

## Combined Meeting of the Health and Wellbeing Board and Integrated Care Partnership - Formal (public)

### 1. Reference Information

Paper tracking information	
<b>Title:</b>	<b>Better Care Fund Update</b>
<b>HWBS/Surrey Heartlands IC Strategy priority populations:</b>	All
<b>Assessed Need including link to HWBS Priority - 1, 2 and/or 3/IC Strategy Ambition 1 and/or 2:</b>	All
<b>HWBS or IC Strategy Outcome(s):</b>	All Outcomes
<b>HWBS system capabilities/IC Strategy Ambition 3 enablers:</b>	<ul style="list-style-type: none"> <li>• Clear governance (HWB)</li> <li>• Empowered and thriving communities (HWB)</li> <li>• Data, insights and evidence (HWB)</li> <li>• Integrated care (HWB)</li> <li>• Working with Communities (ICS)</li> <li>• Leadership and development (ICS)</li> </ul>
<b>HWBS/IC Strategy Principles for Working with Communities:</b>	<ul style="list-style-type: none"> <li>• Community capacity building: 'Building trust and relationships'.</li> <li>• Co-designing: 'Deciding together'.</li> <li>• Co-producing: 'Delivering together'.</li> <li>• Community-led action: 'Communities leading, with support when they need it'</li> </ul>
<b>Interventions for reducing health inequalities:</b>	<ul style="list-style-type: none"> <li>• Civic / System Level interventions</li> <li>• Service Based interventions.</li> <li>• Community Led interventions</li> </ul>
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<b>Sponsor(s)/Champions:</b>	Helen Coombes, Executive Director of Adults, Wellbeing and Health Partnerships, Surrey County Council
<b>HWB/ICP meeting date:</b>	18 September 2024
<b>Related HWB/ICP papers:</b>	HWB, 19 June 2024 - <a href="#">Item 8 - BCF Plan 2023-25 Update for 202425 - cover report.pdf (surreycc.gov.uk)</a>
<b>Annexes/Appendices:</b>	None

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## **2. Executive summary**

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The HWB and ICP are asked to note this progress update to the paper that was discussed at the HWB on 19 June 2024 regarding the Surrey 2023-25 Better Care Fund (BCF) Plan. The Better Care Fund (BCF) Policy Framework 2023-25 sets out the Government's priorities for 2023-25, including improving discharge, reducing the pressure on urgent and emergency care and social care, supporting intermediate care, unpaid carers and housing adaptations. A key aim of the BCF has always been to support the Local Authority to deliver its Care Act duties and to protect those components of Adult Social Care that support the national BCF priority areas. The BCF can also be used to protect some health and voluntary sector services. The BCF Plan is a two-year plan, covering 2023-25 and the Adult Social Care Discharge Fund was incorporated into the BCF Plan for the first time in 2023/24.

This paper provides a general update, with the two key outcomes remaining the same: enabling people to stay well, safe, and independent at home for longer; and providing people with the right care, at the right place, at the right time.

## **3. Recommendations**

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The HWB and Surrey Heartlands ICP are asked to:

1. Confirm and endorse the four areas for development from the February 2024 HWB BCF event.
2. Agree the direction of travel (especially in relation to ongoing demands upon social care and the NHS as well as the ambition to develop further our preventative approach).
3. Note the contribution of the BCF in protecting Adult Social Care, health and the voluntary sector services, and its importance in facilitating integrated working.

## **4. Reason for Recommendations**

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The BCF plan has been developed in collaboration with partners across the system and has been approved through both local and system governance routes. It represents a robust plan for how Surrey BCF money should be spent and what outcomes we will achieve between 2023-25.

## 5. Detail

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The national conditions for the BCF in 2023 to 2025 are:

- a jointly agreed plan between local health and social care commissioners, signed off by the HWB.
- implementing BCF policy objective 1: enabling people to stay well, safe and independent at home for longer.
- implementing BCF policy objective 2: providing the right care, at the right place, at the right time.
- maintaining the NHS's contribution to adult social care (in line with the uplift to commissioned out of hospital services).

Since the June 2024 HWB paper, dedicated staff team leading the BCF programme have commenced in post. They are building upon previous development work on the BCF programme to work up the future strategic direction of travel and strategic priorities that are to be delivered through the BCF programme from April 2025 onwards.

We will now be well placed to understand the local needs for our populations and the interface between the BCF and Frimley system context, as well as delivering on place-led BCF initiatives. This provides, for the first time, specific capacity to take an overarching look at the BCF in Surrey and the opportunity for even greater collaboration between the Surrey and Frimley parts of the system. This resource is only very recently in post and the priority for their work will be taking forward the four areas for Surrey BCF development that were agreed at a HWB partners event in February 2024. These are:

- **Scope** – recognition that we are constrained by the requirement to use BCF to fund core services (social care, health, DFGs) but agreement to take forward work that meets our prevention ambitions.
- **Decision - Making Criteria for BCF Investments** – a framework to be developed that can be applied at HWB level and Local Joint Commissioning Group level.
- **Decision- Making Process** – development of a consistent approach to how BCF investments are approved, based upon the framework at 2<sup>nd</sup> bullet point above. This would include system oversight of BCF activity and performance. This level of detail will need to be included within an updated Section 75 agreement.
- **Capacity/Demand Approach** – To investigate changing our approach to a) provide assurance that our ability to match capacity with demand (initially, in intermediate care) is robust and based upon local and national evidence and b) enable more radical, innovative services to emerge – such as services that reduce reliance upon a bed-based offer or improve prevention and earlier intervention activity.

Launched in 2015, the BCF programme established pooled budgets between the NHS and local authorities, aiming to reduce the barriers often created by separate funding streams.

The BCF is a combination of contributions from the following areas:

- minimum allocation from integrated care systems (ICs).
- disabled facilities grant – local authority grant.
- social care funding (improved BCF) – local authority grant.
- winter pressures grant funding – local authority grant.

The Surrey Heartlands Better Care Fund Pooled Fund includes funding allocated across nine categories of spend. The arrangements for allocation in each of those nine areas is detailed below:

<b>POOLED FUND CATEGORIES</b>	<b>ARRANGEMENTS</b>
Protection of adult social care Care Act revenue Carers	Lead Commissioning: funds allocated from the Pooled Fund directly to the Council to manage directly.
Health commissioned services	Lead Commissioning: funds allocated from the Pooled Fund directly to the ICB to manage directly.
Continuing investment in Health & Social Care	Lead Commissioning: funds allocated from the Pooled Fund to the Lead Commissioner, as set out in the table in paragraph 8 below or agreed by the Surrey Heartlands Local Joint Commissioning Group.
Improved Better Care Fund (iBCF)	A specific grant paid directly to the Council for inclusion in the BCF plan as specified in paragraph 6 below.
Adult Social Care Discharge Fund (ASC Discharge Fund)	The fund is pooled into the Better Care Fund and is distributed to areas via the ICB and Council.
Disabled facilities grant (capital)	Funds allocated directly to District / Borough Councils.

It will be important to have a strong focus on implementing a clear Population Health, evidence-based, funding approach to BCF services in Surrey. There is now capacity in place to dedicate system leadership for the BCF to make this a reality. This will

include further development of recording & reporting systems which will work across HWB and ICP partners. An action plan with timescales has been created to review evidence and ensure that decision making is fully informed by the data collated, as well as stakeholder views.

The Better Care Fund has always had a priority for prevention and protecting Adult Social Care so that it can deliver its Care Act duties, thus preventing hospital admission. This is not expected to change because of the new national government. However, currently no new or refreshed government guidance has been published on the further direction of the BCF. It should be noted that BCF has traditionally been focused upon Care Act Support, admission avoidance, hospital discharge and health inequalities. The new government's manifesto pointed to higher primary care and community investment as a proportion of overall NHS funding. There is no detail, as yet, regarding the funding mechanisms that are to be used to achieve this. We expect more information will be made available in the Autumn Budget in October 2024.

We will spend the next quarter and beyond working through the data which will help us to better understand our funding priorities – as noted above. We also plan to have a data led and population health management position for our whole portfolio.

## **6. Opportunities/Challenges**

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### **Opportunities:**

1. There is an opportunity to set up an intermediary group between the LJCG level and Surrey-wide HWB level, meeting regularly to support consistent, evidence-based, countywide joint development/decision making and to agree where local variation is warranted based on population needs and established local assets. The aim is to keep a balance between scale and warranted local variation.
2. A lack of analytical resource has been a key constraint for the BCF programme. Having dedicated BCF staff in post gives us the capacity to take a more detailed and granular look at the Surrey BCF. This allows for the collection, collation and review of system wide data & population lead approach.
3. Whilst we are data rich, the depth and breadth of our current analysis and understanding of the impact and outcomes delivered by current schemes should be developed further. Each scheme is well understood by its commissioner, but the sum of the schemes needs to be well understood also. Now that we have dedicated resource in place, there is real potential to deliver better joined up analysis of BCF for the first time.
4. Continued development of Capacity and Demand work (initially in intermediate care) to better inform decisions and to aid future planning.

5. The BCF has historically always received annual uplifts – should this continue, there may be potential to be innovative with this funding. However, scope to do so will need to be considered within the overall context of financial pressures and system priorities.
6. There is now also dedicated BCF resource in Frimley ICB, allowing for more collaborative working within the BCF between the LA / ICB.
7. We will invite services/providers to attend LJCGs to share how they are performing and how they are supporting the outcomes of the Better Care Fund, Health and Wellbeing and associated strategies and priorities. This will need to be reflected in LCJG Terms of Reference.
8. There is potential to monitor performance against BCF targets at LJCGs, and across the county at each meeting, alongside monitoring Capacity and Demand at LJCG meetings.

9

### Challenges:

1. Whilst it is expected that an annual uplift will be awarded, we do not know how much this will be. We also do not know if there are other funds being made available to the wider Health and Social Care sector to provide support in this space.
2. National planning guidance and the reporting template for next year is not yet available (however, the main tenets of what the BCF must achieve have been static since its inception- Care Act support, admission avoidance, supporting hospital discharge and health inequalities).
3. We must agree a new s75 and there are opportunities to revise and update this to support all partners better with scrutiny and governance.
4. The BCF in Surrey is vast and complex. To complete this work well, will require time and effort for a good quality collation and analysis of information. Data collation is challenging, especially from such a broad number of providers/services and partners.
5. It will be a challenge to implement consistent data from services to ensure they are adhering to BCF and strategic criteria (system-wide).
6. There will be an ongoing need to get the right balance between whole Surrey initiatives/framing and warranted local place variation based on specific population needs

### **7. Timescale and delivery plan**

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The work is 'business as usual' and is ongoing and iterative in nature. It is foreseen that by the end of December 2024, there will be a stronger, detailed understanding of



our shared BCF portfolio, so that we are able to start planning for next year's BCF in January 2025. A draft programme plan has been developed and will be shared with partners.

## **8. What communications and engagement has happened/needs to happen?**

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Has happened:

- Frimley ICB – Nicola Airey, Director of Places and Communities and Jonathan Sly, Associate Director for Places and Communities covering Farnham and Surrey Heath
- LJCG chairs
- Surrey Heartlands ICB Place Leads
- Finance – Anja Smith and Andy Wickes
- Public Health – Phillip Austen-Reed
- Governance – Lucy Clements

Needs to happen:

- Carers lead – Dr Sue Tresman

## **9. Legal Implications – Monitoring Officer:**

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There is a current NHS Act 2006 s75 Agreement in place for the Surrey BCF. This expires at the end of March 2025. There will need to be a new s75 Agreement in place for April 2025 and a referral has been made to Legal Services to take this work forward.

Legal Services note that this is a progress update report.

## **10. Next steps**

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- Data collation and analysis, to aid with decision making (evidence-based funding approach). With the ambition that we will move to monthly reporting. Continue with NHSE quarterly reporting, as required.
- BCF staff within Surrey County Council will become members of all Surrey LJCGs, linking with key partners across health, social care, public health and other Council departments This will occur over the next quarter.
- Create and develop key decision-making criteria around BCF spending decisions.
- Continue to work on Capacity and Demand, improving data collection and collation to increase accuracy. Phase one will be complete prior to April 2025, and then improvement will become a business as usual (and will reflect the ongoing changing requests from NHSE).

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**Questions to guide discussion:**

- *It is important that we aim to reduce demand upon formal health and social care services in Surrey. The BCF can be used to make appropriate investments into early intervention and prevention. How can we bring additional focus to these areas and build into any prioritisation mechanism for BCF investment?*
- *Does the HWB/ICP consider that the four areas that we are developing are still correct given the change in Government and uncertainty around BCF national direction?*