

Report of the Assistant Director of Health & Wellbeing of Bradford Metropolitan District Council to the meeting of Bradford and Airedale Health and Wellbeing Board to be held on 8th November 2022

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Subject:

Update on the Better Care Fund Plans for 2022/23

Summary statement:

- 1. To inform the Bradford District and Craven Partnership Board how the Better Care Fund is being used in 2022/23.
- 2. To provide assurance that the Better Care Fund Plan is compliant with the National Policy and Planning requirement for 2022/23

Councillor Susan Hinchcliffe Chair, Bradford and Airedale Health and Wellbeing Board	Portfolio:
	Health and Wellbeing
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1. SUMMARY

The BCF Policy Statement for 22/23 continues with similar expectations from the previous year. There are 4 key conditions which the plans for the BCF plans must meet:

- **A jointly agreed plan** All funding contributions for the BCF have been agreed by HWB areas and minimum contributions are pooled in a section 75 agreement (as details in the NHS Act 2006).
- NHS minimum contribution to social care is maintained The contribution to social care from the ICB for the BCF is agreed and meets or exceeds the minimum expectation.
- Investment in out of hospital services is maintained Spend on ICB commissioned out of hospital services (which can include social care) meets or exceeds the minimum ring-fence.
- **Implementing the BCF Policy Objectives** The BCF plan is created to meet its objective (enabling people to stay well, safe and independent at home for longer and provide the right care in the right place at the right time.
- 1.1. The BCF areas of spend is maintained in line with the Plans for 21/22 and complies with all requirements of the BCF Planning guidance. The BCF plans fund a range of schemes (detailed in appendix 2 tab 5a) which continue to support existing activity for health and social care systems.

2. BACKGROUND

Better Care Fund

Appendix A is a copy of Bradford District's submission to the Better Care fund. The Better Care fund was introduced in 2015 and requires Local Authorities and the NHS to enter into pooled budget arrangements and develop a joint spending plan.

The BCF Policy Statement for 22/23 continues with similar expectations from the previous year. There are 4 key conditions which the plans for the BCF plans must meet:

- **A jointly agreed plan** All funding contributions for the BCF have been agreed by HWB areas and minimum contributions are pooled in a section 75 agreement (as details in the NHS Act 2006).
- **NHS minimum contribution to social care is maintained** The contribution to social care from the ICB for the BCF is agreed and meets or exceeds the minimum expectation.
- Investment in out of hospital services is maintained Spend on ICB commissioned out of hospital services (which can include social care) meets or exceeds the minimum ring-fence.
- **Implementing the BCF Policy Objectives** The BCF plan is created to meet its objective (enabling people to stay well, safe and independent at home for longer and provide the right care in the right place at the right time.

Targets for the above conditions have been agreed as a partnership as part of the planning process. The plan has been discussed in detail at the Planning and Commissioning Forum and will be taken to:

- The Partnership and Leadership Executive on 28th October 2022.
- The BDC Partnership Board on 7th November 2022.

The appendix documents provide a comprehensive overview of the District's BCF submission and narrative.

3. OTHER CONSIDERATIONS

Please refer to the appendix documents.

4. FINANCIAL & RESOURCE APPRAISAL

Financial requirement are detailed within the body of the appendix documents.

5. RISK MANAGEMENT AND GOVERNANCE

The governance for the BCF is provided by Health and Wellbeing board. Further governance for the BCF is provided by the Partnership Leadership Board. The BCF plan will be discussed at the BDC Partnership Board on 7th November 2022.

6. LEGAL APPRAISAL

The Health and Care Act 2022 required the establishment of integrated care boards (ICBs) and the creation of integrated care partnerships (ICPs). Integrated care partnerships bring together health, social care public health and wider voluntary, community, and social enterprise representatives.

7. OTHER IMPLICATIONS

7.1 Equality and Diversity

The BCF is strongly underpinned with the ambition to tackle inequalities and promote the aims of the District Plan which include upholding the District's Equality objectives. This year's BCF had more focus on tackling inequalities. The appendix documents detail how we aim to achieve this in the 22/23 plan.

The BCF has set tackling inequality in health, wellbeing, outcomes, and access as the shared purpose because less equal societies fare worse than more equal ones, across everything from education to life expectancy.

Health inequalities can only be mitigated through working in partnership, developing new integrated service offers between health and care at every interface that reflect the fundamentally changing nature of our population in coming years. This is expanded on within the appendix.

7.1.1 SUSTAINABILITY IMPLICATIONS

No direct implications

7.2 GREENHOUSE GAS EMISSIONS IMPACTS

No direct implications

7.3 COMMUNITY SAFETY IMPLICATIONS

No direct implications

7.4 HUMAN RIGHTS ACT

No Direct implications

7.5.1 TRADE UNION

No direct implications

7.6 WARD IMPLICATIONS

No direct implications

7.7 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)

N/A

7.8 IMPLICATIONS FOR CORPORATE PARENTING

No direct implications

7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

N/A

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

No options are provided

10. RECOMMENDATIONS

• The Districts BCF Submission is Noted and approved by the wellbeing board.

11. APPENDICES

- 1. BCF Narrative 2022/23 This document details each aspect of the BCF plan 2022/23.
- 2. BCF Expenditure plan 2022/23 This document breaks down the areas which the BCF is being spent on.

12. BACKGROUND DOCUMENTS

N/A