

**Manchester Health and Wellbeing Board
Report for Resolution**

Report to: Manchester Health and Wellbeing Board – 3 November 2021

Subject: Better Care Fund (BCF) return

Report of: Senior Planning Manager, MHCC

Summary

NHS England have requested that a BCF return is completed for Manchester which demonstrates the plan to successfully deliver integrated health and social care.

The plan focuses on the requirement to reduce long length of stay in acute settings and to provide support for people to remain in the community by having effective discharge pathways and social care provision.

NHS England request that the plan is approved by the Health and Wellbeing Board prior to being submitted to them by 16 November 2021.

Recommendations

The Board is asked to:

1. Approve the Better Care Fund return
 2. Approve the narrative return in support of the Better Care Fund plan.
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Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Enabling people to keep well and live independently as they grow older	The plan sets out the support that is in place to support people to remain in the community. This includes the support that is provided by the crisis team to reduce the likelihood that patients will require hospital care. It also includes having effective discharge pathways including discharge to assess provision to minimise the length of stay of patients in hospital. The plan also includes the support that is provided to help people remain in the community once they leave hospital such as the reablement provision and the neighbourhood apartments which provide short term support to rehabilitate patients.
One health and care system – right care, right place, right time	
Self-care	

Links to the Manchester Health and Social Care Locality Plan

The three pillars to deliver the Manchester Health and Social Care Locality Plan	Summary of Contribution or link to the Plan
A single commissioning system ensuring the efficient commissioning of health and care services on a city-wide basis with a single line of accountability for the delivery of services	CCG funding is provided to support effective discharge pathways and community provision including care home support.
'One Team' delivering integrated and accessible out of hospital community-based health, primary and social care services	There is an integrated community approach including support which is being provided by crisis teams, reablement, intermediate care, residential and nursing care.
A 'Single Manchester Hospital Service' delivering consistent and complementary arrangements for the delivery of acute services achieving a fully aligned hospital model for the city	The hospital discharge policies have been produced in consultation with MFT to ensure that patients are able to leave hospital as soon as they are medically fit to do so.

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based:

- BCF planning template
- BCF narrative return

1.0 Introduction

- 1.1 This paper provides the Health and Wellbeing Board with an overview of the Better Care Fund (BCF) planning guidance for 2021/22 and the related reporting requirements related to the BCF plan and pooled budget.

Background

- 1.2 The Department of Health and Social Care (DHSC) have issued a policy framework for the implementation of the Better Care Fund in 2021/22. The framework sets out that plans should have stretching ambitions for improving outcomes against the national metrics.
- 1.3 From March 2020, in response to the pandemic, the Hospital Service Requirements set out revised processes for hospital discharges in all areas, including a requirement that people are discharged on the same day that they no longer need to be in an acute hospital; and implementation of a home first approach. This policy is supported by additional funding in 2021/22 for health and social care activity to support recovery outside hospital and to implement a discharge to assess model.
- 1.4 Improved Better Care Fund (iBCF) and Disabled Facilities Grant (DFG) are paid to local authorities with a condition that they are pooled into the BCF and spent on specific purposes set out within the BCF framework.
- 1.5 The reporting requirement requires the reporting template to be populated with the CCG minimum contributions to the BCF, Disabled Facilities Grant and the Improved Better Care Fund.

2.0 Reporting requirements

- 2.1 The BCF returns need to be submitted to NHS England by 16 November. There is a local requirement to submit the return to the GM Assurance office by 10 November in order that they can verify the return before forwarding to NHS England.
- 2.2 Part of the requirements of the return are that the approach and return must be agreed by stakeholders including the CCG, Local Authority and the Voluntary Sector and signed off by the Health and Wellbeing Board.
- 2.3 The return requires consideration of how health inequalities are taken into consideration in the delivery of services. Actions undertaken including trying to have a culturally competent workforce, having availability of translation services and engaging with communities at a neighbourhood level.
- 2.4 The BCF funding also requires that there is Section 75 agreement between the CCG and Adult Social Care for the pooling of health and social care budgets. A new Section 75 agreement is now in place between the MLCO and MCC as the deliverers of integrated health and social care. The CCG does however retain oversight of the BCF process by providing a CCG

contribution to MLCO activity and by MCC representation being retained on the MHCC Board and Strategy Committee.

3.0 Key aspects of the return

- 3.1 The BCF plan complies with the 4 BCF national conditions for 2021/22 which are:
1. A jointly agreed plan between local health and social care commissioners, signed off by the HWB
 2. NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution
 3. invest in NHS-commissioned out-of-hospital services
 4. a plan for improving outcomes for people being discharged from hospital
- 3.2 The activity within the plan has been agreed by health and social care colleagues from the CCG, MCC and MLCO and the funding has been agreed in line with the NHS uplift requirements for the programme.
- 3.3 The programme concentrates on a range of activity to support people to be cared for in the community meaning that they either do not need to enter hospital such as by receiving support from the crisis response team or by having effective pathways in place to support people to be discharged from hospital on the day that they no longer need to be there.
- 3.4 A key aspect of the plan are the discharge pathways which are:
- Pathway 0 – Discharge home with no further care needs
 - Pathway 1 – Discharge home with care needs
 - Pathway 2 – Discharge to intermediate care
 - Pathway 3 – Discharge to Residential or nursing care.
- 3.5 For patients that are unable to be discharged home straight away the care that they are able to access includes neighbourhood apartments which offer a short term solution to help support patient rehabilitation. Additionally, Pathway 3 includes Discharge to Assess beds within residential and nursing homes, helping to support patients who may have more complex short term care needs on leaving hospital.
- 3.6 Further details of the BCF plan are contained within the BCF narrative return.

4.0 Recommendation

- 4.1 The Health and Wellbeing Board are asked to approve the BCF planning template and narrative return and provide confirmation of sign off for the plan.