

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

Report to: Manchester Health and Wellbeing Board – 2 November 2022

Subject: Better Care Fund (BCF) return

Report of: Senior Planning and Policy Manager, NHS GM Integrated Care

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 retrospectively as the plan needed to be submitted to NHS England by 26 September 2022.

Recommendations

The Board is asked to:

1. Approve the BCF return.
 2. Approve the narrative return in support of the BCF plan.
 3. Approve the capacity and demand template.
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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 the work to support people to be able to return home including the Home from Hospital activity and the adaptations that are provided by the Manchester Care and Repair. The return provided an overview of the effective discharge pathways including discharge to assess provision to minimise the length of stay of patients in hospital.
One health and care system – right care, right place, right time	
Self-care	

	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.
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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	A resilient discharge programme has been developed which is a Citywide partnership approach to effective discharge. This model not only ensure that discharge planning is in place which ensure that support is provided to facilitate patients to leave hospital to leave hospital when they are medically fit to do so. The programme includes have effective pathways including discharge to assess and community provision including Homecare 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.

Lead board member: Councillor T. Robinson, Executive Member for Healthy Manchester and Adult Social Care

Contact Officers:

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

- BCF planning template
- BCF Capacity and Demand 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 2022/23 and the related reporting requirements related to the BCF plan and pooled budget.

2.0 Background

- 2.1 The Department of Health and Social Care (DHSC) have issued a policy framework for the implementation of the Better Care Fund in 2022/23. The framework sets out that plans should have stretching ambitions for improving outcomes against the national metrics.
- 2.2 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.
- 2.3 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.
- 2.4 The reporting requirement requires the reporting template to be populated with NHS minimum contributions to the BCF, Disabled Facilities Grant and the Improved Better Care Fund.

3.0 Reporting requirements

- 3.1 The BCF returns needed to be submitted to NHS England by 26 September 2022.
- 3.2 Part of the requirements of the return are that the approach and return must be agreed by stakeholders and signed off by the Health and Wellbeing Board. Where this is not possible prior to the submission of the return localities are asked to achieve retrospective approval.
- 3.3 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.
- 3.4 The BCF funding also requires that there is Section 75 agreement between the Health and Social Care for the pooling of health and social care budgets. A Section 75 agreement is now in place between the MLCO and MCC as the deliverers of integrated health and social care.

4.0 Key aspects of the return

- 4.1 The BCF plan complies with the 4 BCF national conditions for 2022/23 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 NHS minimum contribution
 3. Invest in NHS-commissioned out-of-hospital services
- 4.2 Implementing BCF policy objectives – which includes enabling people to stay well, safe and independent at home for longer.
- 4.3 The activity within the plan has been agreed by health and social care colleagues from the NHS, MCC and MLCO and the funding has been agreed in line with the NHS uplift requirements for the programme.
- 4.4 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.
- 4.5 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.
- 4.6 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.
- 4.7 The return includes a recognition of the demand strains that exist within the system and the complexity the growing complexity of the people needing to access services. For 2022/23 MFT have indicated that they feel there will be a large increase in demand from pre-pandemic levels. Despite having an effective discharge and community care system in place, there is recognition that the additional demand will make it difficult to deliver improved performance against all of the BCF targets relative to 2021/22.

5.0 Conclusion and Recommendation

- 5.1 The BCF return was submitted on 26 September 2022. Initial feedback has been provided by the GM Assurance team which suggests that NHS England believe that Manchester has produced a strong return which shows the effectiveness of the health and social care system in Manchester.

5.2 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.