

29 October 2021		ITEM: 9
Health and Well-Being Board		
The Better Care Fund		
Wards and communities affected: All	Key Decision: Not Applicable	
Report of: Ian Wake, Corporate Director of Adults, Housing and Health and Mark Tebbs, NHS Alliance Director for Thurrock		
Accountable Head of Service: Les Billingham, Assistance Director, Adult Social Care and Community Development		
Accountable Director: Ian Wake, Corporate Director of Adults, Housing and Health		
This report is Public		

Executive Summary

Thurrock's initial Better Care Fund Plan, and Better Care Fund Section 75 Agreement between the Council and NHS Thurrock Clinical Commissioning Group, was approved in 2015. The arrangement allowed the creation of a pooled fund, to be operated in line with the terms of the Plan and the Agreement, to promote the integration of care and support services.

The focus of the Better Care Fund to date has been on adults aged 65 and over who are most at risk of admission to hospital or to a residential care home. Despite 2020/21 being a year of unprecedented challenge following the onset of the coronavirus pandemic, the targets in the BCF Scorecard were met by year-end.

This report sets out the arrangements for the Better Care Fund Section 75 Agreement between the Council and NHS Thurrock Clinical Commissioning Group for 2021/22 and subsequent years. The Annual Governance Statement is also appended to the report.

The planning requirements for 2021/22 were published by NHS England on 30 September 2021. It is proposed that the draft plan will be circulated and, subject to comments received, the Chair will be asked to approve the Plan on behalf of the Board by Monday 15 November to allow submission on 16 November.

1. Recommendation(s)

- 1.1 The Board is asked to note this report.
- 1.2 The Board is asked to agree the arrangements for the approval of the Better Care Fund Plan for 2021/22.

2. Introduction and Background

- 2.1 Thurrock's initial Better Care Fund Plan, and Section 75 Agreement between the Council and NHS Thurrock Clinical Commissioning Group, was approved in 2015. The Agreement allowed the creation of a pooled fund, to be operated in line with the terms of the Agreement, to promote the integration of care and support services.
- 2.2 The Council is the 'host' organisation for the pooled fund, which means that once the Section 75 Agreement is agreed it allows the funding of community health care services provided in line with the Better Care Fund Plan.
- 2.3 The pooled fund is overseen by the Integrated Care Partnership (previously the Integrated Commissioning Executive) made up of officers from the Council and CCG. The Partnership receives regular reports on expenditure, quality and activity. The Partnership reports on the performance of the Fund to the Health and Wellbeing Board, as well as Cabinet and the Board of the Clinical Commissioning Group.
- 2.4 The focus of the Better Care Fund to date has been on adults aged 65 and over who are most at risk of admission to hospital or to a residential care home. Despite 2020/21 being a year of unprecedented challenge following the onset of the coronavirus pandemic, the targets in the BCF Scorecard were met by year-end.
- 2.5 This report sets out the arrangements for the Better Care Fund Section 75 Agreement between the Council and NHS Thurrock Clinical Commissioning Group for 2021/22 and subsequent years. The Annual Governance Statement for the last year, 2020/21, is also appended to the report.
- 2.6 The planning requirements for The Better Care Fund Plan for 2021/22 were published by NHS England on 30 September 2021. The Plan is currently being drafted and the approved Plan is to be submitted to NHS England no later than Tuesday 16 November. In the view the short timescale, and the Board's schedule of meetings, it is proposed that the draft plan will be circulated to the Board members for comment on 1 November. It is further proposed that, subject to comments received, the Chair will be asked to approve the Plan on behalf of the Board by Monday 15 November. This is to allow submission of the Plan by the deadline set by NHS England: Tuesday 16 November 2021.

3. Issues, Options and Analysis of Options

Changes to Guidance

- 3.1 Thurrock has had a Better Care Fund Plan and associated Section 75 Agreement in place since 2015-16. To date, the requirement has been to produce a yearly plan but this has been set aside during the COVID

emergency. The Cabinet of Thurrock Council has agreed to enter into the Better Care Fund Section 75 Agreement for the current year 2021/22 in line guidance received from NHS England. The Agreement which will also be required in subsequent years will be subject to the Council's annual budget setting arrangements, and any changes to the Section 75 can be made with agreement of both parties – Thurrock Council and NHS Thurrock CCG.

Value of the Better Care Fund

3.2 The value of Thurrock's Better Care Fund for 2021/22 has been increased to £50.804m from £50.198m. This amount is made up of a £17.021m contribution from NHS Thurrock CCG, £5.046m from the Improved Better Care Fund grant and £28.377m contribution from the Council. The Fund consists of a mandatory minimum amount, and an additional contribution agreed locally by the Council and CCG. The mandated amount for Thurrock CCG in 2020/21 was £11.436m and this has been uplifted by 5.3% to £12.042m.

3.3 In future years, as part of preparations for the Better Care Fund, the Council and CCG will need to agree how much they are adding to the Fund over and above the mandated amount.

Focus of the Fund

3.4 The focus of the Better Care Fund to date has been on adults aged 65 and over who are most at risk of hospital admission or residential home admission. The schemes chosen for the Fund reflect this focus. The future plans are likely to continue this focus, and will include elements that are population wide including initiatives linked to preventing, reducing and delaying the need for health and social care intervention.

3.5 Despite 2020/21 being a year of unprecedented challenge following the onset of the coronavirus pandemic, the targets in the BCF Scorecard were met by year-end:

- In particular, the percentage of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement services was 86.4% at year-end (Q4 snapshot), which is 0.1% above target and is significantly higher than the current national average of 82.0%.
- There was also a reduction in the number of older people (aged 65 and over) being permanently admitted to residential and nursing care homes in the year, with 149 admissions in the year compared to 178 in 2019/20. This equates to a rate of 619.2 per 100,000 population¹ compared to 739.7 last year, and is a reduction of 29 admissions. This is also 29 admissions under target.
- 2020/21 also saw a significant reduction in the number of long stay patients in hospital beds. In the year there has been a 38% reduction in the number of patients staying in hospital for 21 days or longer.

¹ Please note that a new population figure is due to be published in June 2021 that will be used to calculate the official 2020/21 outturn for this indicator. As such the rate of 619.2 is provisional and is subject to amendment.

- Delayed transfers of care measures were suspended by NHS England throughout 2020/21 and for this reason it is not possible to report on the measures.

3.6 The year saw a reduction in non-elective activity (reduction of 14%) and A&E attendances for people aged 65+ (reduction of 26%) compared to last year. This has almost certainly been due to the impact of COVID-19 and lockdown restrictions imposed by Government which has reduced non-COVID-19 related admissions where many patients would have been advised to stay at home and self-isolate, as well as many people being reluctant to attend NHS services due to the risk of exposure to the virus.

Overspends and Underspends in the Better Care Fund

3.7 The Section 75 Agreement sets out arrangements for overspends and underspends to the Fund. The arrangements will continue and mean that any expenditure over and above the value of the Fund will be the responsibility of either the Council or CCG depending on whether the expenditure is incurred on social care functions or health functions. Arrangements for monitoring expenditure and managing any overspend in an individual scheme are set out in detail within the Section 75 Agreement. Underspends will stay within the Pooled Fund unless otherwise agreed by both parties.

Governance

3.8 The Council continues to be the host for the pooled Fund. The management of the pooled Fund includes regular oversight by both the Council and CCG through the Integrated Care Partnership (previously the Integrated Commissioning Executive). The Partnership reports to the Health and Wellbeing Board who receive the meeting minutes at each Board meeting. A Pooled Fund Manager exists to provide regular reports covering performance, finance and risk.

Contracting arrangements

3.9 The Council, as host of the Fund, enters into contracts with third party providers – largely NHS providers. The standard NHS contract is used for these services with the Council becoming an equal commissioning partner.

The Annual Governance Statement

3.10 This Statement sets out how the Council and NHS Thurrock CCG (the CCG) are, through effective governance arrangements, complying with the responsibilities set out within the Better Care Fund Section 75 Agreement for Thurrock, and the extant Better Care Fund Operating Guidance². The Statement is appended to this report.

Policy and Planning for 2021/22

3.11 The Department of Health and Social Care published the 2021-22 Better Care Fund Policy Framework on 19 August 2021. The framework sets out the

² <https://www.england.nhs.uk/wp-content/uploads/2018/07/better-care-fund-operating-guidance-v1.pdf>

national conditions, metrics and funding arrangements for the Better Care Fund (BCF) in 2021 to 2022.

- 3.12 The Policy Framework states that “Given the ongoing pressures in systems, there will be minimal change to the BCF in 2021 to 2022. The 2021 to 2022 Better Care Fund policy framework aims to build on progress during the COVID-19 pandemic, 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.
- 3.13 The continued focus on improving how and when people are discharged from hospital is described below.
- 3.14 The non-elective admissions metric is being 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 in 2021 to 2022 to take into account improvements to data collection and to allow better alignment to national initiatives such as the Ageing Well programme.”
- 3.15 The Policy Framework also advised of the intention to undertake a full planning round in 2021 to 2022, with areas required to formally agree BCF plans and fulfil national accountability requirements. NHS England published the BCF Planning Requirements for 2021-22 on 30 September 2021, including details of the national planning and assurance processes.
- 3.16 The Planning Requirements from NHS England stipulate that for 2021-22, BCF plans will consist of:
- a narrative plan
 - 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.
- 3.17 Allocations of the CCG minimum have been published alongside the planning document on the NHS England website. This document sets out contributions from CCGs to the BCF overall and also the ringfenced sums for each CCG that must be spent on CCG commissioned out-of-hospital services under National condition 3.
- 3.18 In view of the timescales, the Better care Fund Plan for Thurrock and associated template are currently being drafted and will be circulated to the Board for comment and then approval no later than 1 November 2021.

4. Reasons for Recommendation

- 4.1 The Section 75 Agreement must be agreed for the Council to be able to pay providers of services contained within the Better Care Fund. In the absence of guidance for 2021/22, Cabinet have agreed to the Council entering into the Agreement based on the terms set out in the previous Agreement.
- 4.2 As Thurrock's Better Care Fund Plan will be developed and finalised when Guidance has been received, Cabinet agreed that any final changes are delegated to the Corporate Director of Adults, Health and Housing and the Portfolio Holder for Children and Adult Social Care.

5. Consultation (including Overview and Scrutiny, if applicable)

- 5.1 A specific consultation on the establishment of the pooled fund to drive through the integration of health and social care services, as required under the terms of the Health and Social Care Act 2012, was held in September and October 2014.

6. Impact on corporate policies, priorities, performance and community impact

- 6.1 A key aim of the Better Care Fund is to reduce emergency admissions, which brings within it the potential to invest in services closer to home to prevent, reduce or delay the need for health and social care services or from the deterioration of health conditions requiring intensive health and care services. This will contribute to the priority of 'Improve Health and Wellbeing' and the vision set out within the refreshed Health and Wellbeing Strategy 2016-2021.
- 6.2 Achieving closer integration and improved outcomes for patients, services users and carers is also seen to be a significant way of managing demand for health and social care services, and so manage financial pressures on both the CCG and the Council.

7. Implications

7.1 Financial

Implications verified by: **Jo Freeman**
Finance Manager

The Better Care Fund consists of contributions from the Council and Thurrock CCG and are included in the body of this report. The mandated amount consists of £11.436m from NHS Thurrock CCG. Additional contributions have been confirmed and the value of the pool is £50.804m

The nature of the expenditure is an agreed ring-fenced fund. Financial risk is therefore minimised and governed by the terms set out in the Agreement. Paragraph 3.6 refers.

The Fund will be accounted for in accordance with the relevant legislation and regulations, and the agreement between the Local Authority and CCG.

Financial monitoring arrangements are in place, ensuring that auditing requirements are met, as well as disclosure in the financial statements.

7.2 Legal

Implications verified by: **Courage Emovon**
Principal Lawyer / Manager- Contracts & Procurement Team

This report outlines the arrangements for a Better Care Fund Section 75 Agreement between the Council and NHS Thurrock Clinical Commissioning Group. The Council and the NHS Thurrock Clinical Commissioning Group can pursuant to regulations made by the Secretary of State as provided by Sec 75 of the National Health Service Act 2006 enter into prescribed arrangements in relation to the exercise of prescribed functions of NHS bodies and prescribed health related functions of local authorities. This arrangement can include establishment and maintenance of a pooled fund made up of contributions by one or more NHS bodies and one or more local authorities out of which payments may be made towards expenditure incurred in the exercise of both prescribed functions of the NHS body and prescribed health related functions of the local authority. Legal Services is available to provide advice on any specific issues arising from this report.

7.3 Diversity and Equality

Implications verified by: **Becky Lee**
Team Manager - Community Development and Equalities

The vision of the Better Care Fund is improved outcomes for patients, service users and carers through the provision of better co-ordinated health and social care services. The commissioning plans developed to realise this vision will be developed with due regard to the equality and diversity considerations.

7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

None

- 8. Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

2021 to 2022 Better Care Fund policy framework, Published 19 August 2021

- Available via the following link:
<https://www.gov.uk/government/publications/better-care-fund-policy-framework-2021-to-2022/2021-to-2022-better-care-fund-policy-framework>

Better Care Fund planning requirements 2021-22, Published 30 September 2021

- Available via the following link:
[Better Care Fund policy framework: 2021 to 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/better-care-fund-planning-requirements-2021-22/better-care-fund-planning-requirements-2021-22)

- 9. Appendices to the report**

- draft Thurrock s 75 Agreement BCF and HDI 2021
- BCF Annual Governance Statement 2020 21
- Better Care Fund Planning template 2021

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