

Better Care Fund 2022/23

Health and Wellbeing Board Update

6th October 2022

BCF Submission 22/23

Three parts to this years submission:

1. A narrative that details the strategy and focus of this years fund
2. A demand and capacity plan that forecasts discharge data for this financial year
3. A planning template that details our BCF spend breakdown

BCF Governance



Hampshire
County Council



Governed By

HWB Board

Place Board

Allocated By

HCC

HIOW
ICB

Frimley
ICB

Informed By

Hampshire
Integrated
Working
Group

ICS
Community &
Discharge
Capacity Cell

District
Council
Forums

Care Home
Board

Carer
Partnership
Board

VCSE
Hampshire
Leadership
Forum

Market context

The challenges to the system reflect national issues but, as one of the largest systems in the Country, they require a robust joined up working approach.

- All Hospital systems – Acute and Community are working at maximum capacity. This links to both new and ‘recovery’ work as Hospitals try to work through their operation wait lists alongside individuals presenting with exacerbated conditions because of 2 years of reduced community and Hospitals services to ‘usual’ Health needs.
- Acuity of need – a clear and evidenced increase in level of mental and physical needs of those presenting to the front door of Social Care. Consistent high needs and higher volumes of individuals are requiring care and support.
- Workforce – a depleted and struggling workforce. Providers are struggling to recruit and are competing with higher wages in non-Health and Social Care employers. This impacts through both the NHS and Social Care leading to delays in sourcing care across the system.
- Providers – Impacted by the cost-of-living increases, impacted by loss of confidence of the public during Covid 19 and dealing with ongoing capacity challenges. These pressures have led to an overall increase in the amount we are having to pay for care – typically rates are between 10 and 15% higher than previous years.



BCF Focus 2022/23

Our agreed joint vision has always been for a collaborative and integrated health and social care pathway, supporting people to be as independent as possible and remain in their communities.

The key changes since the previous year's Better Care Fund plan remain linked to the out of hospital model, but with a wider emphasis on:

- Admission avoidance – so reducing flow into our Acute Hospitals in the first place
- Maintenance of the individual in their own community – place-based support through a wide range of services
- Assessment outside of a hospital space to reduce discharge waits - D2A models for both Health and Social Care through Reablement and community-based services

Allocation of £143M BCF Funding 2022/23

Strategy	Initiatives	Expenditure
Admission Avoidance	<ul style="list-style-type: none"> • Carers strategy • Day Care • Urgent Community Response • Winter Pressure schemes • Step Up Services 	£17M
Maintenance of the individual in their own community	<ul style="list-style-type: none"> • Disability Facilities Grants • Assessment responsibilities • Reablement • Hampshire Equipment Services • Domiciliary Care /Provider support • SHFT community services • FHFT community services • Tech Assisted Services 	£109M
Assessment outside the hospital	<ul style="list-style-type: none"> • Reablement /IIC service delivery • SHFT community services • FHFT community services • Care Provider support and management • Advocacy • Day Services 	£17M



Long term ambition

- It is recognised that the BCF arrangements could go further and wider and as part of transitioning to the new Hampshire Place Board.
- it is important that the BCF morphs into a more robust and comprehensive arrangement and is then built upon to better reflect the shared intention to collaborate and/or integrate more of what we do every day.
- An underlying objective of working ever more collaboratively is to look at areas for development and to continue to 'push' for what is in the BCF, to be appropriately added to.
- The value of budgets/funds that go through it increasing year on year as more of the work programmes that the NHS and the Local Authority has a joint and vested interest in are agreed to be taken forward jointly.
- This will enable greater amounts of the overall financial resources that the parties are responsible for, to be either pooled, aligned or earmarked for a greater array of joint initiatives.
- Over the coming months we (Health and Social Care leads) will continue to review the BCF investments particularly in terms of outcomes and increasing knowledge of what is being supported.
- This will enable the work described above to widen what is included in the BCF and for a joint longer term strategy that confirms the areas of work that we want to focus on, to be developed.

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