

Divisions Affected -

Oxfordshire Health & Wellbeing Board

16 December 2021

Oxfordshire Better Care Fund Plan 2021/22

Report by Corporate Director of Adults and Housing Services

RECOMMENDATION

1. **The Health & Wellbeing Board is RECOMMENDED to**
 - (a) Approve the Oxfordshire Better Care Fund Plan for 2021/22
 - (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 2021/22 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
3. The Better Care Fund planning round for 2021/22 commenced on 30 September for submission 16 November. Given the brevity of the planning and submission cycle for 2021/22 the national conditions allow for the plan to be submitted by the deadline 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, Clinical Commissioning Group, and system partners.
5. The Oxfordshire Better Care Fund plan meets and exceeds 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 considered by Urgent Care Delivery Group and the Joint Commissioning Executive and are recommended here to Health & Wellbeing Board for approval.

Better Care Fund planning guidance 2021/22

7. The Better Care Fund planning guidance was published on 30 September 2021 <https://www.england.nhs.uk/publication/better-care-fund-planning-requirements-2021-22/> .
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 2021/22 need to
 - (a) Be agreed by CCGs 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) which has increased by 5.3% in 2021/22 (equivalent to £1.3m in Oxfordshire)
 - (2) The improved Better Care Fund (which includes the provision for Winter plans of £1.2m)
 - (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)
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 support recovery from the pandemic.

Oxfordshire Better Care plan 2021/22

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
 - (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 CCG in 2020/21 and is aligned to other key strategic initiatives such as the *Oxfordshire Way*; *Home First* and the *Live Well at Home* reablement and domiciliary care model; and the development of the *Community Services Strategy*
13. **Health & Wellbeing Board is asked to approve the Oxfordshire Better Care Fund Plan for 2021/22.**

Investment in Better Care Fund 2021/22

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

Funding stream	Investment 2021/22 £
Disabled Facilities Grant	6,658,544
Improved Better Care Fund	10,390,597
CCG minimum contribution	44,195,030
CCG additional contribution	8,414,380
Total	69,658,551

15. The investment in schemes is set out in the template submission at tab 5a. There are 31 schemes designed to deliver the priorities set out at para 11 above.
16. **Health & Wellbeing Board is asked to approve the investment plan for Oxfordshire Better Care Fund Plan for 2021/22.**

Trajectories against the national Better Care Fund metrics

17. The metrics in the Better Care Fund have been changed to reflect the move away from *Delayed transfers of care* to a focus on long length of hospital stay (whether or not due to delay) and to the requirements of the NHS Hospital Discharge Policy to ensure that 95% of all people admitted to hospital are discharged home with or without support. There are 5 metrics, and our proposed targets are set out in para 18-24
18. **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. The 2019/20 baseline for non-elective admissions was low owing to the impact of the pandemic response. There was a steep increase in Q1 2021/22, and these pressures have continued. **In view of this we have set a target to reduce by 5% from the 2018/19 performance and achieve a rate of no more than 705 unplanned admissions per 100,000 population over the year.**
19. **BCF metric 8.2.** Oxfordshire Accident & Emergency Delivery Board manages progress towards the acute hospital metric that no more than 12% of open

acute beds should be occupied by people with length of stay >21 days. This target represents a reduction from the March 21 baseline from 14%.

20. The BCF metric is not one that has been monitored before and the average length of stay approach needs to be understood in terms of its sensitivity to the measures that we have outlined here in terms of avoidance and supporting safe discharge.
21. We therefore propose a reduction to the BCF metric baseline in the same proportion to the reduction that is required for the acute measure (i.e by 2/14 or 14% by end of Q4 2021/22. We will develop monitoring approaches that support our understanding of progress, barriers and opportunities in delivery of this metric.

	March 21	June 21	Sep 21	Dec 21	Mar 22
Proportion of patients resident in acute beds 14 days or more	8.6%	8.8%	8.4%	8.0%	7.4%
Proportion of patients resident in acute beds 21 days or more	3.9%	4.2%	3.8%	3.7%	3.4%

22. **BCF metric 8.3.** The current proportion of people discharged home from acute hospital stay in Oxfordshire is 91% with a further 7.2% going into pathway 2 step down beds in the community; however, if we break that down into people aged over 65 the proportion is 88% going home and 10% going into pathway 2. Within the Plan we have funded increased reablement capacity which will positively impact these numbers. Oxfordshire retains a large bed base and so anticipate that we will not achieve the 95% national expectation in 2021/22. **We therefore plan to achieve 93% of people admitted to hospital returning directly home on discharge in 2021/22.**
23. **BCF metric 8.4.** Permanent council-funded residential admissions to nursing homes are driven both from the community and as part of hospital discharge. We are continuing to work with housing provider partners to develop Extra Care Housing and have designed a new care approach into those flats as part of Live Well at Home. We will continue to drive our Home First approach for discharge and exploring all alternatives to permanent admission (eg in our community equipment and assistive technology schemes). We are therefore looking to fund no more than 11 permanent admissions to care homes per week. **We plan for 429 admissions in 2021/22 per 100k of population over the age of 65.**
24. **BCF metric 8.5.** The impact of reablement on longer-term care needs is set out above and with the Home First and strengths-based prevention work we anticipate that this will mean a **recovery in the numbers of people still at home 90 days after reablement episode to 77%.**
25. **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

26. The development of the BCF plan has been led by officers from the Oxfordshire CCG and Oxfordshire County Council integrated commissioning team and has been approved for submission on behalf of the Health & Wellbeing Board by the Oxfordshire Joint Commissioning Executive. The Accountable Officer for Oxfordshire Clinical Group has agreed the plan as submitted.
27. The detail of the winter planning initiatives in the improved Better Care Fund for 2021/22 has been developed by the Oxfordshire Urgent Care Delivery Group delegated from the AEDB. The Group is led by Oxford University Hospitals NHS FT and comprises Oxfordshire County Council and CCG, Oxford Health NHS FT, South Central Ambulance Service, Age UK Oxfordshire, Principle Medical Limited and so covers acute and community health, primary care, social care and the voluntary and community sector. Urgent Community Delivery Group has also reviewed this submission and provided comments prior to Joint Commissioning Executive sign off.
28. 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.
29. The target metrics in the plan have been reviewed by Urgent Care Delivery Group and recommended to the Joint Commissioning Executive and Oxfordshire Accident & Emergency Delivery Board.
30. 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

31. 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

32. We have completed an Equality and Climate Impact Assessment to support the Better Care Fund Plan and this will be reviewed in Q4 2021/22 especially in relation to an improved understanding of the impact of our performance on Better Care Fund metrics in relation to protected characteristics.
33. 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.

34. These findings have informed the Better Care Fund Plan for 2021/22 with a range of specific schemes that are detailed in the template, and which include
- (a) A new community paediatric care pathway funded through improved Better Care Fund that is designed to avoid unnecessary attendance and admission for vulnerable young people
 - (b) Increased mental health capacity in minor injury units
 - (c) New dementia and carer support services, and a focus on the falls' pathway
 - (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 delivered in partnership with community services that we are seeking to target in areas of greatest need as defined by the JSNA

Stephen Chandler, Corporate Director of Adult Services

Annexes: A. Oxfordshire HWB FINAL BCF 2021-22 Planning Template
B. Oxfordshire HWB Better Care Fund Plan 2021-22 Narrative

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