

AGENDA

Health and wellbeing board

Date: **Thursday 21 July 2022**

Time: **10.00 am**

Place: **Conference Suite, Plough Lane**

Notes: Please note the **time, date** and **venue** of the meeting.

For any further information please contact:

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If you would like help to understand this document, or would like it in another format or language, please call Simon Cann Democratic Services on 01432 260667 or e-mail simon.cann@herefordshire.gov.uk in advance of the meeting.

Agenda for the Meeting of the Health and wellbeing board

Membership

| | | |
|----------------------|---------------------------------------|---|
| Chairman | Councillor Pauline Crockett | Cabinet Member - Health and Adult Wellbeing |
| Vice-Chairman | MouseExpectedRepresentingCells | |
| | Anna Davidson | Assistant Director (Prevention), Hereford & Worcester Fire and Rescue Service |
| | Darryl Freeman | Corporate Director for Children and Families |
| | Hayley Allison / Julie Grant | Assistant Director of Strategic Transformation / Head of Delivery and Improvement at NHS Improvement, NHS England |
| | Dr Mike Hearne | Managing Director, Taurus Healthcare |
| | Councillor David Hitchiner | Leader of the Council, Herefordshire Council |
| | Rebecca Howell-Jones | Acting Director of Public Health, Herefordshire Council |
| | Councillor Phillip Howells | Herefordshire Council |
| | Jane Ives | Managing Director, Wye Valley NHS Trust |
| | Ivan Powell | Chair of the Herefordshire Safeguarding Adults Board |
| | Christine Price | Chief Officer, Healthwatch Herefordshire |
| | Paul Smith | Acting Director for Adults and Communities, Herefordshire Council |
| | Councillor Elissa Swinglehurst | |
| | Dr Ian Tait | Chair of NHS Herefordshire and Worcestershire Clinical Commissioning Group |
| | Neil Taylor | Interim Director for Economy and Place, Herefordshire Council |
| | Councillor Diana Toynbee | Cabinet Member - Children and Families, Herefordshire Council |
| | Simon Trickett | Chief Executive/STP ICS Lead, NHS Herefordshire and Worcestershire CCG |
| | Councillor Ange Tyler | Herefordshire Community Safety Partnership / Cabinet member - Housing, Regulatory Services, and Community Safety |
| | Superintendent Edd Williams | Superintendent for Herefordshire, West Mercia Police |
| | Mark Yates | Chair of Herefordshire and Worcestershire Health and Care NHS Trust |

AGENDA

9.1 BCF SUPPLEMENT TEMPLATE GUIDANCE TEXT

Pages
5 - 6

| Better Care Fund 2021-22 Year-end Template |
|---|
| 1. Guidance |
| <p>Overview</p> <p>The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2021-22, which supports the aims of the BCF Policy Framework and the BCF programme, jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities, NHS England (NHS), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).</p> <p>The key purposes of BCF reporting are:</p> <ol style="list-style-type: none"> 1) To confirm the status of continued compliance against the requirements of the fund (BCF) 2) To confirm actual income and expenditure in BCF plans at the end of the financial year 3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans 4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements <p>BCF quarterly reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including clinical commissioning groups, local authorities and service providers) for the purposes noted above.</p> <p>BCF quarterly reports submitted by local areas are required to be signed off by HWBs as the accountable governance body for the BCF locally and these reports are therefore part of the official suite of HWB documents.</p> <p>The BCF quarterly reports in aggregated form will be shared with local areas prior to publication in order to support the aforementioned purposes of BCF reporting. In relation to this, the BCF Team will make the aggregated BCF quarterly reporting information in entirety available to local areas in a closed forum on the Better Care Exchange (BCE) prior to publication.</p> |
| <p>Note on entering information into this template</p> <p>Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:</p> <p>Data needs inputting in the cell Pre-populated cells</p> <p>Note on viewing the sheets optimally</p> <p>To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.</p> <p>The details of each sheet within the template are outlined below.</p> |
| <p>Checklist (1 Cover)</p> <ol style="list-style-type: none"> 1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team. 2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes' 3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'. 4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'. 5. Please ensure that all boxes on the checklist are green before submission. |
| <p>2. Cover</p> <ol style="list-style-type: none"> 1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. 2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to: enquiries.bettercare@nhs.uk (please also copy in your respective Better Care Manager) 3. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed. |
| <p>3. National Conditions</p> <p>This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2021-22 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion. https://www.england.nhs.uk/publication/better-care-fund-planning-requirements-2021-22/</p> <p>This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met within the quarter and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.</p> <p>In summary, the four national conditions are as below: National condition 1: Plans to be jointly agreed National condition 2: NHS contribution to adult social care is maintained in line with the uplift to CCG Minimum Contribution National condition 3: Agreement to invest in NHS commissioned out-of-hospital services National condition 4: Plan for improving outcomes for people being discharged from hospital</p> |
| <p>4. Metrics</p> <p>The BCF plan includes the following metrics: Unplanned hospitalisation for chronic ambulatory care sensitive conditions, Proportion of hospital stays that are 14 days or over, Proportion of hospital stays that are 14 days or over, Proportion of discharges to a person's usual place of residence, Residential Admissions and Reablement. Plans for these metrics were agreed as part of the BCF planning process.</p> <p>This section captures a confidence assessment on achieving the plans for each of the BCF metrics.</p> <p>A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes that have been achieved.</p> <p>The BCF Team publish data from the Secondary Uses Service (SUS) dataset for Long length of stay (14 and 21 days) and Discharge to usual place of residence at a local authority level to assist systems in understanding performance at local authority level.</p> <p>The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric plans and the related narrative information and it is advised that:</p> <ul style="list-style-type: none"> - In making the confidence assessment on progress, please utilise the available published metric data (which should be typically available for 2 of the 3 months) in conjunction with the internal/proxy metric information for the third month (which is eventually the source of the published data once agreed and validated) to provide a directional estimate. - In providing the narrative on Challenges and Support needs, and Achievements, most areas have a sufficiently good perspective on these themes by the end of the quarter and the unavailability of published metric data for one of the three months of the quarter is not expected to hinder the ability to provide this useful information. Please also reflect on the metric performance trend when compared to the quarter from the previous year - emphasising any improvement or deterioration observed or anticipated and any associated comments to explain. <p>Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.</p> |
| <p>5. Income and expenditure</p> <p>The Better Care Fund 2021-22 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and CCGs. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (BCF) grant, and the minimum CCG contribution. A large proportion of areas also planned to pool additional contributions from LA and CCGs.</p> <p>Income section:</p> <ul style="list-style-type: none"> - Please confirm the total HWB level actual BCF pooled income for 2021-22 by reporting any changes to the planned additional contributions by LAs and CCGs as was reported on the BCF planning template. - The template will automatically pre-populate the planned expenditure in 2021-22 from BCF plans, including additional contributions. - If the amount of additional pooled funding placed into the area's section 75 agreement is different to the amount in the plan, you should select 'Yes'. You will then be able to enter a revised figure. Please enter the actual income from additional CCG or LA contributions in 2021-22 in the yellow boxes provided, NOT the difference between the planned and actual income. - Please provide any comments that may be useful for local context for the reported actual income in 2021-22. <p>Expenditure section:</p> <ul style="list-style-type: none"> - Please select from the drop down box to indicate whether the actual expenditure in you BCF section 75 is different to the planned amount. - If you select 'Yes', the boxes to record actual spend, and explanatory comments will unlock. - You can then enter the total, HWB level, actual BCF expenditure for 2021-22 in the yellow box provided and also enter a short commentary on the reasons for the change. - Please provide any comments that may be useful for local context for the reported actual expenditure in 2019/20. |
| <p>6. Year End Feedback</p> <p>This section provides an opportunity to provide feedback on delivering the BCF in 2021-22 through a set of survey questions. These questions are kept consistent from year to year to provide a time series.</p> <p>The purpose of this survey is to provide an opportunity for local areas to consider the impact of BCF and to provide the BCF national partners a view on the impact across the country. There are a total of 9 questions. These are set out below.</p> <p>Part 1 - Delivery of the Better Care Fund</p> <p>There are a total of 3 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:</p> <ul style="list-style-type: none"> - Strongly Agree - Agree - Neither Agree Nor Disagree - Disagree - Strongly Disagree <p>The questions are:</p> <ol style="list-style-type: none"> 1. The overall delivery of the BCF has improved joint working between health and social care in our locality 2. Our BCF schemes were implemented as planned in 2021-22 3. The delivery of our BCF plan in 2021-22 had a positive impact on the integration of health and social care in our locality <p>Part 2 - Successes and Challenges</p> <p>This part of the survey utilises the SCIE (Social Care Institute for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the 'Enablers for Integration' expressed in the Logic Model.</p> <p>Please highlight:</p> <ol style="list-style-type: none"> 8. Two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2021-22. 9. Two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2021-22. <p>For each success and challenge, please select the most relevant enabler from the SCIE logic model and provide a narrative describing the issues, and how you have made progress locally.</p> <p>SCIE - Integrated care Logic Model</p> <ol style="list-style-type: none"> 1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors) 2. Strong, system-wide governance and systems leadership 3. Integrated electronic records and sharing across the system with service users 4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production 5. Integrated workforce: joint approach to training and upskilling of workforce 6. Good quality and sustainable provider market that can meet demand 7. Joined-up regulatory approach 8. Pooled or aligned resources 9. Joint commissioning of health and social care <p>7. ASC fee rates</p> <p>This section collects data on average fees paid by the local authority for social care.</p> <p>Specific guidance on individual questions can be found on the relevant tab.</p> |

