#### SUNDERLAND HEALTH AND WELLBEING BOARD 10 December 2021

## SUNDERLAND 2021/22 BETTER CARE FUND SUBMISSION

# Joint report of the Executive Director of Neighbourhoods and the Sunderland CCG Accountable Officer

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

1.1 To approve the Sunderland Better Care Fund plan for 2021/22.

#### 2.0 Background

- 2.1 Health and Wellbeing Boards (HWBs) are required nationally to submit annual Better Care Fund (BCF) plans. Due to the recent COVID-19 pandemic, BCF plans were not required in 2020/21, but local systems were required to agree the use of the mandatory funding streams locally and to pool these into a Section 75 agreement (S75).
- 2.2 Part way through 2021/22, the BCF Policy Framework was published and set out the requirement of the planning process for BCF plans in 2021/22 to be kept simple and focused on continuity this year. It set out the expectations that BCF plans would be required to be developed and submitted in November 2021, delivering the mandatory requirements set out in the Policy Framework.
- 2.3 The Policy Framework set out the ambition to build on progress during the COVID-19 pandemic, strengthen the integration of commissioning and delivery of services and delivering person-centred care, as well as continuing to support system recovery from the pandemic. It also set out the requirement for local systems to provide ambitious and stretching trajectories for a number of key metrics.
- 2.4 BCF Plans are required to be submitted nationally on 16 November 2021 which is national deadline.
- 2.5 The local authority (LA) and CCG 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.
- 2.6 It must be acknowledged that the 2021/22 BCF plan is required to be submitted for the full year 2021/22 in November 2021, some 8 months into the year. This requirement has been taken into account when developing the BCF plan for 2021/22.
- 2.7 Due to the challenging timescales around developing and submitting the Sunderland BCF plan, the initial plan was discussed with HWB Chair and CCG Accountable Officer. Within the submission reference was made to the

submission date being prior to the next formal meeting of the HWB. This was the case for a number of areas and acknowledged by NHSE. Following HWB ratification the plan will then be submitted through other local governance such as All Together Better (ATB) and the CCG Executive Committee and Governing Body.

# 3.0 2021/22 BCF Plan National Requirements

- 3.1 The BCF Policy Framework sets out the national conditions and metrics for 2021/22. These national conditions are:
  - 1. A jointly agreed plan between health and social care commissioners, signed off by the HWB
  - 2. NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution
  - 3. Invest in NHS-commissioned out-of-hospital services
  - 4. A plan for improving outcomes for people being discharged from hospital.
- 3.2 Locally, the minimum contributions to the BCF in 2021/22 are:

BCF Funding Contributions	2021/22
Minimum NHS (CCG) Contribution	£26,089,222
Improved Better Care Fund (iBCF)	£18,134,423
Disabled Facilities Grant (DFG)	£4,055,399
Total	£48,279,044

- 3.3 As with previous years, the actual contributions for the Sunderland BCF remain significantly higher and are outlined in section 4. The scope of the BCF remains aligned to the scope of ATB.
- 3.4 Systems are required to set expectations for improvements in a number of key metrics aligned to national policy direction. In 2021/22, the metrics are:
  - Discharge indicator set focused on reducing long lengths of stay and discharges to a patients usual place of residence
  - Avoidable admissions to hospital (ambulatory care sensitive conditions)
  - Admissions to residential and care homes
  - Effectiveness of reablement
- 3.5 The BCF plan includes a technical submission which sets out the financial income and expenditure of the BCF plan, aligned to the BCF contributions set out in section 4, a set of trajectories for the metrics and a narrative plan covering:
  - Stakeholder involvement in developing the plan

- Priorities for 2021/22
- BCF plan implementation governance
- Our approach to integration and approach to supporting people to remain independent at home
- Supporting discharge
- Equality and health inequalities
- 3.6 A national deadline of 31<sup>st</sup> January 2022 has also been set for the agreement and sign off of local Section 75 agreements for 2021/22.

## 4.0 Sunderland BCF Plan Development

- 4.1 A BCF working group was established to coordinate and develop the Sunderland BCF plan for 2021/22. This also includes the development of the S75 agreement for 2021/22. The focus of the group was to ensure that the BCF plan was completed to national timescales, ensure engagement with key stakeholders including ATB and to begin to bring in the developments of place-based commissioning arrangements, including its priorities into the 2021/22 BCF plan, acknowledging that this and the S75 will need to develop further into 2022/23.
- 4.2 The ambition is to have a completed and signed S75 agreement in place for 2021/22 by 31 December 2021 with the inclusion of more detailed schedules for a number of key areas which includes the three priority areas of commissioning development between the LA and CCG. The BCF plan and S75 will signal an intent of developing our integrated commissioning arrangements and transformation plans over the coming 12 months, aligned to ATB operational plans.
- 4.3 As the BCF is aligned to the scope of ATB, it was key that ATB was engaged and a key stakeholder in development of the plan for 2021/22, including the development and setting of trajectories around avoidable emergency admissions and discharge. The Senior Responsible Officer (SRO) and Senior Responsible Clinician (SRC) of ATB programme 4 (P4) – Intermediate and Urgent Care alongside key transformational project leads were engaged in development of the plan. This is a key requirement set out in BCF planning guidance.
- 4.4 Due to the pressures in the system during 2021/22 and the requirement for local systems to ensure that discharge arrangements are secured for the long-term (as national funding will end in 2021/22), discharge is a key priority for ATB and our narrative sets out our plan for supporting discharge in Sunderland.
- 4.5 The narrative also describes our overall approach to integration now and as we move to new place-based commissioning arrangements in 2022/23, signalling our intent to implement the required governance arrangements to secure our future ways of working in Sunderland. Our approach to tackling

health inequalities is also detailed in the narrative, aligned to the objectives of ATB, the LA and our Healthy City Plan in Sunderland.

4.6 The financial components of the BCF are a key component of plan, ensuring delivery of the national requirements and minimum contributions. In Sunderland, we continue to exceed the minimum expectations set nationally with the scope aligned to the ATB scope of adult out of hospital NHS and social care budgets.

## 5.0 Sunderland BCF Plan 2021/22 Key Points

5.1 Sunderland continue to exceed the minimum contribution to the BCF with the following contributions:

BCF Funding Contributions	Minimum	Actual
Minimum NHS (CCG) Contribution	£26,089,222	£26,089,222
Improved Better Care Fund (iBCF)	£18,134,423	£18,134,423
Disabled Facilities Grant (DFG)	£4,055,399	£4,055,399
Additional LA Contribution		£67,209,027
Additional CCG Contribution		£130,147,216
Total	£48,279,044	£245,635,287

- 5.2 The financial components of the BCF have been agreed between the LA and CCG and signed off locally by the Chief Finance Officer (CFO) of the CCG.
- 5.3 All national conditions have been met and in some circumstances exceeded e.g. BCF funding contributions.
- 5.4 Due to the pressures building in the system linked to the COVID-19 pandemic, increased winter and surge pressures, 2021/22 continues to be an unprecedented year. At this time it is very difficult to understand the predicted impact of winter pressures on the system. The impact of this on our trajectories has been considered and the following submissions recommended:

Metric	Current Performance	Recommendation
Discharge – Reducing 14+ Day Length of Stays in Hospital	Levelled off after period of deterioration	Maintain current performance
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Discharge to Normal Place of Residence	Deterioration in performance	Keep performance static
Avoidable Emergency Admissions	Deterioration in performance	Reduce the increasing trend (by 1%)
Residential Admissions	Deterioration in performance	Deliver Improvement
Reablement	Deterioration in performance	Deliver Improvement

- 5.5 The ambition to maintain current performance in relation to the discharge metrics is based on the increased level of acuity which is as a consequence of increased demand across the system. Patients often will need further community input from rehabilitation/short breaks/convalescence in community beds before returning to their usual place of residence. There is also a real risk that an increase in COVID over winter which is highly likely to require the need to discharge more patients to care homes and to designated settings before returning to their usual place of residence. The rationale from ATB is that if we maintain current performance, it would be an ambitious achievement during this highly pressured time.
- 5.6 The NHS EI regional team have reviewed the Sunderland BCF plan and they requested that we review our submissions against a number of the submitted trajectories. After reviewing the feedback and discussed with ATB, it was agreed that further adjustments would be made. The BCF plan was submitted again and has now been passed to the national NHS EI team.
- 5.7 The Sunderland BCF plan was signed off by the HWB Chair on 15<sup>th</sup> November 2021 and subsequently submitted to NHS EI on 16<sup>th</sup> November 2021
- 5.8 The BCF submissions are included in appendix one.
- 5.9 National moderation will take place throughout December'21 with approval letters expected 11/01/2021. During this time, formal queries may be raised by NHS EI about the plan which will require further clarification and potential resubmission. As the regional team have now accepted our revised trajectories, it is likely that no further queries will be raised.

## 6.0 Recommendation

- 6.1 The Health and Wellbeing Board is recommended to:
  - Note the process followed in developing the 2021/22 BCF Plan and key points from the plan
  - Approve the submissions included in appendix one
  - Note the development of the 2021/22 Section 75 agreement which will be submitted to a future HWB for agreement.