the risk of recovery.
Access to Information:	The background papers relating to this report can be inspected by contacting the report writer, Stephen Beswick



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1. INTRODUCTION

- 1.1 The information in this paper sets out the current situation for the Better Care Fund (BCF) and the 2022/23 BCF Plan Position. The Government has described 2022/23 as a transitional year for the Better Care Fund. A national engagement exercise will take place on the future of the BCF later this year.
- 1.2 The BCF is one of the government's national vehicles for driving health and social care integration. It requires Integrated Care Boards (ICB) and local government to agree a joint plan, owned by the Health and Wellbeing Board. These are joint plans for using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006). In Greater Manchester, we have made the case to national government over several years that the depth and breadth of our integrated arrangements, including pooled budgets, have gone beyond the policy intent of the BCF. We reaffirmed this position as part of our response to the Integration White Paper earlier this year.
- 1.3 The response to the COVID-19 pandemic has demonstrated how joint approaches to the wellbeing of people, between health, social care and the wider public sector, can be effective even in the most difficult circumstances.
- 1.4 Given the ongoing pressures in systems, there have been minimal changes made to the BCF this year. The 2022/23 BCF policy framework was designed to build on progress made during the COVID-19 pandemic by strengthening the integration of commissioning and delivery of services and delivering person-centred care, as well as continuing to support system recovery from the pandemic.
- 1.5 The non-elective admissions metric has been replaced by a metric on avoidable admissions. This reflects better the focus of joint health and social care work to support people to live independently in their own home and prevent avoidable stays in hospital. Wider work on the metrics for the BCF programme will continue during the year to take into account improvements to data collection and to allow better alignment to national initiatives such as the Ageing Well programme.
- 1.6 As in previous years, the NHS contribution to the BCF includes funding to support the implementation of the Care Act 2014, which is set out via the Local Authority Social Services Letter.
- 1.7 Funding previously earmarked for reablement and for the provision of carers' breaks also remains in the NHS contribution.

2. BETTER CARE FUND 2022/23

- 2.1 The Government published the Policy Framework for the 2022/23 BCF on 19 July. It can be found at: <https://www.gov.uk/government/publications/better-care-fund-policy-framework-2022-to-2023>
- 2.2 At the same time, NHS England and the LGA published the Planning Requirements for the BCF. These can be found at: <https://www.england.nhs.uk/wp-content/uploads/2022/07/B1296-Better-Care-Fund-planning-requirements-2022-23.pdf>
- 2.3 The national conditions for the BCF in 2022/23 are:-
 - A jointly agreed plan between local health and social care commissioner, signed off by the Health and Wellbeing Board.
 - NHS contribution to adult social care at Health and Wellbeing Board level to be maintained in line the uplift to NHS minimum contribution.

- Invest in NHS commissioned out-of-hospital services.
- A plan for improving outcomes for people being discharged from hospital.
- Implementing the BCF policy objectives.

2.4 The 2022/23 BCF Plans will consist of:-

- A completed narrative template (a narrative is required from each HW area in this year's BCF).
- A completed BCF Planning template, including
 - Planned expenditure from BCF sources
 - Confirmation that national conditions of the fund are met, as well as specific conditions attached to individual funding streams
 - Ambitions and plans for performance against BCF national metrics
 - Any additional contributions to BCF section 75 agreements.
- A completed intermediate care capacity and demand plan submitted alongside the BCF plan (These will not be subject to assurance)

2.5 Following the 2021 spending round the national ICB contribution to the BCF has risen in actual terms by 5.66% to £4,504 billion. Minimum contributions to social care have also increased by 5.66%.

2.6 A return is due to be completed for 26 September 2022 back to NHSE setting out a detailed breakdown of the schemes being funded by the ICB contribution in 2022/23. The timetable for requirements is listed in 2.8 below.

2.7 A summary of the income and expenditure Plan for the BCF for Tameside can be found at **Appendix 1**. The key metrics for Tameside can be found at **Appendix 2**. A breakdown of the individual schemes funded by the BCF for Tameside can be found at **Appendix 3**.

2.8 Timetable

The timescales for agreeing BCF Plans and assurance are set out below:

BCF planning requirements published	19/07/2022
Optional draft BCF planning submission (including capacity and demand plan) submitted to BCM and copied to the BCF team (england.bettercarefundteam@nhs.net)	18/08/2022
BCF planning submission from local HWB areas (agreed by ICBs and local government). All submissions will need to be sent to the local BCM, and copied to england.bettercarefundteam@nhs.net	26/09/2022
Scrutiny of BCF plans by regional assurers, assurance panel meetings and regional moderation	26/09/2022 - 24/10/2022
Regionally moderated assurance outcomes sent to BCF team	24/10/2022
Cross-regional calibration	01/11/2022
Approval letters issued giving formal permission to spend (NHS minimum)	30/11/2022
All section 75 agreements to be signed and in place	31/12/2022

3. RECOMMENDATIONS

3.1 As set out at the front of the report.

APPENDIX 1

TMBC Better Care Fund summary 2022-23

Better Care Fund 2022-23 Template

3. Summary

Selected Health and Wellbeing Board:

Tameside

Income & Expenditure

[Income >>](#)

Funding Sources	Income	Expenditure	Difference
DFG	£2,849,319	£2,849,319	£0
Minimum CCG Contribution	£19,469,761	£19,469,761	£0
iBCF	£12,585,188	£12,585,188	£0
Additional LA Contribution	£0	£0	£0
Additional CCG Contribution	£0	£0	£0
Total	£34,904,268	£34,904,268	£0

[Expenditure >>](#)

NHS Commissioned Out of Hospital spend from the minimum CCG allocation

Minimum required spend	£5,504,913
Planned spend	£7,666,133

Adult Social Care services spend from the minimum CCG allocations

Minimum required spend	£10,366,334
Planned spend	£13,578,435

Scheme Types

Assistive Technologies and Equipment	£1,710,730	(4.9%)
Care Act Implementation Related Duties	£287,121	(0.8%)
Carers Services	£143,403	(0.4%)
Community Based Schemes	£20,143,616	(57.7%)
DFG Related Schemes	£2,849,319	(8.2%)
Enablers for Integration	£0	(0.0%)
High Impact Change Model for Managing Transfe	£48,000	(0.1%)
Home Care or Domiciliary Care	£924,076	(2.6%)
Housing Related Schemes	£40,000	(0.1%)
Integrated Care Planning and Navigation	£4,708,302	(13.5%)
Bed based intermediate Care Services	£594,543	(1.7%)
Reablement in a persons own home	£2,123,636	(6.1%)
Personalised Budgeting and Commissioning	£69,899	(0.2%)
Personalised Care at Home	£0	(0.0%)
Prevention / Early Intervention	£60,935	(0.2%)
Residential Placements	£818,265	(2.3%)
Other	£382,423	(1.1%)
Total	£34,904,268	

APPENDIX 2

TMBC Better Care Fund key metrics 2022-23

Avoidable admissions

	21-22 Actual	22-23 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	1467.2	1347.2

Discharge to normal place of residence

	21-22 Actual	22-23 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	91.6%	93.3%

Residential Admissions

		21-22 Actual	22-23 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	620	642

Reablement

		22-23 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	76.2%

