

Meeting date: 19th January 2021
Report to: Health & Wellbeing Board



Subject/report title: Better Care Fund (BCF) Update 20/21

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Wards affected:

- All Wards | Bickenhill | Blythe | Castle Bromwich | Chelmsley Wood | Dorridge/Hockley Heath | Elmdon | Kingshurst/Fordbridge | Knowle | Lyndon | Meriden | Olton | Shirley East | Shirley South | Shirley West | Silhill | Smith's Wood | St Alphege

Public/private report: Public (Information Only)

1. Purpose of Report

- 1.1 To provide the Health and Wellbeing Board with an update on the arrangements for the Better Care Fund for 2020-2021.

2. Decision(s) recommended

- 2.1 To note the information provided.

3. Matters for Consideration

- 3.1 In March 2020, the government reaffirmed its approach to the integration of health and social care in its mandate to the NHS. It set out for the NHS a requirement to 'help ensure delivery of its wider priorities, which include manifesto commitments to further improve the experience of NHS patients, working with local government to support integration and the sustainability of social care through the Better Care Fund (BCF)'.
- 3.2 Clinical Commissioning Group (CCG) minimum contributions to the BCF were published with the original NHS Operational Planning and Contracting guidance in February 2020. Grant Determinations for the improved Better Care Fund (iBCF) and Disabled Facilities Grant (DFG) have been issued to local authorities and require that use of the grants is agreed in local BCF plans.

- 3.3 As a consequence of the Covid-19 pandemic, Health and Wellbeing Boards were advised that BCF policy and planning requirements would not be published and that they should prioritise continuity of provision, social care capacity and system resilience and spend from ring fenced BCF pots based on local agreement in 2020 to 2021, pending further guidance.
- 3.4 Given the ongoing pressures on systems, government Departments and NHS England and NHS Improvement have agreed that formal BCF plans will not have to be submitted to NHS England and NHS Improvement for approval in 2020 to 2021.
- 3.5 HWB areas must, however, ensure that use of the mandatory funding contributions (Clinical Commissioning Group (CCG) minimum contribution, improved Better Care Fund (iBCF) grant and the Disabled Facilities Grant) has been agreed in writing, and that the national conditions are met, and that an end of year reconciliation to Departments and NHS England/ Improvement is supplied, confirming that the national conditions have been met.
- 3.6 The national conditions for the BCF in 2020-21 are that:
- Plans covering all mandatory funding contributions have been agreed by HWB areas and minimum contributions are pooled in a section 75 agreement (an agreement made under section 75 of the NHS Act 2006).
 - The contribution to social care from the CCG via the BCF is agreed and meets or exceeds the minimum expectation
 - Spend on CCG commissioned out of hospital services meets or exceeds the minimum ring fence.
 - CCGs and local authorities confirm compliance with the above conditions to their Health and Wellbeing Boards.
- 3.7 As in previous years, areas should ensure that local housing authorities have been engaged in the use of the DFG, and that, where appropriate, grant money has been passed to them for distribution.
- 3.8 CCGs and local authorities should also ensure that local providers of NHS and social care services have been involved in planning the use of BCF funding for 2020 to 2021. In particular, activity to support discharge funded by the BCF should be agreed as part of the whole system approach to implementing the Hospital Discharge Service Policy and should support an agreed approach for managing demand and capacity in health and social care.
- 3.9 The 2019 spending round confirmed that contributions to social care from CCGs via the BCF for 2020 to 2021 should increase by 5.3% to £4.048 billion in line with NHS revenue spend. The minimum expectation for each HWB area is derived by applying the percentage increase in the national CCG contribution to the BCF from 2019-20 to 2020-21 to the 2019-20 minimum social care maintenance figure for CCGs.
- 3.10 For Solihull, this means an increase of 5.5. % from 2019/20 from £15.332m to £16.172m. Health and Wellbeing Boards are expected to review the spending on social care funded by the CCG contribution to the BCF to ensure that the minimum expectations are met, in line with the national conditions.

- 3.11 Spending plans will not be assured regionally or formally approved. Local authorities and CCGs should ensure that robust local governance is in place to oversee BCF funds. This includes placing the funding into a pooled fund governed by an agreement under section 75 of the NHS Act 2006 with an appropriate governance structure, that reports in to the HWB. In Solihull, oversight will be delivered in the first instance through the Ageing Well Programme Board, with the Health and Social Care Commissioning Group responsible for delivery of the plan.
- 3.12 A short template has been made available on the Better Care Exchange for systems to use locally to calculate spend and compliance with the conditions on maintenance of social care and CCG commissioned out of hospital expenditure. Applying the income and expenditure calculator tool, indicates a BCF-CCG minimum required contribution target in Solihull of £16.1m. The actual proposed CCG contribution is £17.4m. This is 8% (£1.2m) above target. The £1.2m is additional CCG contribution funding intermediate care services (HEFT – Rapid response services) to avoid hospital admissions. Within this envelope, the target CCG minimum contribution to social care of £7.9m is matched.
- 3.13 During 2020 to 2021, additional funding has been made available to support the Hospital Discharge Service Policy, providing fully funded care for people discharged from hospital with additional care and support needs from 19 March 2020 to 31 August 2020, and up to 6 weeks reablement or rehabilitation from 1 September 2020 to 31 March 2021. HWB areas were asked to place the additional funding into a pooled fund governed by a section 75 agreement, and a template section 75 variation document was published. Where an area has added this additional funding into its BCF pooled fund, the additional funding is not covered by BCF national conditions. Areas can record activity funded through this additional funding source as an additional voluntary contribution.
- 3.14 Areas are required to keep records of spending against schemes funded through the BCF, and will be asked to report actual income and expenditure as normal year end reporting as well as details of spending on maintaining social care spending from the CCG minimum contribution and out of hospital services, in line with the national conditions.
- 3.15 HWB areas are not expected to submit local trajectories for the BCF national metrics for 2020 to 2021 but should continue to work as a system to make progress against them. National reporting of Delayed Transfers of Care was suspended from 19 March 2020. Local areas are reporting on a new set of metrics under the Hospital Discharge Service Policy.
- 3.16 Better Care Fund in 2021 to 2022 will be driven by the announcements in the Spending Review 2020. It was confirmed that the iBCF grant will continue in 2021 to 2022 and be maintained at its current level (£2.077 billion nationally). The Disabled Facilities Grant will also continue and will be worth £573 million in 2021 to 2022. A one off additional DFG grant of £295k (Solihull share) was also announced in Spending Review of November 2020.
- 3.17 The CCG contribution will again increase by 5.3% in line with the NHS Long Term Plan settlement.

3.18 The details for 2021/22 BCF use will be available in the Policy Framework and Planning Requirements to be published in early 2021. HWB will be provided with a further update on this as soon as the published requirements are made available.

4. What options have been considered and what is the evidence telling us about them?

4.1 Not applicable

5. Reasons for recommending preferred option

5.1 The BCF remains a national policy applicable to all HWB areas and this information is provided to ensure that the Board is equipped to deliver the governance required.

6. Implications and Considerations

6.1 State how the proposals in this report contribute to the priorities in the [Council Plan](#):

Priority:	Contribution:
<p>Economy:</p> <ol style="list-style-type: none"> 1. Revitalising our towns and local centres. 2. UK Central (UKC) and maximising the opportunities of HS2. 3. Increase the supply of housing, especially affordable and social housing. 	<p>Click here to enter text.</p>
<p>Environment:</p> <ol style="list-style-type: none"> 4. Enhance Solihull’s natural environment. 5. Improve Solihull’s air quality. 6. Reduce Solihull’s net carbon emissions. 	<p>Click here to enter text.</p>
<p>People and Communities:</p> <ol style="list-style-type: none"> 7. Take action to improve life chances in our most disadvantaged communities. 8. Enable communities to thrive. 9. Sustainable, quality, affordable provision for adults & children with complex needs. 	<p>The BCF is an essential factor in contributing to the delivery of integrated health and social care services for adults in Solihull (and for children and young people where they may benefit from the Disabled Facilities Grant).</p>

6.2 Consultation and Scrutiny:

6.2.1 This information briefing has not been subject to local consultation or Scrutiny.

6.3 Financial implications:

6.3.1 The financial implications are as set out in the policy requirements.

6.4 Legal implications:

- 6.4.1 Compliance with the obligations of the BCF policy framework is expected and will be referenced when the guidance is made available for 2021/22.

6.5 Risk implications:

- 6.5.1 Risks and mitigation associated with delivery of the schemes associated with use of the BCF follow the processes required by the Council and CCG, as necessary.

6.6 Equality implications:

The use of the BCF is intended to maximise the impact of public funds in delivering services to address ill health and social care and support needs. Schemes funded through BCF are monitored to ensure compliance with equality legislation, and opportunities will be sought to amend services to reduce the impact of health inequalities, where necessary.

7. List of appendices referred to

- 7.1 NA

8. Background papers used to compile this report

- 8.1 NA

9. List of other relevant documents

- 9.1 NA