

## **Divisions Affected - All**

### **Oxfordshire Health & Wellbeing Board**

**6 October 2022**

### **Oxfordshire Better Care Fund Plan 2022/23**

### **Report by Interim Corporate Director of Adult Social Care**

## **RECOMMENDATION**

1. **The Health & Wellbeing Board is RECOMMENDED to**
  - (a) Approve the Oxfordshire Better Care Fund Plan for 2022/23
  - (b) Approve the planned investment and schemes designed to deliver the metrics within the Plan
  - (c) Approve the proposed trajectories for the metrics as set out in the Plan

## **Executive Summary**

2. The national conditions for the Better Care Fund in 2022/23 are:
  - (a) a jointly agreed plan between local health and social care commissioners, signed off by the Health & Wellbeing Board
  - (b) NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution
  - (c) invest in NHS-commissioned out-of-hospital services
  - (d) a plan for improving outcomes for people being discharged from hospital
  - (e) additionally, the plan needs to include a demand and capacity template
3. The Better Care Fund planning round for 2022/23 national conditions allow for the plan to be submitted by the deadline of 26 September 2022 and ratified at the next available meeting of the Health & Wellbeing Board.
4. The Oxfordshire Better Care Fund plan meets the national conditions and reflects those strategic plans that have been agreed by the County Council, Integrated Care Board, and system partners in the Oxfordshire Improvement Leadership Board.
5. The Oxfordshire Better Care Fund plan meets the minimum investment criteria
6. The Better Care Fund is intended to support integration and our plan provides evidence of that both in respect of commissioning and operations. The Fund is designed to deliver improved performance against several metrics and these trajectories for these have been approved by the Oxfordshire Improvement Leadership Board who will monitor delivery during the year and are recommended here to Health & Wellbeing Board for approval.

## Better Care Fund planning guidance 2022/23

7. The Better Care Fund planning guidance was published on 19 July 2022 and can be found at [2022 to 2023 Better Care Fund policy framework - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/policies/better-care-fund-policy-framework)
8. The Better Care Fund [BCF] is designed to support integration of commissioning and operational delivery and specifically to support the management of demand in the urgent and emergency care system across health and social care. Plans for 2022/23 need to
  - (a) Be agreed by ICBs and local authorities and be signed off by Health & Wellbeing Boards
  - (b) Demonstrate how Better Care Fund funding streams will be spent to meet the planning requirements. The Better Care Fund consists of
    - (1) The CCG mandatory minimum contribution (set nationally by area)
    - (2) The improved Better Care Fund
    - (3) The Disabled Facilities Grant which is distributed to district council housing teams
  - (c) Reflect local health and social care plans and priorities
  - (d) Set “stretching targets” for the BCF metrics (see para 17ff below)
  - (e) And delivers the BCF policy objectives
    - (1) enable people to stay well, safe and independent at home for longer
    - (2) provide the right care in the right place at the right time
9. The guidance that has been issued from NHSEI re the scope and emphasis of the plan has emphasised that the plans need to be aligned to and support delivery of local winter/surge plans and that also they should continue to support recovery from the pandemic.
  - (a) In 2022/23 there has been limited changes to the BCF policy and planning guidance to provide “continuity to systems during this transitional period”
  - (b) NHS England has signalled that from 2023 BCF planning may move to a 2-year planning cycle
  - (c) In 2022/23 there is an additional requirement for systems to complete a demand and capacity plan to support achievement of the policy objectives at (8e).

## Oxfordshire Better Care plan 2022/23

10. The Better Care Fund Plan as submitted to NHS England is attached at Appendix A (main submission) and Appendix B (narrative). The main submission sets out
  - (a) The income within the Plan
  - (b) The expenditure on specific schemes funded through the Plan
  - (c) The proposed trajectories for the metrics required for the Plan
  - (d) Confirmation that we have met the national planning requirements
11. The narrative plan highlights the progress Oxfordshire has made and its future plans in respect of the key requirements in the Planning Guidance:
  - (a) Prevention and enablement: supporting people in their own community to manage their own needs through information and advice, strengths-

based approaches and innovation. We are seeking to build on the strengths-based approach set out in the *Oxfordshire Way* and to align our ambition with the development of NHS Social Prescribing

- (b) Avoidance: where people are at risk of increased ill-health and loss of independence, Home First approaches and services that will help them remain safely at home and avoid either unnecessary conveyance for assessment, or admission to hospital or escalation to long-term care
  - (c) Home First approaches to supporting discharge from acute hospital settings through an improved and extended intervention to support people get safely back home where their short and long terms needs can be assessed, and personalised plans developed for recovery and/or care
  - (d) A comprehensive model of assessment, and rehabilitation and reablement where people need to go home from hospital via a step-down bed in community hospital or nursing home.
  - (e) Support for the provider market at times of great pressure around workforce and increased costs
  - (f) Surge planning for winter and other risks
12. The Plan builds on the redesign and integration of commissioning across the County Council and ICB in 2020/21. During 2021/22 this integrated approach has been confirmed and consolidated by both parties and a new s75 NHS Act 2006 pooled budget agreement is due to replace the current version from December 2022 which consolidates these arrangements and provides the governance for the BCF plan and investment.
13. The Plan in 2022/23 includes a demand and capacity plan as set out at Appendix C. In 2022/23 the requirement is to “have completed a plan”. It will not be performance-measured as part of assurance. The template is a “work in progress” in that a number of the fields that populate the plan cannot at this point easily be measured and/or the data cannot be extracted from systems in the way it has been prescribed in the planning guidance. NHS England are using this exercise in 2022/23 as a learning piece to improve the demand and capacity expectations from 2022/23 and in Oxfordshire we will continue to develop the plan over the course of Quarters 3 and 4. At present it tells us what we know: that we have significant pressures around supporting people in their own homes, and that we will continue to need to develop a range of different approaches to address these gaps. We have a technical issue in recording the number of referrals to step down beds from hospital that will be resolved in Q3.
14. The Plan is aligned to other key strategic initiatives such as the *Oxfordshire Way* and the development of NHS Social Prescribing and Anticipatory Care Planning in primary care. It complements the system Urgent Care Improvement Implementation Plan and is supported by aligned initiatives within Public Health and with District and City Councils, especially around homelessness and home improvement for people with disabilities. The development of the schemes within the plan has been a partnership exercise involving a wide range of stakeholders from social care, NHS, Public Health, independent care providers and the voluntary and community sector.
15. There will be an opportunity to further integrate our planning approaches in the next planning round from 2023, building on the partnership approach we have

taken in 2022/23, and working on a 2-year planning cycle which should increase scope for impact.

16. The 2022/23 plan is the first that has been developed within scope of the Integrated Care Board and we have worked with colleagues in the other Health & Wellbeing Board areas across Bucks and Berkshire West to understand the pressures and approaches in those systems. This may create further learning opportunities in 2023/24.
17. **Health & Wellbeing Board is asked to approve the Oxfordshire Better Care Fund Plan for 2021/22.**

### Investment in Better Care Fund 2021/22

18. The Plan as submitted meets the requirements of the Planning Guidance:

Funding Sources	Income	Expenditure	Difference
DFG	£6,658,544	£6,658,544	£0
Minimum NHS Contribution	£46,696,469	£46,696,469	£0
iBCF	£10,705,289	£10,705,289	£0
Additional LA Contribution	£0	£0	£0
Additional ICB Contribution	£0	£0	£0
<b>Total</b>	<b>£64,060,302</b>	<b>£64,060,302</b>	<b>£0</b>

[Expenditure >>](#)

#### NHS Commissioned Out of Hospital spend from the minimum ICB allocation

Minimum required spend	£13,267,002
Planned spend	£17,703,190

#### Adult Social Care services spend from the minimum ICB allocations

Minimum required spend	£29,321,155
Planned spend	£36,010,693

19. The investment in schemes is set out in the template submission at tab 5a. There are 48 schemes designed to deliver the BCF priorities set out at para 8e above.
  - (a) At the time of writing NHS England additional funding for winter capacity around beds that support our ability to move people out of hospital is awaiting confirmation
  - (b) In line of this a sum of £945,093 has been set aside to cover this requirement. If the sum is not needed for this purpose it will be used elsewhere to assure resilience of the plan during winter
20. **Health & Wellbeing Board is asked to approve the investment plan for Oxfordshire Better Care Fund Plan for 2022/23.**

### Trajectories against the national Better Care Fund metrics

21. The metrics in the Better Care Fund have been changed from 2022/23 and the former “length of stay in hospital” measure has been removed. There are 4 metrics, and our proposed targets are set out in para 22-25
22. **BCF metric 8.1.** The plan sets out a range of *preventative* and *avoidance* measures which will increase our capacity to manage the risk of non-elective admissions to hospital. A number of complementary measures also form part of the system urgent care Integrated Improvement Plan such as the use of virtual wards in the community, and a more integrated response between ambulance and community services to people who fall in their own home. The 2019/20 baseline for non-elective admissions was low owing to the impact of the pandemic response. There was a steep increase in 2021/22, and these pressures have continued. **In view of this we have set a target to reduce by 2% from the 2021/22 performance and achieve a rate of no more than 720 unplanned admissions per 100,000 population over the year.**
23. **BCF metric 8.3.** The current proportion of people discharged home from acute hospital stay in Oxfordshire is 91% against the national target of 95% and our 2021/22 target of 93%. As a system we have worked ceaselessly to create additional capacity in reablement and domiciliary care, and to increase our ability to divert people from formal care when they can in fact live at home with more informal preventative support as in the Oxfordshire Way. Our Home First approach, together with close working with our strategic reablement providers has created a lot of learning and as a system we believe we can improve the current performance through the plans that are in place. However, Oxfordshire retains a large bed base and so anticipate that we will not achieve the 95% national expectation in 2022/23. **We therefore plan to achieve 93% of people admitted to hospital returning directly home on discharge in 2022/23.**
24. **BCF metric 8.4.** Permanent council-funded residential admissions to nursing homes are driven both from the community and as part of hospital discharge. In 2021/22 we had considerable success in reducing early and unnecessary to residential care and improved on our BCF target. This is driven by a strengths-based approach in line with the *Oxfordshire Way* and our use of step-down beds from hospital when we cannot take people directly home: we don't make the decision to admit too early. We are continuing to work with housing provider partners to make best use of Extra Care Housing as an alternative to long-term care as well as considering the role of equipment and assistive technology to support people in their own homes and communities. We will continue to drive these initiatives and are therefore looking to fund no more than 9 permanent admissions to care homes per week. **We plan for 351 admissions in 2022/23 per 100k of population over the age of 65.**
25. **BCF metric 8.5.** The impact of our Home First and strengths-based prevention work together with the performance of our reablement services in supporting people to independence means that we anticipate that this will mean an **improvement in the numbers of people still at home 90 days after reablement episode to 84%.**
26. **Health & Wellbeing Board is asked to approve the trajectories for the Better Care Fund metrics for 2021/22.**

**Governance, assurance and engagement for Better Care Fund Plan**

27. The development of the BCF plan has been led by officers from the Bucks, Oxfordshire and Berkshire West ICB and Oxfordshire County Council integrated commissioning team and has been agreed for submission on behalf of the Health & Wellbeing Board by the Corporate Director of Adult Services for the Council and the Chief Executive of the ICB.
28. The detail of the initiatives in for 2022/23 has been developed by the Oxfordshire Urgent Care Delivery Group delegated from the Oxfordshire Improvement Leadership Board. A partnership group of representatives from social care, primary care, Oxford Health NHS FT and Oxford University Hospitals NHS FT, public health, City and District Councils, independent care provider bodies and the voluntary and community sector has worked up the schemes. This work has been overseen by Senior Responsible Officers from NHS and Council.
29. The Better Care Fund plan builds out from a range of existing system wide plans and initiatives which have been developed through different levels of system working.
30. The target metrics in the plan have been reviewed and approved by the Oxfordshire Improvement Leadership Board.
31. The Disabled Facilities Grant narrative builds on the discussions held between District Councils and Oxfordshire County Council's therapy lead and integrated housing occupational therapists.

## **Financial Implications**

32. The investment in the Better Care Fund is made up of agreed budgets contributed to the s75 NHS Act 2006 pooled commissioning budget by the County Council and Oxfordshire Clinical Commissioning Group. The spending plan have been agreed by the County Council and the CCG in the Joint Commissioning Executive. The winter funding element is agreed by the Corporate Director for Adult Services and the Chief Nurse Oxford University Hospitals NHS FT delegated from the Joint Commissioning Executive.

Comments checked by:

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## **Equality & Inclusion Implications**

33. We have completed an Equality and Climate Impact Assessment to support the Better Care Fund Plan, and this will be reviewed in Q4 2022/23 to assess impact of the funded schemes.
34. The Oxfordshire JSNA has identified both geographical populations (in parts of Banbury and Oxford) and areas of need where Oxfordshire performs worse than baseline, especially in relation to younger people and older people, where prevalence of depression, loneliness and falls are above average and the dementia diagnosis rate is below national targets
35. These findings have informed the Better Care Fund Plan for 2022/23 with a range of specific schemes that are detailed in the template, and which include
  - (a) Increased mental health capacity in emergency departments

- (b) Extended dementia and carer support services, and a number of initiatives around the falls' pathway
- (c) Increased support for homeless people
- (d) The focus in the deployment of the Disabled Facilities Grant and Housing Improvement on supporting people with behaviours that challenge with emotionally sustainable building design which supports sensory needs
- (e) A range of preventative services and community capacity delivered in partnership with community services that we are seeking to target in areas of greatest need as defined by the JSNA especially in relation to reducing isolation and increasing access to physical activity

## **Karen Fuller, Interim Corporate Director of Adult Social Care**

Annexes:      Annex 1 Oxfordshire HWB FINAL BCF 2022-23 Planning Template  
                  Annex 2 Oxfordshire HWB Better Care Fund Plan 2022-23 Narrative  
                  Annex 3 Oxfordshire HWB BCF Demand and Capacity Template

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