

## Westminster Health & Wellbeing Board

## RBKC Health & Wellbeing Board

<b>Date:</b>	15th September 2022
<b>Classification:</b>	<b>General Release</b>
<b>Title:</b>	22/23 Better Care Fund
<b>Report of:</b>	Adult Social Care and Health NWL ICB
<b>Policy Context:</b>	Health and Wellbeing
<b>Wards Involved:</b>	All
<b>Report Author and Contact Details:</b>	Rachel Soni – Director of Health Partnerships rsoni@westminster.gov.uk

### 1. Executive Summary

- 1.1 The aim of this report is to update the Health and Wellbeing Boards (HWBB) on the 22/23 Better Care Fund (BCF) plan as per the NHS National Conditions. The report will include an update on the changes to national conditions and identification of risks. At the end of the year a report will be presented to the HWB on performance against the plan.
- 1.2 The report asks the HWB to note the requirement to agree the 22/23 BCF submission and to agree for the HWB Chairs to approve final submission by the 26<sup>th</sup> September following any comments from NHS London Region as part of their moderation.

### 2. Key Matters for the Board

- 2.1 The BCF remains a key tool for promoting integration across local government (including housing) and health partners to meet local and national priorities. A recent national review has shown that over 90% of local areas have consistently agreed that delivery of the BCF has improved joint working between health and social care and improving outcomes for people, especially when being discharged from hospitals. This has also been reflected across both boroughs with the BCF being an enabler to support the protection of adult

social care, but also to bring forward projects which benefits people staying at home or being able to continue to live independently.

- 2.2 On the 19<sup>th</sup> July the Department Health and Social Care published its BCF Framework for how local systems are required to meet national conditions of funding. The 22/23 BCF plan, in effect, is a rollover of schemes from 21/22 though a number of changes nationally means there is a need to review the 22/23 plan and to be satisfied it continues to meet these conditions.
- 2.3 The role of HWB remains its statutory duties and is required to submit plans by 26th September.
- 2.4 There are now two broad objectives for the BCF:
  - enable those who need it to get the right care in the right place at the right time.
  - enable people to stay well, safe and independent at home for longer.
- 2.5 Supporting these objectives are a number of other conditions that need to be met. These include:
  - New performance metrics to measures impact including a review and assessment of the High Impact Change Model (HICM) covering Transfer of Care (see below).
  - Introduction of a capacity and demand planning for intermediate care services to help the health and social care system prepare for winter. This is not part of the BCF approval process, rather is intended to support wider winter planning.

### **High Impact Change Models (HICM)**

- 2.6 The HICM is based on good practice and provides a framework to how we can improve outcomes for people. In addition, there is presently a 100-day challenge for discharge and reductions in long length of stay therefore providing a good start in the way we manage the project. The 22/23 plan asks for the status of each change model including required actions. As a result, an assessment of the system performance against the Transfer of Care HICM will be required.
- 2.7 The framework has nine areas (see table 1) and has been assessed by the Tri-Borough Discharge Steering Group. An action plan is being developed and will be reviewed as part of the End of Year BCF review process.

Table 1: Nine areas of change

Impact change	Where are you now?	What do you need to do?	When will it be done by?	How will you know it has been successful?
Change 1: Early discharge planning				
Change 2: Monitoring and responding to system demand and capacity				
Change 3: Multi-disciplinary working				
Change 4: Home first				
Change 5: Flexible working patterns				
Change 6: Trusted assessment				
Change 7: Engagement and choice				
Change 8: Improved discharge to care homes				
Change 9: Housing and related services				

## Performance Metrics

2.8 There are four performance metrics used to monitor the impact of the BCF plan by NHSE and for 22/23. The metrics required for 2022-23, compared with 2021-22 are shown below (table 2). In addition, there is a requirement to have a Demand and Capacity Modelling exercise undertaken to inform winter planning for intermediate beds.

TABLE 2: 22/23 Metrics

2021-22 and 2022-23	2021/22 EOY Performance		2022/23 Performance Target	
	RBKC	Westminster	RBKC	Westminster
Avoidable admission	131.7	224.3	130	222
Length of Stay (Removed for 22/23)	5.9%(Q4)	7.7%(Q4)	N/A	N/A
Discharge to normal place of residence	93.1%	94.1%	94%	95%
Residential admission per 100,000 population	214.9	359.9	449.2	359.9
Reablement	91.6%	92.4	84.8%	85.0%

## 3. Finance

3.1 On the 22<sup>nd</sup> April local areas received confirmation of the financial settlement for the BCF and Improved BCF (iBCF) which are broadly the same as in 2021-22. This means the iBCF element of the BCF may only be used for the purposes of:

- meeting adult social care needs

- reducing pressures on the NHS, including seasonal winter pressures
- supporting more people to be discharged from hospital when they are ready
- ensuring that the social care provider market is supported.

3.2 The following is a summary of the 2022/23 BCF allocations. This reflects and uplift of 5.66% for the Better Care Fund, and an uplift of 3% for the IBCF. There has been no change in the DFG allocation from 21/22.

### Kensington and Chelsea

3.3 The total agreed 2022/23 allocation for Kensington and Chelsea amounts to £23,552,979, of which NHS minimum Contribution is £14,844,071 (see breakdown in table 2).

**Table 2: RBKC Funding Summary**

	<b>2022/23 Allocation £</b>
<b>Better Care Fund</b>	
• LA Allocation	8,862,589
• ICB Allocation	5,981,482
<b>Minimum NHS Contribution</b>	<b>14,844,071</b>
• Improved Better Care Funding (iBCF)	7,661,937
• Disabled Facility Grant - DFG	959,824
• Additional LA Contribution-(21/22 DFG B/fwd)	66,232
• Additional ICB Contribution	20,915
<b>Total BCF Grant</b>	<b>23,552,979</b>

### Westminster

3.4 The total agreed 2022/23 BCF allocation for Westminster amounts to £43,074,149 of which NHS minimum Contribution is £23,308,180 (see breakdown in table 3).

**Table 3: WCC Funding Summary**

	<b>2022/23 Allocation £</b>
<b>Better Care Fund</b>	
• LA Allocation	14,194,044
• ICB Allocation	9,114,136
<b>Minimum NHS Contribution</b>	<b>23,308,180</b>
• Improved Better Care Funding (iBCF)	17,649,014
• Disabled Facility Grant - DFG	1,729,201
• Additional LA Contribution (21/22 DFG B/fwd)	387,754
<b>Total BCF Grant</b>	<b>43,074,149</b>

#### **4. Risk**

- 4.1 The main risk for the BCF will relate to the delivery of the metrics due to anticipated increases in demand over the winter period. As part of the management of the BCF a Place Based Partnership BCF Programme Board meeting bi monthly and will monitor the financial and operational delivery against the plan.

#### **5. Legal Implications**

- 5.1 Health and Wellbeing Boards are required to agree the Better Care Fund.

#### **6. Financial Implications**

- 6.1 This report has been agreed jointly with North West London Integrated Care Board and the Local Authority finance teams.
- 6.2 There are no financial implications arising as a result of this report.

**If you have any queries about this Report or wish to inspect any of the background papers please contact:**

Grant Aitken, Head of Health Partnerships, Royal Borough of Kensington and Chelsea and Westminster City Council

**Email:** [grant.aitken@rbkc.gov.uk](mailto:grant.aitken@rbkc.gov.uk)