

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Hampshire Health and Wellbeing Board
Date:	9 December 2021
Title:	Integration and Better Care Fund Plan 2021/22
Report From:	Graham Allen, Director of Adults' Health and Care

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Purpose of this Report

1. The purpose of this report is to update the Health and Wellbeing Board on the recent developments associated with the Hampshire Integration and Better Care Fund (IBCF) Plan. It also records that due to a mismatch between national planning requirements and local Health and Wellbeing Board arrangements, the Executive Member agreed Chair's action to enable the submission of the 2021/22 Hampshire plan.

Recommendation(s)

That the Hampshire Health and Wellbeing Board:

2. The Health and Wellbeing Board is asked to note the approach to the 2021/22 Better Care Planning requirements.
3. To note that due to a mismatch between national planning requirements and local Health and Wellbeing Board arrangements, Chair's action was invoked to enable submission with required timescales.

Context

4. Introduced in 2013, the Integration and Better Care Fund (IBCF) intended to establish a nationally agreed single pooled budget to blend investment from the NHS and local government with the aim of strengthening local joint working in support of the drive towards local integration. The policy required Clinical Commissioning Groups (CCGs) and local authorities in every area of England

to pool budgets based on a nationally determined value and to agree an integrated spending plan. The stated aim of the policy at the time was to protect social care services (not spend).

5. The latest policy requirements for 2021/22, published in September 2021¹, provided the framework for an update to Hampshire's plan. The plan consists 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.
6. The narrative set out in the policy requirements has been developed and submitted in accordance with nationally prescribed timescales on 16 November 2021. The submission of the plan was agreed by the Executive Member under Chair's action having been approved for submission by:
 - Both CCG Chief Accountable Officers and Chief Finance Officers
 - The Chief Executive of Hampshire County Council
 - The Section 151 Officer, Hampshire County Council
 - The Director of Adults' Health and Care.

Hampshire Integration and Better Care Fund Plan

7. The Hampshire IBCF plan describes the high-level local vision for health and care services for the population served by Hampshire Health and Wellbeing Board through Hampshire, Southampton and Isle of Wight and Frimley Clinical Commissioning Groups (CCGs) and Hampshire County Council. It builds on previous submissions, demonstrating how the IBCF investment contributes to the care and support of residents in the community and supports the move towards more integrated health and social care services delivery.
8. In essence the plan describes how the IBCF as an enabler that supports our whole Hampshire system to deliver "joined up" health and care that meets the needs of local people in communities. It also describes how many partners are working to commission and deliver services to meet expectations of the NHS Long Term Plan and the Adults' Health and Care Strategy 2019-2024. This approach supports the delivery of high quality, integrated person-centred health and care that removes artificial divides between primary, community and secondary healthcare and social care. The plan promotes a prevention-based approach, wherever possible, to support individual health seeking behaviour,

¹ [B0898-300921-Better-Care-Fund-Planning-Requirements.pdf \(england.nhs.uk\)](#)

building patient activation and behavioural change. The IBCF investment is being targeted to make a direct impact to achieve the following:

- Improve health related quality of life for people with long-term conditions;
- Help older people to recover their independence more quickly after illness or injury.
- Increase independence and self-reliance so that people retain control of their lives

In the longer term these changes to lifestyle will:

- Reduce premature and total mortality from the major causes of death;
- Reduce the difference in life expectancy between people living in the least and most deprived areas.

9. All providers and commissioners across Hampshire that are working within their local Integrated Care Partnerships (ICP) have designed, developed, contract and provide services that can care for people at locations as close to their home as possible, supporting them to manage long-term conditions, to live with dignity and independence at home and in the community and to access high quality hospital services when they need it.

Governance

10. The plan confirms that aligned decision making for integration is being achieved through established governance arrangements at a whole Hampshire and Isle of Wight population level, Hampshire-wide population level (Health and Wellbeing Board and Integrated Commissioning Board) and local system place-based level in preparation for the emergent Integrated Care System in 2022.

Investment

11. In 2021/22 the value of the Hampshire BCF has increased to £137,344,836. This sum includes the CCG minimum contribution of £92,732,577 of which £60,999,388 is invested in NHS community-based services. There are no additional funds invested by stakeholders in the IBCF plan. Due to the national delay in publication the plan has already largely been implemented for this year and spend allocated. The summary of investment is provided in Appendix 1 and supports:

- Community Nursing and Therapy Services
- Community Independence interventions
- Hospital Discharge Teams
- Reablement including a contribution to Hampshire Equipment Services
- Care Act duties
- Carer Support including day opportunities
- Palliative Care

12. As expected, the plan explains how health and social care partners across Hampshire are working to use this investment in the context of national conditions and nationally determined performance metrics.

Performance Monitoring

13. There are 4 National conditions that are assessed through a national assurance process:

- A jointly agreed plan between local health and social care commissioners and signed off by the Health and Wellbeing Board
- NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution
- Invest in NHS commissioned out-of-hospital services
- Plan for improving outcomes for people being discharged from hospital

14. The BCF Policy Framework requires the plan to demonstrate jointly agreed local ambitions against a set national metrics, specifically:

- effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation)
- older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population
- unplanned hospitalisations for chronic ambulatory care sensitive conditions
- reducing length of stay in hospital, measured through the percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days
- improving the proportion of people discharged home using data on discharge to their usual place of residence

15. It should be noted that system coherence to support hospital discharge (National Condition 4) the overarching approach is being delivered through the “Hospital Discharge and Home First Programme” across Hampshire and Isle of Wight. This programme has also facilitated additional short-term NHS investment within all systems held separate to the IBCF plan.

16. Quarterly national reporting against these metrics and expenditure is expected to recommence in the remainder of 2021/22

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

This proposal does not link to the Strategic Plan but, nevertheless, requires a decision because:

Health and Wellbeing Board agreement is a national requirement of the Integration and Better Care Fund policy

Other Significant Links

Links to previous Member decisions:

<u>Title</u>	<u>Date</u>

Direct links to specific legislation or Government Directives

<u>Title</u>	<u>Date</u>
B0898-300921-Better-Care-Fund-Planning-Requirements.pdf (england.nhs.uk)	30 September 2021

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

<u>Document</u>	<u>Location</u>
None	

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

2. Equalities Impact Assessment:

APPENDIX 1 Integration and Better Care Fund investment 2021-22

SCHEDULE 2 FINANCES					
Funding Transfer to the Better Care Fund 2021/22					
	Hampshire, Southampton & IOW CCG	Frimley CCG	CCG Total	HCC	Total
Revised Split (removing additional spend)					
S256's					
Section 3 - Service Integration	£18,895,466	£2,724,063	£21,619,529		£21,619,529
Section 3 - 14/15 Increase through AT	£4,598,878	£630,096	£5,228,974		£5,228,974
Section 4 - Adult Services	£1,012,112	£50,752	£1,062,864		£1,062,864
Section 6 - Community Enablement	£132,345	£0	£132,345		£132,345
Section 8 - Sitting Service/Day Care	£33,866	£0	£33,866		£33,866
Section 10 - Welcome Home Support	£55,847	£0	£55,847		£55,847
Section 15 - Palliative Care	£216,463	£0	£216,463		£216,463
Section 19 - OPMH Dementia Advisors	£142,045	£17,571	£159,615		£159,615
15/16 Agreement - OPMH Dementia Advisors	£193,003	£33,086	£226,089		£226,089
Section 26 - Frogmore Dementia Days	£0	£33,019	£33,019		£33,019
ICES	£2,606,810	£357,766	£2,964,577		£2,964,577
Agreed to Transfer	£27,886,836	£3,846,352	£31,733,189	£0	£31,733,189
Community Services					
SOUTHERN HEALTH: Community Care Teams					
OT's	£2,162,641	£361,336	£2,523,977		£2,523,977
Physios	£2,897,720	£435,430	£3,333,150		£3,333,150
Nursing	£28,673,188	£3,850,357	£32,523,545		£32,523,545
Fleet Hospital Community Beds	£0	£1,860,736	£1,860,736		£1,860,736
LD Community	£3,050,616	£0	£3,050,616		£3,050,616
OPMH Community Teams	£14,394,151	£0	£14,394,151		£14,394,151
Wheelchair services	£750,343	£0	£750,343		£750,343
Solent NHS Trust	£0	£0	£0		£0
Podiatry	£1,247,995	£0	£1,247,995		£1,247,995
Frimley Health NHS Foundation Trust: Community Care Teams	£0	£0	£0		£0
Rehab	£0	£1,263,720	£1,263,720		£1,263,720
Physios	£51,156	£51,156	£51,156		£51,156
Agreed Transfer	£53,176,654	£7,822,734	£60,999,388	£0	£60,999,388
Other Services					
Disability Grant			£0	£14,252,433	£14,252,433
Winter Pressures Grant			£0	£4,754,497	£4,754,497
Meeting Adult Social Care Needs				£25,605,329	£25,605,329
Further Service to be Identified			£0	£0	£0
Agreed Transfer	£0	£0	£0	£44,612,259	£44,612,259
TOTAL TRANSFER VALUE AGREED	£81,063,491	£11,669,086	£92,732,577	£44,612,259	£137,344,836