

## BETTER CARE FUND 2022/23 SUBMISSION

**Report of Director for Place (Sunderland); Executive Director of Health, Housing and Communities and Director of Adult Services & Chief Operating Officer of SCAS**

### **1.0 Purpose of the Report**

- 1.1 To seek agreement for sign off and submission of the Sunderland Better Care Fund plan for 2022/23 by the Sunderland Health and Wellbeing Board.

### **2.0 Background**

- 2.1 Health and Wellbeing Boards (HWBs) are required nationally to submit annual Better Care Fund (BCF) plans. Planning documentation is informed by the BCF Policy Framework, which sets out the requirements of the planning process. The 2022/23 submission consists of:

- A completed narrative template
- A completed BCF planning template
- Confirmation that national conditions of the fund are met, as well as specific conditions attached to individual funding streams (detailed further in section 2.2 below)
- Ambitions and plans for performance against BCF national metrics (detailed further below)
- Any additional contributions to BCF section 75 agreements.

- 2.2 BCF Plans are required to be submitted on 26 September 2022, which is the national deadline date.

- 2.3 The local authority (LA) and Integrated Care Board (ICB) must agree a plan for their local authority area, that includes agreement on use of the mandatory BCF funding streams. This plan must be signed off by the HWB.

- 2.4 It must be acknowledged that the 2022/23 BCF plan is required to be submitted for the full year (2022/23) in September 2022, some 6 months into the year. This requirement has been considered when developing the BCF plan for 2022/23.

### **3.0 National Planning Requirements for the 2022/23 Better Care Fund**

- 3.1 There are four national conditions within the 2022/23 planning round, these are set out in table 3.1 below and further detailed in following sections:

National Condition	Specific requirement
NC1: Plans to be jointly agreed	<ul style="list-style-type: none"> <li>• Funding proposals must be agreed by the relevant local authority and Integrated Care Board (ICB) and placed into a pooled fund, governed by an agreement under section 75 of the NHS Act 2006</li> <li>• Plans must be signed off by the ICB and local authority chief executive, prior to being signed off by the Health and Wellbeing Board.</li> <li>• Any changes to local priorities in terms of health inequality or equality for people with protected characteristics, must be detailed within the narrative template.</li> <li>• Plans will need to reflect what NHS bodies are doing to address inequalities under Core20PLUS5.</li> <li>• NHS must make a minimum contribution in-line with those stipulated via published allocation (detail in section 3.3 below)</li> <li>• NHS contribution must include locally negotiated funding allocations for local authority reablement provision, carers breaks and implementation of the duties to fund carer support under the Care Act 2014.</li> </ul>
NC2: NHS contribution to adult social care to be maintained in line with the uplift to NHS minimum contribution	<ul style="list-style-type: none"> <li>• Minimum NHS spending contribution must be maintained in line with the percentage uplift in the NHS minimum contribution to the BCF. The NHS minimum contribution for each Health and Wellbeing area has been uplifted by 5.66%</li> </ul>
NC3: Agreement to invest in NHS commissioned out-of-hospital services	<ul style="list-style-type: none"> <li>• A minimum NHS contribution to the BCF must be ring-fenced to deliver investment in out-of-hospital services commissioned by ICBs, while supporting local integration aims. This is detailed in section 3.4</li> <li>• Local authority 'Improved Better Care Fund' (iBCF) grant-funding contributions must only be spent on: <ul style="list-style-type: none"> <li>○ Meeting adult social care needs.</li> <li>○ Reducing pressures on the NHS, including seasonal winter pressure.</li> <li>○ Supporting more people to be discharge from hospital when they are ready.</li> <li>○ Ensuring that the social care provider market is support.</li> </ul> </li> <li>• Disabled Facilities Grant (DFG) must be pooled into the BCF</li> </ul>
NC4: Implementing the BCF policy objectives	<ul style="list-style-type: none"> <li>• Local partners should have a clear approach to implementing the following two policy objectives: <ol style="list-style-type: none"> <li>I. enable people to stay well, safe and independent at home for longer.</li> <li>II. Provide the right care in the right place at the right time</li> </ol> </li> </ul>

Table 3.1 BCF National Condition 2022/23

3.2 The BCF Policy Framework sets out national metrics that must be included in the BCF plans in 2022-23. The metrics for the BCF in 2022-23 are outlined below: Systems are required to set expectations for improvements across these metrics aligned to national policy direction, and these are described further in section 5. The four metrics are:

1. Proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation
2. Older adults whose long-term care needs are met by admission to residential or nursing care per 100,00 population
3. Unplanned hospitalisations for chronic ambulatory care sensitive conditions
4. Improving the proportion of people discharged home, based on discharge to their usual place of residence

3.3 Locally, the minimum and additional contributions to the BCF for 2022/23, are set out below:

<b>Funding Sources</b>	<b>Income</b>	<b>Expenditure</b>	<b>Difference</b>
DFG	£4,055,399	£4,055,399	£0
Minimum NHS Contribution	£27,565,872	£27,565,872	£0
iBCF	£18,683,789	£18,683,789	£0
Additional LA Contribution	£77,341,779	£77,341,779	£0
Additional ICB Contribution	£137,363,750	£137,363,750	£0
<b>Total</b>	<b>£265,010,589</b>	<b>£265,010,589</b>	<b>£0</b>

Table 3.3 Minimum and additional BCF contributions 2022/23

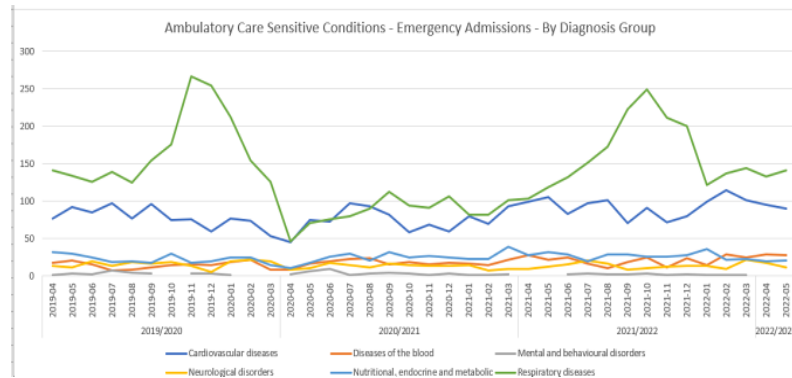
3.4 As outlined in table 3.1, National Conditions 2 and 3, require minimum ICB contributions to NHS Commissioned Out-of-Hospital care and Adult Social Care. The 2022/23 minimum contributions to these schemes are outlined below for reference:

	<b>Minimum Required Spend</b>	<b>Planned Spend</b>
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£7,833,439	£27,565,872
Adult Social Care services spend from the minimum ICB allocations	£8,950,125	£8,950,125

Table 3.4 Minimum ICB contributions to Out-of-hospital care and Adult Social Care

3.5 The 2022/23 submission will also include aligned Public Health funding for Primary Care-based stop smoking provision and NHS Health Checks. These schemes effectively support improvements across respiratory and cardiovascular-related admissions, which drive significant avoidable demand on local hospital admissions, which forms one of the 2022/23 metrics (see

graph 3.5 below). This approach will additionally support the development of a stronger narrative around prevention, reducing health inequalities and tackling wider determinants - creating an 'open door' for additional public health, housing and community schemes to be aligned within the BCF s75 partnership arrangement, which will form part of the wider alliance arrangements for place-based integration.



Graph 3.5 ACS data by diagnosis group

3.6 A national deadline of 31 December 2022 has also been set for the agreement and sign-off of local Section 75 agreements for 2022/23.

#### 4.0 Sunderland BCF Plan Development

4.1 A BCF working group has been established via the Health and Care Alliance, to coordinate and develop the Sunderland BCF plan for 2022/23. This also includes the development of the s75 agreement for 2022/23. The focus of the group is to ensure that the BCF plan is completed to national timescales and supports national and local ambitions for place-based health and care integration.

4.2 The BCF narrative describes how the BCF policy objectives, national metrics and capacity and demand planning exercise (see table 3.1), have supported the development of an intelligence-driven approach to BCF planning. This includes triangulation of local intelligence to support the analysis of needs in relation to the two BCF policy objectives. In addition, a comparison of the current investment areas against two national high impact change models for avoidable admissions and improved discharge, have provided an evidence-based assessment of the capacity for BCF-funded programmes to positively impact on local health and care demand.

4.3 The narrative additionally outlines how the BCF approach will be used to support the implementation of place-based governance arrangements and ensure that the BCF actively supports the strategic objectives of the Healthy City Plan.

## 5.0 Sunderland BCF Plan 2022/23 Key Points

- 5.1 Sunderland continue to exceed the minimum contribution to the BCF with the following contributions, as outlined in section 3. The financial components of the BCF must be agreed by the LA and ICB and signed-off by the Chief Executive for Sunderland City Council and a delegated officer/board within the ICB (yet to be determined).
- 5.2 As per national requirements, the HWB must approve the BCF plan locally. The timescales for submission predate the next HWB (30 September 2022), as such, it needs to be determined whether the HWB can delegate sign-off to the HWB chair, with the BCF plan being tabled for information at the next board.
- 5.3 Targeted impact of BCF schemes identified within the 2022/23 plan, have been anticipated below against the metrics outlined in section 3.2.

### 5.3.1 *Proportion of older people still at home 91 days after discharge from hospital into reablement of rehabilitation*

		2020-21 Actual	2021-22 Plan	2021-22 estimated	2022-23 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	61.4%	70.4%	66.1%	71.4%
	Numerator	124	190	168	250
	Denominator	202	270	254	350

### 5.3.2 *Older adults whose long-term care needs are met by admission to residential or nursing care per 100,00 population*

		2020-21 Actual	2021-22 Plan	2021-22 estimated	2022-23 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	1170.1	1067.5	1023.0	978.2
	Numerator	646	600	575	560
	Denominator	55,209	56,205	56,205	57,246

### 5.3.3 Unplanned hospitalisations for chronic ambulatory care sensitive conditions

		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual
Avoidable admissions: Indirectly standardised rate (ISR) of admissions per 100,000 population	Indicator value	280.9	281.2	316.2	205.8
		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan
	Indicator value	291	291	328	213

### 5.3.4 Improving the proportion of people discharged home, based on discharge to their usual place of residence

		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual
Discharge to usual place of residence: Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	Quarter (%)	89.2%	89.4%	88.6%	88.9%
	Numerator	6,350	6,378	6,378	5,958
	Denominator	7,121	7,136	7,202	6,705
		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan
	Quarter (%)	89.4%	89.7%	90.0%	90.0%
	Numerator	6,229	6,429	6,478	6,024
	Denominator	6,968	7,167	7,198	6,693

- 5.4 The ambition to achieve marginal improvements across each of the metrics, reflects a balance from previous trend analysis and the anticipated impact of invested schemes in delivering improved outputs and outcomes. In addition, due to the pressures building in the system (e.g. linked to the cost-of-living crisis, COVID backlog and increased winter and surge pressures), it is advisable to moderate target trajectories until the net impact of these pressures are better understood across the system.
- 5.5 This paper confirms that all national conditions have been met, and in some circumstances exceed requirements e.g. BCF funding contributions and requirement to apply a high impact change model approach to both managing the transfers of care and avoidable admissions.

## **6.0 Recommendation**

6.1 The Health and Wellbeing Board is recommended to:

- Note the process followed in developing the 2022/23 BCF Plan and key points from the plan, including prior sign-off from the ICB and Sunderland City Council Chief Executive.
- Agree the proposed BCF planning documentation for submission in-line with national timescales.
- Consider the ongoing requirements of Sunderland's place-based governance arrangements and be assured that the BCF meets both national BCF conditions and local aspirations for place, as set-out in the Sunderland Healthy City Plan.

