

CAMBRIDGESHIRE & PETERBOROUGH HEALTH & WELLBEING BOARD WHOLE SYSTEM JOINT SUB-COMMITTEE	AGENDA ITEM No. 11
DATE: 25th March 2022	PUBLIC REPORT

BETTER CARE FUND PLAN 2021-22

R E C O M M E N D A T I O N S	
<i>To:</i>	<i>Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee</i>
<i>From:</i>	<i>Will Patten, Head of Commissioning</i>
<p>The Cambridgeshire and Peterborough Health and Wellbeing Board Whole System Joint Sub-Committee is recommended to:</p> <ol style="list-style-type: none"> 1. read this report on the Better Care Fund (BCF) Plan Submission for 2021-22 and attached document and spreadsheets. 2. retrospectively approve the plan in order to comply with NHS England conditions. 	

<i>Officer contact:</i>		<i>Member contact:</i>	
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Post:	Director of Commissioning	Role	Chair of the Cambridgeshire Health and Wellbeing Board & Chair of the Peterborough Health and Wellbeing Board
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1.	BACKGROUND																																																	
1.1	Under the terms of the Better Care Fund, jointly invested by the NHS (CCG) and Local Authorities, the health and wellbeing boards have a statutory duty to submit agreed plans for Cambridgeshire and Peterborough.																																																	
1.2	Due to the tight timelines for submission of local plans and the suspension of Health and Wellbeing Board meetings, the Chairs approved jointly agreed plans on behalf of both Health and Wellbeing Boards prior to submission to NHS England on the 16th November 2021.																																																	
1.3	To ensure formal compliance with national conditions, it is requested that the Board retrospectively approves these plans.																																																	
2.	PURPOSE																																																	
2.1	NHS England BCF Planning Guidance for 2021-22 was released on the 30th September 2021.																																																	
2.2	The guidelines clarified that this was to be a one-year planning cycle. The focus is on continuity of local plans, building on learning and good practice throughout the pandemic.																																																	
2.3	There has been a slight upturn in the level of investment, all of which aims to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible. The CCG minimum uplift equated to an additional 5.5% (£2.237m) for Cambridgeshire and 5.7% (£739k) for Peterborough.																																																	
2.4	<p>The full allocations are outlined in the below table:</p> <table><tr><td></td><td colspan="3">Peterborough</td><td colspan="3">Cambridgeshire</td></tr><tr><td></td><td>2019/20</td><td>2020/21</td><td>2021/22</td><td>2019/20</td><td>2020/21</td><td>2021/22</td></tr><tr><td>CCG Minimum Contribution</td><td>£12,270,498</td><td>£12,991,510</td><td>£13,730,182</td><td>£38,651,879</td><td>£40,770,371</td><td>£43,006,921</td></tr><tr><td>Disabled Facilities Grant</td><td>£1,970,984</td><td>£1,970,984</td><td>£2,236,384</td><td>£4,467,928</td><td>£4,467,929</td><td>£5,069,551</td></tr><tr><td>Improved Better Care Fund</td><td>£6,466,276</td><td>£7,259,937</td><td>£7,259,937</td><td>£12,401,221</td><td>£14,725,277</td><td>£14,725,277</td></tr><tr><td>Winter Pressures Grant</td><td>£793,661</td><td>-</td><td>-</td><td>£2,324,056</td><td>-</td><td>-</td></tr><tr><td>Total BCF Allocation</td><td>£21,501,419</td><td>£22,222,431</td><td>£23,226,503</td><td>£57,845,084</td><td>£59,963,577</td><td>£62,801,749</td></tr></table>		Peterborough			Cambridgeshire				2019/20	2020/21	2021/22	2019/20	2020/21	2021/22	CCG Minimum Contribution	£12,270,498	£12,991,510	£13,730,182	£38,651,879	£40,770,371	£43,006,921	Disabled Facilities Grant	£1,970,984	£1,970,984	£2,236,384	£4,467,928	£4,467,929	£5,069,551	Improved Better Care Fund	£6,466,276	£7,259,937	£7,259,937	£12,401,221	£14,725,277	£14,725,277	Winter Pressures Grant	£793,661	-	-	£2,324,056	-	-	Total BCF Allocation	£21,501,419	£22,222,431	£23,226,503	£57,845,084	£59,963,577	£62,801,749
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2.5	<p>In 2021-22, the BCF Plan will include the following funding elements:</p> <ul style="list-style-type: none">• Minimum NHS (Clinical Commissioning Groups) contribution• Disabled Facilities Grant (capital funding for adaptations to houses)• Grant allocation for adult social care (improved Better Care Fund).• Winter Pressures grant funding																																																	
2.6	Our local BCF Plans continue to build on 2020-21 plans and the work undertaken to date. However, plans have been refreshed to ensure alignment with wider system plans, including local NHS recovery plans, Health and Wellbeing priorities and Integrated Care System (ICS) plans, which represents a real shift to collaborative, integrated, place-based delivery.																																																	
2.7	It should be noted that there have been few changes to the proposed investment since the 2020-21 plan, but rather a refreshment of finances. Additional voluntary CCG base funding was added to the pooled budget this year. This funding is being used for the																																																	

	health contribution to the Integrated Community Equipment budget. A full breakdown of the income and expenditure proposals can be found in the appended Better Care Fund Plan Submissions.
2.8	Our local plans take the approach of consistency, whilst building on learning and successes during the last year. Due to the onset of the pandemic in early 2020, we agreed locally to maintain provision of service capacity currently funded by the BCF pooled budget, so we continued provision in these areas. Wider integration plans were impacted by COVID, which meant that the system had to focus priorities on the local emergency response, meaning some work such as integrated neighbourhoods under the alliances was delayed. However, the pandemic strengthened community provision in other ways, e.g., our community hubs and joint working, which provides us with a strong base to progress our integration journey towards an Integrated Care System further.
2.9	Our local BCF plans recognise that we are still in a significant period of change, emerging from the pandemic, alongside moving to a local Integrated Care System, and therefore reflect the need to flex and adapt to the changing landscape to ensure alignment across wider local system plans.
2.10	Our approach in 2021-22 continues to build on the vision contained in the previous year's BCF plans: <i>"In Cambridgeshire and Peterborough we want to move to a system in which health and social care help people to help themselves, and the majority of people's needs are met through family and community support where appropriate. This support will focus on returning people to independence as far as possible with more intensive and longer-term support available to those that need it."</i>
2.11	This vision translates into a number of key joint priorities throughout 2021-22: <ul style="list-style-type: none"> • Integrated, person centred, place-based delivery, with prevention and early intervention at its core • Addressing health inequalities through a population health management approach • Supporting Hospital Discharge flow • Implementation of a local shared care record • Working collaboratively as a system to deliver these priorities.
2.12	There have been some changes to the national metrics for BCF. Two existing metrics will continue: <ul style="list-style-type: none"> • 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
2.13	The previous non-elective admissions metric will be replaced by: <ul style="list-style-type: none"> • Avoidable admissions – unplanned hospitalisation for chronic ambulatory care sensitive conditions.
2.14	Discharge metrics, which will replace the previously reported DTOC metric, will now be:

	<ul style="list-style-type: none"> 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
2.15	Local plans were submitted to NHS England on the 16th November 2021 and formal approval was received for both Cambridgeshire and Peterborough plans in January 2022.
2.16	Amendments to the local Section 75 agreements between the local authorities and CCG are now being finalised by legal teams.
2.17	Retrospective approval is sought for the proposed investments in the areas outlined in both the attached spreadsheets detailing plans for Cambridgeshire and Peterborough (provided separately) as well as the Strategic Narrative which is common to both Local Authority Areas (attached).
2.18	Quarterly national reporting has been suspended for 2021-22 due to the delays in submission deadlines. A year end report will be required at the end of the financial year.
2.19	No information on the 22/23 planning guidance yet. Early indications are that it will be a 1-year approach with minimum change. Potentially moving to a longer planning cycle afterwards which will incorporate more ambitions and outcomes and alignment with the white paper and reforms.
3.	CONSULTATION
3.1	<p>The following key stakeholders have been involved in the development of our local Better Care Fund (BCF) plans:</p> <ul style="list-style-type: none"> Peterborough City Council Cambridgeshire County Council Cambridgeshire and Peterborough Clinical Commissioning Board (CCG) Public Health Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) North West Anglia Foundation Trust (NWAFT) Cambridgeshire University Hospital NHS Foundation Trust (CUHFT) Voluntary Sector District Councils Healthwatch <p>In the developing and drafting of the BCF plan there were discussions with partners, including discussion at the system wide Chief Operating Officers (COO) meeting, the Joint Cambridgeshire and Peterborough Integrated Commissioning Board, which has system wide health and care representation and has overseen the development and monitoring of local BCF plans in line with national requirements.</p> <p>To ensure that local BCF plans align with wider strategic priorities around transition to being an Integrated Care System (ICS), engagement has happened with representatives from the North and South Integrated Care Partnerships (ICPs) and Health and Wellbeing Board chairs.</p>

4.	ANTICIPATED OUTCOMES OR IMPACT
4.1	The approval of plans enables us to comply with the national conditions associated with the release of BCF monies.
5.	IMPLICATIONS
	Financial Implications
5.1	<p>Delivery assurance through the Board will enable the Council and the CCG to continue to meet NHS England's conditions for receiving BCF monies.</p> <p>The BCF funding is in line with the Council's Medium Term Financial Strategy (MTFS).</p>
	Legal Implications
5.2	There are no direct legal implications as a result of this report.
	Equalities Implications
5.3	There are no direct equality implications as a result of this report.
6.	APPENDICES
6.1	<p>Appendix 1 – Cambridgeshire Better Care Fund Planning Template</p> <p>Appendix 2 – Peterborough Better Care Fund Planning Template</p> <p>Appendix 3 – Joint Better Care Fund Strategic Narrative</p>
7.	SOURCE DOCUMENTS
7.1	<p>Better Care Fund Planning Guidance 2021-22</p> <p>Better Care Fund planning requirements 2021-22</p>