

Please ask for: Laura Scholes  
Telephone: 01482 615013  
Fax: 01482 614804  
Email: Laura.Scholes@hullcc.gov.uk  
Text phone: 01482 300349  
Date: Thursday, 14 April 2022

**Dear Councillor,**

**Integrated Commissioning Executive Sub Committee**

The next meeting of the **Integrated Commissioning Executive Sub Committee** will be held at **13:00** on **Wednesday, 27 April 2022** in **Council Chamber**.

The Agenda for the meeting is attached and reports are enclosed where relevant.

Please Note: It is likely that the public, (including the Press) will be excluded from the meeting during discussions of exempt items since they involve the possible disclosure of exempt information as describe in Schedule 12A of the Local Government Act 1972.

Yours faithfully,



Senior Democratic Services Officer  
for the Town Clerk



Town Clerk Services, Hull City Council,  
The Guildhall, Alfred Gelder Street, Hull, HU1 2AA

## Integrated Commissioning Executive Sub Committee

To: **Membership:**  
Councillors Black, Lunn and McMurray

**Officers:**  
Matt Jukes, Chief Executive  
Julia Weldon, Director of Public Health and Adult Services  
Pauline Turner, Director of Children's, Young People and Family Services  
David Bell, Director of Finance and Transformation  
Ian Anderson, Director of Legal Services and Partnerships  
Laura Scholes, Senior Democratic Services Officer (x5)

**Public Set:**  
Reference Library  
Guildhall Reception

**Integrated Commissioning Executive Sub Committee**

**13:00 on Wednesday, 27 April 2022**

**Council Chamber**

**A G E N D A**

**PROCEDURAL ITEMS**

**1 Apologies**

To receive apologies for those Members who are unable to attend the meeting.

**2 Declarations of Interest**

To remind Members of the need to record the existence and nature of any Personal and Discloseable Pecuniary interest in items on the agenda, in accordance with the Member Code of Conduct.

**3 Minutes of the Meeting Held on 22 December 2021**

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(Members Code of Conduct - Part D1 of the Constitution)  
To approve the minutes as a true and correct record.

**NON-EXEMPT ITEMS**

**Key Decisions**

**4 Update on the Section 75 Partnership Agreement 2021/22 including the Better Care Fund and the framework for 2022/23 covering the Better Care Fund pooled budget and financial contributions towards the Integrated Financial Plan (Aligned Funds) in the context of the developing Integrated Care System**

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This report sets out for approval the framework for the Better Care Fund 2022-23 and those funds aligned within the Integrated Financial Plan in the context of the developing Integrated Care System.

**Non-Key Decisions**

**EXEMPT ITEMS**

**Key Decisions**

**5 No Exempt Items**

THERE ARE NO EXEMPT ITEMS ON THIS AGENDA

**Non-Key Decisions**

Integrated Commissioning Executive Sub-Committee (Committees in Common)

22<sup>nd</sup> December, 2021

PRESENT:-

Councillor G. Lunn, Portfolio Holder for Adult Services and Public Health and Protection ( )  
 Councillor J. Black, Portfolio Holder for Housing and Homelessness

IN ATTENDANCE:-

Dr. D. Roper, NHS Hull Clinical Commissioning Group Sub Committee GP Board Member Chair for this meeting  
 Dr. A. Oehring, NHS Hull Clinical Commissioning Group Sub Committee GP Board Member  
 Mrs. K. Marshall, NHS Hull Clinical Commissioning Group Sub Committee Lay Member  
 P. Turner (Director of Children, Young People and Family Service) (HCC)  
 D. Bell (Director of Finance and Transformation) (HCC)  
 S. Laverack (Head of Legal Services) (HCC)  
 L. Scholes (Senior Democratic Services Officer) (HCC)  
 T. Fielding (Assistant Director Health and Wellbeing) (HCC) - 32  
 G. Nunez (Programme Lead – Drugs and Alcohol) (HCC) – minute 32  
 T. Meyerhoff (Interim Director of Adult Social Care (DASS)) (HCC) – minute 33 and 36  
 C. Hodgson (Head of Integrated Commissioning) (HCC) – minute 33 and 36

APOLOGIES:-

Councillor S. McMurray, Portfolio Holder for Children 's Services

<b>Minute No.</b>	<b>Description/Decision</b>	<b>Action By/ Deadline</b>
30.	<b>DECLARATION OF INTERESTS</b>  No declarations of interest were made in respect of the items that follow below.	
31.	<b>MINUTES OF THE MEETING HELD ON WEDNESDAY, 27<sup>th</sup> OCTOBER 2021</b>  <b>Agreed</b> – that, the minutes of the meeting held on Wednesday, 27 <sup>th</sup> October 2021, be taken as read and correctly recorded and be signed by the Chair.	

32.

## **HULL ALCOHOL AND DRUGS STRATEGIC PARTNERSHIP STRATEGY**

The Director of Public Health, Hull City Council submitted a report which sought support for the framework of a draft Alcohol and Drugs Partnership Strategy for Hull, included at Appendix A, which provides a summary of priorities and recommendations informed by a local Alcohol and Drugs Needs Assessment and co-produced with a wide range of stakeholders through various engagement activities.

The comments of Health and Social Wellbeing Overview and Scrutiny Commission when this matter was considered, were submitted for consideration, and were detailed at minute 34.

Members discussed the strategy being a good Strategy document, but it was important to see how it worked in practice. There was a need for the workers on the ground to ensure the service kept being delivered in the community rather than clients needing to go to the service and the impact of the lockdowns on the delivery of the service. Members supported the recommendation from the Health and Social Wellbeing Overview and Scrutiny Commission to have a regular report on the outcomes and action plan and suggested it be on an annual or bi-annual report.

Members also discussed whether there had been any consideration of doing two separate strategies for drugs and alcohol. The officer confirmed this had been looked into, but it was felt this was the best option and a lot of funding streams were combined. Work was also going making the service more person centred.

Discussion also took place around the work on inequalities in coastal communities at ICS and area level and that the final strategy could reflect cross area working.

### **Agreed –**

- (a) That the draft Alcohol and Drugs Partnership Strategy for Hull in Appendix A to this report be approved, which establishes a framework for a final Strategy that reflects city-wide priorities and sets out how the actions of a wide range of stakeholders will deliver the priorities set out in the Strategy.
- (b) Following completion of the consultation process, approval of the final strategy is delegated to the Deputy Leader and Chair of Health and Wellbeing Board in consultation with the Health and Wellbeing Board.

### **Reasons for Recommendations**

- The Strategy aims to build a framework for articulating city-wide priorities and actions needed to prevent alcohol and drugs harm and improve outcomes for Hull residents. The ADSP recognised that effective engagement with stakeholders across Hull was essential to develop the Strategy, and that this engagement

(a-b) Assistant Director Health and Wellbeing

	<p>approach should be followed by a period of consultation and feedback, prior producing a final version of the Strategy and its delivery plan.</p> <ul style="list-style-type: none"> <li>• To ensure that the priorities set out in the Alcohol and Drugs Partnership Strategy remain relevant and that progress on achieving shared outcomes is made, it is proposed that the Strategy Delivery Plans will be produced annually for a period of three years and overseen by the ADSP, with periodic reports to the Health and Wellbeing Board.</li> <li>• The strategy will provide a key action planning tool for stakeholders and partners, by setting out the overarching priorities for the city, utilising evidence and identifying good practice and areas requiring further development or investment, and encouraging all sectors to play their part in implementation.</li> </ul>	
33.	<p><b>REVIEW OF CURRENT ARRANGEMENTS FOR THE HULL MENTAL HEALTH AND LEARNING DISABILITY SOCIAL WORK SERVICES: NEXT STEPS</b></p> <p>The Director for Adult Social Care, Hull City Council submitted a report which sought the introduction of an Alliance outcomes led contractual framework incorporating the section 75 pooled fund agreement to enhance the existing partnership and governance arrangements.</p> <p>The comments of Health and Social Wellbeing Overview and Scrutiny Commission when this matter was considered, were submitted for consideration, and were detailed at minute 34.</p> <p>Members discussed the comments from the Chief Finance Officer from the NHS Hull Clinical Commissioning Group, the officer confirmed that there was no risk to funding and discussions had taken place with the CCG and Humber to ensure funding was transferred with any staff that were subject to TUPE.</p> <p><b>Agreed –</b></p> <ul style="list-style-type: none"> <li>(a) That Committees in Common agree a revision to the scope of Mental Health Social Care services commissioned from HTFT, so as exclude the Community Learning Disability Service and staff costs within the service scope with effect from 1st April 2022.</li> <li>(b) To revise the Lead Commissioner under the Better Care Fund for the Service from the NHS Hull CCG to Hull City Council with a consequent adjustment to the budget to reflect the current costs of the service that is returning.</li> <li>(c) That Committees in Common approve the update of the service specifications for ongoing service delivery by HTFT so that they fully reflect the requirements of the Care Act 2014, the development of the NHS England Community Mental Health Transformation Programme mental health social care services within Community Settings and the Approved Mental</li> </ul>	(a-d) Interim Director of Adult Social Care (DASS)

	<p>Health Practitioner statutory function under the Mental Health Act 1983 (as amended 2007) and that they be incorporated into the Better Care Plan s75 Agreement between the Council and the NHS Hull CCG and that agreement in turn be included within the Alliance Framework Contract to be introduced from 1<sup>st</sup> April 2022.</p> <p>(d) That Committees in Common note that the remaining recommendations in the review report (chapter 10 page 30) will be taken forward by senior officers within each of the three organisations and that a further report be brought back to the Committees in Common in February 2022 advising on progress.</p> <p><b>Motion carried.</b></p> <p><u>Reasons for Recommendations</u></p> <ul style="list-style-type: none"> <li>• To ensure that the Council's responsibilities and duties under the Care Act 2014 and the Mental Health Act 1983 (as amended 2007) to individuals with care and support needs within mental health services sit within an alliance contractual framework within which the ICS Accountable Officer, the Council and HTFT can monitor and review achievement of performance outcomes together.</li> <li>• To work more closely with HTFT to embed social work and social care within the new Community Mental Health Services within pathways for Adults' and Older People's Mental Health for the benefit of the residents of Hull.</li> <li>• To integrate the Community Learning Disability Services back into mainstream Service delivery for this client group, recognising that of the 833 cases managed by the Council which relate to clients with a Learning Disability, only 139 cases are presently managed on behalf of the Council by HTFT.</li> <li>• To strengthen the focus of learning disability social work services on the social care needs of individuals within this client group and on the needs of their informal carers.</li> </ul>	
34.	<p><b>COMMENTS OF COMMITTEES AND COMMISSIONS</b></p> <p>The Senior Democratic Services Officer submitted comments in relation to minutes 32-33 from the Council's committees and scrutiny commissions that had considered the reports following the circulation of the agenda for this meeting.</p> <p><b>Agreed</b> – That the comments be noted.</p>	
35.	<p><b>EXCLUSION OF THE PRESS AND PUBLIC</b></p> <p><b>Agreed</b> – that, in accordance with the provisions of Section 100(A)(4) of the Local Government Act, 1972, the public (including the Press) be excluded from the meeting for the following items of business, minute 36, on the grounds that it involves the likely</p>	



	disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A of the Act information relating to the financial and business affairs of any particular person (including the authority holding that information an individual and the public interest in maintaining the exemption outweighs the public interest in disclosing the information.	
36.	<p><b>APPENDICES FOR REVIEW OF CURRENT ARRANGEMENTS FOR THE HULL MENTAL HEALTH AND LEARNING DISABILITY SOCIAL WORK SERVICES: NEXT STEPS</b></p> <p><b>Agreed</b> – That the appendix be noted.</p>	

Start: 1.00 p.m.  
Finish 1.45 p.m.

The above Executive Decisions will come into force and may be implemented on expiry of five working days after the publication of the decisions i.e., 11<sup>th</sup> January, 2022, unless called in by the Overview and Scrutiny Management Committee.

Published 24<sup>th</sup> December, 2021



**Report to the** Health and Social  
Well-being Overview and Scrutiny  
Commission and the Committees  
in Common

22 April 2022

**Wards:** All

Update on the Section 75 Partnership Agreement 2021/22 including the Better Care Fund and the framework for 2022/23 covering the Better Care Fund pooled budget and financial contributions towards the Integrated Financial Plan (Aligned Funds) in the context of the developing Integrated Care System.

**Report of the** Tracy Meyerhoff, Director of Adult Social Care

This item is not exempt

[Hull City Council and NHS Hull Clinical Commissioning Group Exception Rules](#)

[Click here to select grounds for exemption](#)

Not Exempt

This is a key decision. The matter is in the Forward Plan No: 24/22

## EXECUTIVE SUMMARY

### 1. Purpose of the Report and Summary

- 1.1 On the 24th of February 2021 the Committee in Common approved entry into the final terms of the Section 75 partnership agreement with NHS Hull CCG for the period 2021-22 covering the Better Care Fund pooled budget (including the Improved Better Care Fund monies) and those budgets aligned (non-pooled) by the Council and NHS Hull CCG as part of the

development of an Integrated Financial Plan between partners. The report provides an update on the Better Care Fund pooled budget for 2021-22 and provides a framework for the Better Care Fund pooled budget and aligned funds (non-pooled) in 2022-23.

- 1.2 The guidance for the Better Care Fund 2021-22 was provided within the financial year, leading to a submission to the national Better Care Fund Team in November 2021. The submission set out the BCF financial plan for 2021-22 (previously agreed by the Committees in Common in February 2021 and then updated in July 2021), along with a supporting narrative outlining some of the key lines of enquiry the national BCF Team use to quality assure plans. The BCF plan and narrative are attached in Appendix 1.
- 1.3 There is in addition a need to agree the framework for the Better Care Fund 2022-23 and those funds aligned (non-pooled) within the Integrated Financial Plan, all in the context of the developing Integrated Care System (ICS).

## 2. Recommendations

- 2.1 That Committees in Common confirm the final Better Care Fund Plan for 2021-22 as set out in Appendix 1 and approve this as the basis for the Better Care Fund Plan for 2022/23 as set out at paragraph 5.6.
- 2.2 That Committees in Common approve the basis for the continuation of the financial contributions payable by NHS Hull CCG to the council (Aligned Funds – (non-pooled)) as set out in appendix 2.
- 2.3 That Committees in Common approve the addition of the following aligned funds (non-pooled):
  - (a) The Voluntary Sector Fund made up of the following contributions (£50k Hull City Council, £50k Hull CCG, lead commissioner Hull City Council)
  - (b) The Changing Lives Fund made up of the following contributions (three-year funding provided by Central Government, lead commissioner Hull City Council)
  - (c) The Care@Home Fund made up of the following contributions (The council's Home Care commissioning budget and the CCG's Continuing Health Care contributions; lead commissioner Hull City Council).

## 3. Reasons for Recommendations

- 3.1 The Better Care Fund Plan 2021-22 as set out in Appendix 1, has passed regional and national quality assurance as the process provides formal approval that the Better Care Fund Plan is accepted and that it provides formal permission for the commitment of the funds and provides the basis for the Plan for 2022/3 pending the receipt of National Guidance.
- 3.2 The aligned funds (non-pooled) as set out in Appendix 2, have been developed over several years through partnership work between the Council and the CCG and provide the framework for sharing the cost of integrated and joint work between the partners.
- 3.3 The new aligned funds (non-pooled) for Voluntary Sector support and Changing Lives were established during 2021 and provide the framework for support for these areas of activity into the future.

The Care@Home programme is a new initiative that will provide the framework for joint work across the health and care sector building upon the Community Wellbeing Contract, which is in the process of being let by Hull City Council. This will provide the funding structure for enhancing support for those receiving health and care services to enable them to live at home.

## MAIN REPORT

### 4. Background

- 4.1 During 2020-21, there was no requirement to submit a BCF plan given the pressures on systems due to the Covid-19 pandemic. There was a requirement to agree to use mandatory funding streams locally and pool these under a section 75 agreement and provide an end of year report. This report was submitted to the National Better Care Fund Team in May 2021. The Team advised to plan to use the fund as usual, and to plan for 2021-22 in the same way as for previous years.
- 4.2 As a result, the BCF Financial Plan for 2021-22 was produced and agreed in partnership with NHS Hull CCG and signed off in February 2021. Some slight amendments were made to this financial plan, and an updated version was agreed in July 2021.
- 4.3 In September 2021, the Department for Health and Social Care and the Department for Levelling Up, Housing and Communities jointly published a Policy Framework for the implementation of the Better Care Fund in 2020-22 which forms part for the NHS mandate for that year. This led to the publication of the Better Care Fund Planning Requirements 2021-22 at the end of September 2022.
- 4.4 The Planning Requirements outlined a timetable of how local plans would be agreed and what they would need to contain. Local plans would comprise of a narrative text report focussing on a joined-up approach to person centred services across health, care, housing and wider public services, and an overarching approach to support people at home. There was also a requirement to submit a planning template which covers income and expenditure, along with a brief description of each of the schemes funded through BCF. The Hull BCF Plan contains 93 funded schemes.
- 4.5 New metrics have been introduced to the BCF. These are focussed upon measures to support the health system, in particular:
  - (a) avoidable admissions,
  - (b) hospital discharge,
  - (c) length of stay,
  - (d) reablement and
  - (e) admissions to residential care.
- 4.6 The Health and Care Bill incorporates proposals to amend the National Health Service Act 2006 to build upon the existing duty at

s82 of that Act which requires that “In exercising their respective functions NHS bodies (on the one hand) and local authorities (on the other) must co-operate with one another in order to secure and advance the health and welfare of the people of England and Wales”, these changes include:

- Powers to enter joint arrangements for the carrying out of functions
- The duty to have regard to the wider effect of decisions, upon health and well-being
- Powers for the Secretary of State to issue guidance

4.7 The Bill also incorporates at section 60 proposals to amend the National Health Service Act 2006 to allow for a “relevant body” (e.g., the Integrated Care System) to arrange for any functions exercisable by it to be exercised by or jointly with any one or more of the following:

- (a) A relevant body (including a relevant NHS commissioner or provider)
- (b) A local authority
- (c) A combined authority

Where such arrangements are in place the body by which the function is exercisable may arrange for the function to be exercisable jointly by a joint committee and to establish and maintain a pooled fund.

4.8 Upon the legislation becoming law (expected to be 1 July 2022) the existing NHS Hull Clinical Commissioning Group (the CCG) will cease to exist and its functions will transfer to the newly established Integrated Care System for the Humber Coast and Vale, which is to be renamed North Yorkshire and the Humber.

4.9 The North Yorkshire and Humber local authorities are working together with the shadow Integrated Care System presently to implement a plan to put in place Place Based Joint Committees for localities by April 2023 which can receive delegated powers from the Integrated Care System, allowing for decision making to be undertaken through those Joint Committees.

4.10 In the interim phase between July 2022 and March 2023 at the level of Place the Integrated Care System will operate through a sub-Committee of the Integrated Care Board for North Yorkshire and the Humber. That sub-Committee will exercise some of the powers previously exercised by the CCG through delegation from the Integrated Care Board. There will be representation from partner organisations on the sub-Committee, however, it will be a sub-committee within the Integrated Care System.

- 4.11 The consequence of this change is that from 1<sup>st</sup> July 2022 the current governance structures under which the Council and the CCG make decisions through Committees meeting in Common will cease.
- 4.12 In the interim phase until a Joint Committee is established, to retain common decision making, it is proposed that decisions be delegated to the Member of the Executive who chairs the Health and Wellbeing Board (the Deputy Leader). This follows the indication from Government that the Health and Care Bill will be amended when passed to enable a member of the Executive to be a member of a Health and Care Partnership Sub-Committee.
- 4.13 This arrangement will allow for decision making in the interim pending the establishment of a Joint Committee to continue to be progressed in Common by the Council together with the Hull Health and Care Partnership Sub-Committee of the Integrated Care Board.
- 4.14 This provides a framework through which the Better Care funded Plan can therefore be monitored on behalf of both executive bodies following the ceasing of operation of the Committees in Common structure in June 2022.
- 4.15 As articulated at paragraph 4.7 above, the intention in the Health and Care Bill is that Pooled Funds between Health and Care partners provide the framework for managing resource allocation across the Health and Care system to share the pressures through risk sharing arrangements.
- 4.16 The existing Section 75 partnership agreement incorporates aligned funds (non-pooled) managed between the Health and Care System arising from the development of the Integrated Financial Plan for the city of Hull. That Integrated Financial Plan was included in the budget papers setting the [Council's Budget for 2022/3](#). However, it was noted that the CCG had not yet received the Operational Planning Guidance for 22/3 and there therefore remained a level of uncertainty.
- 4.17 Going forward the agreement for the Better Care Plan (pooled fund) and aligned funds (non-pooled) will need to be novated from the CCG to the ICS at the point that the CCG cease to exist. This report therefore sets out the proposed arrangements for the year 2022/3 pending the receipt of national guidance.

## 5. Issues for Consideration

- 5.1 The National BCF Team provided a template for the narrative text, which focussed on involving stakeholders, governance, the



overall approach to integration, supporting discharge, the Disabled Facilities Grant, and equality and health inequalities.

- 5.2 The Better Care Plan for 2021-22 was completed involving officers from both Hull City Council and NHS Hull CCG. Many of the schemes within the plan are a continuation from previous years and have been developed in partnership with a wide range of stakeholders. These include Humber Teaching NHS Foundation Trust, care providers, private organisations (for example, to develop shared records across health and social care), and voluntary organisations who are supported via the Better Care Fund to provide services across the city, such as Alzheimer's Society and Hull Churches Home from Hospital.
- 5.3 The National BCF Team were informed that throughout 2021-22, strong governance of the Better Care Fund has continued which has developed during the preceding years, through the officer Board, the Integrated Commissioning Officer Board (ICOB) and Committees In Common (CIC). This has strengthened buy-in and commitment at all levels across both organisations.
- 5.4 It will be important therefore that this is replicated in the arrangements for the new system, both through the interim phase with the sub-committee of the Integrated Care Board between July 2022 and March 2023 and thereafter through the Joint Committee.
- 5.5 The two elements of the existing Section 75 partnership agreement are:
  - (a) The Better Care Plan – pooled funds;
  - (b) The Aligned Funds – non-pooled funds

There are additions to the aligned funds (non-pooled):

  - (c) The Voluntary Sector Umbrella Organisation Fund,
  - (d) The Changing Lives Programme Fund, and
  - (e) The developing Care@Home programme Fund
- 5.6 The Better Care Plan for 2022/23 is anticipated to be largely in line with that for 2021/22 as set out in Appendix 1. One area currently under development is the Discharge to Assess (D2A) to support the discharge of patients from hospital settings.

The proposals are therefore as follows:

BCF pooled budget - source of funds	2021/22	2022/23
	£m	£m
CCG minimum contribution	23.697	24.952
CCG voluntary contributions	2.852	2.772
Improved Better Care Fund (HCC mandatory contribution)	17.393	17.920
Disabled Facilities Grant (HCC mandatory – capital)	2.874	2.874
HCC voluntary contributions	4.320	4.351
<b>Total</b>	<b>51.136</b>	<b>52.869</b>

BCF pooled budget 2022/23 – proposed allocation of funds	Allocation to CCG	Allocation to HCC	Total allocation
	£m	£m	£m
Original BCF programme			
Integrated Delivery	11.682	3.796	15.478
Integrated Community Services	6.202	4.695	10.897
Integrated Urgent Care	2.845	0.764	3.609
IBCF programme			
Support to Commissioned Services	0	4.999	4.999
Home Care	0	0.613	0.613
Residential Care	0	1.231	1.231
Integrated Commissioning	1.386	5.264	6.650
Brokerage	0	0.737	0.737
Active Recovery	0	0.691	0.691
Rapid Recovery	0	0.302	0.302
Crisis Housing Support	0.356	0.054	0.410
7 Day Services	0	1.467	1.467
Community & Early Help	0.200	0.403	0.603
Locality MDT development	0	0.574	0.574
Quality & Workforce development	0.147	1.341	1.488
Winter Pressures	0	0.225	0.225
Discharge to Assess	0	1.601	1.601
Contingency	0	0	0
Sub-total	22.818	28.757	51.575
Support to Commissioned Services – allocation tbd			1.294
<b>Total 2022/23</b>			<b>52.869</b>

5.7 The existing Aligned Funds (non-pooled) as set out in Appendix 2 and their application incorporates:

- (a) Contribution to Local Authority costs arising from placement/support at home to meet health related elements of care:
  - a. Funded Nursing Care (FNC) (within a health and care protocol).
  - b. Continuing Health Care (CHC) (confirmed following assessment and panel decisions);

- c. Health Contribution funding for Looked After Children placements (confirmed following panel decisions);
- (b) Contribution to Local Authority Adult Social Care costs arising from placement/support at home to meet to meet mental health elements of care:
  - a. S117 Mental Health Act 1983 Aftercare provision for those discharged from a mental hospital placement following being sectioned (block funding trued up in accordance with protocol agreed at Committees in Common on 16 December 2020 (Minute 31)
  - b. Care in the Community Substance Misuse.
  - c. Extra Care; and
- (c) Block Health contributions to Children and Young People:
  - a. Performance and Compliance commissioning.
  - b. Youth Commissioning Programme.
  - c. Pause Project.
  - d. Youth Offending Team.
  - e. Counselling support (MIND).
  - f. Parents with Special Needs.
  - g. Lime Tree Court:
- (d) Health Contribution to statutory Safeguarding Partnership costs (shared between local authority, CCG and the Police).
- (e) Public Health Contribution to support Substance Misuse commissioning.

5.8 The Voluntary Sector Fund (non-pooled) arises from the decision of the Committees in Common on 27 October 2021 (Minute to establish an Aligned Fund to facilitate a contribution from the Council and the CCG to a fund hosted by Two Ridings Community Foundation to distribute £150k per annum to the Hull Umbrella organisations to provide the core VCS infrastructure in the city to support the Building Forward Together programme. The fund contributions annually are £50k from each of the Council and the CCG and the commissioning arrangements were approved at Committees in Common on 21<sup>st</sup> October 2021 (Minute 28)

5.9 The 'Changing Lives' Fund arises from the three-year funding provided from Central Government to support a cross sector approach to the development of Trauma Informed Practice across the city of Hull. It builds on existing cross sector contributions to enhance provision within the Humber Teaching NHS Foundation Trust, the Hull and East Yorkshire Hospitals NHS Trust and the Council with contracted services including the Modality Partnership Primary Care Network and a commissioning budget to support VCS engagement. The commissioning arrangements

were considered at Committees in Common on 21<sup>st</sup> October 2021 (Minute 27).

- 5.10 The Care@Home programme is an initiative to rationalise the approach to providing support for those supported at home through health and care services. This will build on the Community Wellbeing contract let by the Council, on behalf of the Council and the CCG (in relation to Continuing Health Care provision), to deliver efficient application of available health and care services within the city.
- 5.11 The plans all contribute to integrated working in Hull, articulating that across health and social care we are continuing to implement the elements of the NHS Long Term plan. This includes strengthening integration and taking the opportunities to become a fully operational Integrated Care System. The plan covered the person-centred approach to delivering care, along with integrated partnership approach to commissioning.
- 5.12 Discharge to Assess – Better Care Funding (pooled budget) £1.601m (see table in 5.6)  
Considerable work has been undertaken supporting improvements to the discharge from hospital over the past year, and this was reflected in the narrative plan. The BCF plan reported on the re-design of the existing provision to support Discharge to Assess, undertaken in partnership with Hull University Teaching Hospitals NHS Trust. The current operating model already includes a strong reablement pathway in Active Recovery and there is a large social work team based at the Hull Royal Infirmary which provides the flexibility to re-design the model largely within existing resources. In addition, the joint decision to de-commission Thornton Court (a rehabilitation unit) contributes to the Home First ethos and creates the staffing capacity required for the Rapid Discharge team. Posts and equipment have been financed by re-distributing monies within the Better Care Fund.
- 5.13 The Supporting Independence Team has been bolstered with temporary staff to provide a Rapid Discharge Service to facilitate same day hospital discharges. In order to create the Rapid Discharge Team on a more permanent basis, a number of established vacancies within the Supporting Independence Team are being filled and staff from within the current Thornton Court structure are being moved across to support the Rapid Discharge team. Rapid Discharge is the critical factor in the success of the Discharge to Assess (D2A) model especially in its ability to support people immediately at home following a discharge from hospital. The additional staffing for social work and therapy resource is predicated on sufficient resource being available within the Rapid Discharge team to ensure flow out of the hospital.

5.14 The plan required an overview of the joint approach to utilising the Disabled Facilities Grant (DFG). We reported that there is a DFG steering group led by the Deputy DASS and includes representatives from across health, housing, adult and children's social care. The purpose of this group is to develop innovative ideas around the DFG to ensure that the money is best spent and is fully accountable. Regular progress updates are provided through BCF governance and assurance mechanisms. The DFG process in Hull works as a partnership across health, social care and housing services to support people with adaptations to live in their own home. An Occupational Therapist will assess an individual's need and award a priority for their case. An individual case can be fast tracked if the person is terminally ill, at risk of falls, a carer is at risk of injury if an adaptation is not met, or if the adaptation would free up a hospital bed.

5.15 The final section of the narrative plan focused on health inequalities which has remained a priority of the local system with the aim of continuing to try and reduce the gap between our most and least deprived populations. The Covid-19 pandemic has shined a light on inequalities and the increase in these that some communities and population groups experience. There has been a focus on protecting the most vulnerable from Covid-19 with a focus on enhanced analysis and community engagement to mitigate the risks associated with relevant protected characteristics and social economic conditions. There has been local collaboration in planning and delivering critical services, including restoring key services as soon as was safe to do so as restrictions brought on by the pandemic were eased.

5.16 New metrics have been introduced to the BCF for 2021-22. These are:

- Avoidable Admissions – Unplanned hospitalisation for chronic ambulatory care sensitive conditions
- Length of stay – percentage of patients who have been an inpatient for 14/21 days
- People discharged to their normal place of residence

Previous metrics on reablement and admissions to residential care remain in the BCF Plan. A dashboard for these metrics is being developed by colleagues at the North of England Commissioning Support Unit so that progress can be monitored monthly throughout the year.

## 6. Options and Risk Assessment

### 6.1 Option one:

The approval of the current Better Care Fund plan arises at a time when the financial year is almost over. This is due to

the late publication of a framework from the National BCF Team. Within the same partnership agreement currently exist the Aligned Funds (non-pooled). The report seeks formal agreement to supplement these arrangements with:

- (a) The Voluntary Sector Fund
- (b) The Changing Lives Fund, and
- (c) A Care@Home Fund framework.

The proposed option is to accept the Better Care Fund Plan (Pooled Fund) 2021-22 given it is a plan which has been approved at a national level and covers a time period for which 11 months has already passed, and use it as a building block for the BCF 2022-23 Plan (Pooled Fund) along with the Aligned Funds (non-pooled) and update with additional Non Pooled Funds for 2022-23 articulated in the report.

This option is recommended.

#### 6.2 Option two:

Reject the Better Care Fund Plan 2021-22, even though it has been approved at a national level, and 11 months of spending against the plan has already taken place.

Revise the existing Aligned Funds. The existing Aligned Funds have been developed over many years and have been supported by Committees in Common decisions over the last 18 months. It will be important for the effective partnership work that has been undertaken between the Council and the NHS Hull Clinical Commissioning Group over the last 8 years to provide firm foundations upon which to build as the partners move into a new relationship within the Integrated Care System.

This option is not recommended.

### 7. Recommendations

- 7.1 That the Better Care Fund Plan 2021-22, submitted to the National Better Care Fund Team and having passed national and regional quality assurance, is accepted by Committees in Common.

## **PRE-REQUISITES**

### 8. CCG Strategic Objective

- 8.1 This report supports the following CCG Strategic Objectives:
- 1 – Integrated Commissioning
  - 2 – Integrated Delivery
  - 3 – Delivery of Statutory Duties

### 9. Impact on other Executive Committees (including Area Committees)

- 9.1 There is a citywide decision that impacts upon all areas.

### 10. Needs Assessment

- 10.1 This report aligns with the Joint Strategic Needs Assessment and there is a section within the supporting narrative outlining how the BCF supports reducing health inequalities.

### 11. Consultation/Engagement

- 11.1 The Better Care Plan for 2021-22 has been completed involving officers from both Hull City Council and NHS Hull CCG. Many of the schemes within the plan are a continuation from previous years and has been developed in partnership with a wide range of stakeholders. These include Humber Teaching NHS Foundation Trust, care providers, private organisations (for example, to develop shared records across health and social care), and voluntary organisations who are supported via the Better Care Fund to provide services across the city, such as Alzheimer's Society and Hull Churches Home from Hospital. Housing Partners have been fully involved in the development of the plan, through joint work with the Disabled Facilities Grant. The Plan for 2022/3 will build upon that proposal.

The Aligned Funds (non-pooled) have likewise been developed over many years based upon applying funds to shared purposes and included in the development of the Integrated Financial Plan.

In 2021 the Building Forward Together Programme and the Changing Lives programmes were established and supported by decisions of the Committees in Common in October 2021. Key to this has been the establishment of the mechanism for aligned funding to support the delivery of the programmes. These will operate as further Aligned Funds and adding a further programme Care@Home will provide the framework for operation and application of funding for shared purposes for the

financial year 2022/3 pending the establishment of the Joint Committee for Hull.

12. The NHS Constitution (*How the report supports the NHS Constitution*)

- 12.1 This paper specifically supports principle 5, that the NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities, and the wider population.

## **HULL CITY COUNCIL COMMENTS**

13. Comments of the Monitoring Officer (Town Clerk)

- 13.1 s75 Pooled Fund arrangements are made under the NHS Act 2006. A s75 arrangement enables the CCG (or other NHS bodies) and the Council to enter into a pooled fund for exercising the functions of the CCG and the health-related functions of the Council, subject to the appointment of Pooled Fund manager who is responsible for ensuring that monies are applied in accordance with the intentions of the parties to the agreement.

Albeit that the Council manage the Pooled Fund the workstreams may be commissioned by the Council or the CCG. Integrating the pool through which services are commissioned and use of shared contractual arrangements facilitates the delivery of integrated commissioning in accordance with the aims of Health and Social Care Act 2012.

Going forward the CCG functions are anticipated to move into the Integrated Care Board on 1<sup>st</sup> July 2022 with the consequence that the Pooled Fund will be novated to the Integrated Care Board thereafter.

14. Comments of the Section 151 Officer (Director of Finance and Transformation)

- 14.1 The s151 Officer welcomes the report, recognising the importance of reaching formal agreement with the CCG regarding funding commitments for 2022/23 ahead of the change in NHS structures from July. The majority of 2022/23 commitments build on the 2021/22 position but with some additional items highlighted in the report.

15. Comments of the Director of Public Health



- 15.1 I fully support the proposal for the Pooled and Aligned funding under a section 75 arrangement. Having this agreement in place will enable the new Health and Care Board to take decisions regarding allocation of resources in 2022/ 2023 and provides the platform for wider financial agreements to be in place following the establishment of the Joint Committee in April 2023.
16. Comments of the Assistant Director Organisational Development and Human Resources and compliance with the Equality Duty
- 16.1 The contents of the report are noted. There are no staffing or equalities issues arising from the decision to approve the Better Care Fund plan. KH
17. Comments of Overview and Scrutiny
- 17.1 The Forward Plan entry relating to this decision will be considered by the Overview and Scrutiny Management Committee at its meeting of 4 April 2022. The Committee will decide if the decision should be subject to pre-decision scrutiny, and if so which Scrutiny Commission will carry out that work. Any comments or recommendations will be tabled at the Committees in Common meeting of 27 April 2022. (Ref. Sc6785 (FH))
18. Comments of the Portfolio Holder Public Health and Adults Services
- 18.1 I am pleased to support the report in anticipation of the imminent changes to the NHS structures especially the additional funding available to Discharge to Assess initiative. My expectation is that the excellent joint working already well established between the Council and the CCG will move forward effectively with the Integrated Care Board

## **NHS HULL CLINICAL COMMISSIONING GROUP COMMENTS**

19. Comments of Associate Director of Corporate Affairs
- 19.1 The contents of the paper, and its recommendations, are noted. The utilisation of Section 75 arrangements are an important means through which the CCG and Hull City Council collaborate and plan the effective utilisation of resources for maximum benefit in meeting local need.
- As mentioned above, the Health and Care Bill proceeding currently through parliament will, if enacted, see the abolition of CCGs and the establishment of Integrated

Care Boards (ICBs) as the successor body for the CCG's commissioning responsibilities. The national timetable continues to see the abolishment of CCGs, and ICBs established, on 1 July 2022 (subject to parliamentary timetable).

The CCG remain the local commissioner of the majority of health services until that date, however, within the backdrop of the current legislative context, the NHS (Clinical Commissioning Groups) (Amendment) Regulations 2022 place a duty on the CCG to engage with the ICB in shadow form on a range of matters in advance of it taking certain decisions.

An interim operational protocol has been agreed between the CCG and Humber and North Yorkshire ICB (as the relevant local ICB) in this regard and I can confirm that the steps necessary have duly been completed in this regard.

20. Comments of Chief Finance Officer'

20.1 To be tabled.

Contact Officer: Keith Jackson, Service Development Officer Telephone No.: 01482  
612876

Officer Interests: None

Background Documents: - BCF Plan 2021-22  
BCF Plan 2021-22 Supporting Narrative

## Implications Matrix

**This section must be completed and you must ensure that you have fully considered all potential implications**

This matrix provides a simple check list for the things you need to have considered within your report

If there are no implications please state

I have informed and sought advice from HR, Legal, Finance, Overview and Scrutiny and the Climate Change Advisor and any other key stakeholders i.e. Portfolio Holder, relevant Ward Members etc prior to submitting this report for official comments	Yes
I have considered whether this report requests a decision that is outside the Budget and Policy Framework approved by Council	Yes
Value for money considerations have been accounted for within the report	Yes
The report is approved by the relevant City Manager	Yes
I have included any procurement/commercial issues/implications within the report	Yes
I have considered the potential media interest in this report and liaised with the Media Team to ensure that they are briefed to respond to media interest.	Yes
I have included any equalities and diversity implications within the report and where necessary I have completed an Equalities Impact Assessment and the outcomes are included within the report	Yes
An Equality Impact Analysis/Assessment is not required for this report.	Yes
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	No

An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	No
Any Health and Safety implications are included within the report	Yes
Any human rights implications are included within the report	Yes
I have included any community safety implications and paid regard to Section 17 of the Crime and Disorder Act within the report	Yes
I have liaised with the Climate Change Advisor and any environmental and climate change issues/sustainability implications are included within the report	Yes
I have included information about how this report contributes to the City Plan/ Area priorities within the report	Yes
I have considered the impact on air quality, carried out an appropriate assessment and included any resulting actions or opportunities necessary to improve air quality in the report.	Yes

## **Better Care Fund Plan – Narrative – Hull Health and Wellbeing Board**

### **Involving Stakeholders**

The Better Care Plan for 2021-22 has been completed involving officers from both Hull City Council and NHS Hull CCG. Many of the schemes within the plan are a continuation from previous years and has been developed in partnership with a wide range of stakeholders. These include Humber Teaching NHS Foundation Trust, care providers, private organisations (for example, to develop shared records across health and social care), and voluntary organisations who are supported via the Better Care Fund to provide services across the city, such as Alzheimer’s Society and Hull Churches Home from Hospital, and North Carr Carers. Housing Partners have been fully involved in the development of the plan, in particular through joint work with the Disabled Facilities Grant.

To ensure an embedded approach to work with the voluntary sector and build on the learning from covid we have worked in partnership with voluntary sector organisations in the city to develop ‘Building Forward Together’, a framework to support the voluntary sector and provide support via four workstreams:

- future commissioning, investment and sustainability;
- volunteering;
- wider workforce development;
- and VCSE support and development.

The plan has been shared at Place and Health and Wellbeing Boards that includes representatives from statutory and voluntary organisations as well as other public bodies and elected members. The BCF financial plan for 2021/22 has been fully agreed at the Health and Wellbeing Board, and this accompanying narrative will be presented at Health and Wellbeing Board on 12 January 2022.

An easy read and infographic version of the plan is to be shared with reference boards, for example learning disability, older peoples and carers boards.

### **Executive Summary**

The key priority areas remain integrated delivery, integrated community services, and integrated urgent care, and although the Better Care Plan for 2021-22 has seen no significant changes over the past 12 months, there are some new areas of expenditure, and the overall budget has increased slightly, with both the council and CCG making additional voluntary contributions to the pool. These include additional support for younger adults at home, and funding to support the discharge to assess pathways. In addition, in recognition of ongoing workforce challenges in the sector, funds have been allocated to support a website, “Proud to Care” ([www.proudtocarehull.co.uk](http://www.proudtocarehull.co.uk)) which will help all providers in the care market across the city with recruitment. Additional funding has also been allocated to support Active Recovery.

While in the main the Better Care Fund for 2021-22 remains as before, there has been some realignment of funds in some cases. These include merging budgets for IT Governance and Information Sharing with Workforce Development, and

rationalising a number of schemes within Rapid Recovery, Business Support and Brokerage. This means that the overall plan is clearer for 2021-22.

Integration remains a key strength of BCF and is included in the revised Health and Wellbeing Strategy. The new strategy has integration as one of its three key priorities and BCF will support its success in reducing health inequalities, providing financial transparency and ensuring quality care is provided quickly.

We continue to support care providers and have used the BCF as a platform to bring health and social care initiatives to the frontline services through increasing use of technology, digital enablement that includes Yorkshire and Humber care record portal, electronic red bag scheme, NHS mail and support with DPST workforce data sets and NHS capacity tracker.

We are progressing along with regional colleagues to develop a Yorkshire and Humber OPEL return that will share regional data set and good practice in a way that will help local health and social care systems manage system pressures and bring closer together in measures and language.

## **Governance**

Throughout 2021-22, we have continued with our strong governance of the Better Care Fund which has developed during the preceding years, in particular through Integrated Commissioning Officer Board (ICOB) and Committees In Common (CIC). ICOB meetings are held monthly and are a partnership of the CCG and the Council, with representatives from both organisations covering social care, finance, integrated commissioning, children's services, public health and neighbourhood services. CIC is also attended by elected members, adding additional oversight and scrutiny. This strengthened governance approach means there is improved buy-in and commitment at all levels across both organisations. An updated s75 agreement has also been developed and approved.

### ***Review of Mental Health and Learning Disability Services***

An external review of mental health and learning disability services has been undertaken. The key findings of the Review are that the Community Mental Health Services Transformation (CMHT) is an opportunity to recast the Partnership between Hull City Council (HCC) and Humber Teaching NHS Foundation Trust (HTFT) and to address the barriers and difficulties to delivering the Care Act 2014. Updated and fresh governance will include the new services and pathways in Mental Health, the strengthening of the leadership of social work staff who are employed within HTFT, and robust monitoring of performance mechanisms that give assurance to the Director of Adult Social Services (DASS) on the discharge of their statutory duties. This will be implemented through a revised governance arrangement of the BCF, and new service specifications. In addition to the new governance arrangements above there shall also be an alliance contract put in place which shall ensure HTFT attends the Health and Wellbeing board sub-committee to be held accountable for their performance on the mental health contract they have with the CCG. This will allow the Council to have direct accountability of HTFT which has in the past not been possible.

### ***Mid-year reporting***

Mid-year reporting and governance has mostly been focussed on expenditure, although monthly activity reports are produced by the NHS North of England Commissioning Support Unit which cover a broad range of metrics which underpin

the delivery of the Better Care Fund in Hull. These are widely circulated, and all financial reports which are presented at various boards such as Integrated Commissioning Officers Board and Committees in Common and include latest performance data.

As we transition into ICS partnerships, the Health and wellbeing board will become the governance structure for assuring plans and progress of BCF measures.

### ***Moving into the new Integrated Care System (ICS)***

The new Health and Care Bill provides the means to accelerate place-based health, care and wider public and private collaboration in order to achieve the vision of Hull being a city where everyone has the opportunity to live a healthier and longer life. The BCF has been fundamental to our integration journey in Hull and it will continue to be developed as we move toward new system arrangements within Humber Coast of Vale ICS.

We are developing new committee arrangements for Hull to ensure a place structure that can take delegations from the Integrated Care Board from April 2022 in order to further our ambitions to operate a system approach to improving health and care outcomes across the city.

The role of the new Hull Health and Care Partnership Committee will be to develop a health and care plan within the context of the Health and Wellbeing Strategy for Hull. It will approve the plans that will deliver the strategy, allocate resource for Hull and seek assurance of delivery of the plans through performance and risk management and holding health and care providers to account.

Subject to the delegations agreed by the ICB it is intended that the new committee will oversee allocation of NHS resources and any other resources as has been determined in agreement with partners through section 75 agreements.

## **Overall Approach to Integration**

### ***Integrated Care System***

Across health and social care we are continuing implementing the elements of the NHS Long Term plan. This includes further strengthening integration and taking the opportunities of being a fully operational Integrated Care System forward. Key to this is improving integration with the community and voluntary sector through social prescribing and personalised care. The Integrated Care Centre (ICC) operates a re-designed community frailty pathway led by local geriatricians which sees GPs, nurse practitioners, social workers, pharmacists and other specialists working together. The ICC is the hub for integrated working with teams working across traditional boundaries of hospital and community settings focussing on quality. Strong working relationships between health and the local authority have eased integration.

### ***Integrated Financial Plan***

The Council and the NHS Hull CCG have an established Integrated Financial Plan for health and social care. This includes both the budgets which are formally pooled between the partners and budgets which are aligned but not formally pooled, across areas like Continuing Healthcare, Extra Care, the Transforming Care Partnership agenda, and mental health s117 services. This approach supports the implementation of a Place Based Approach to the delivery of integrated health and social care services around shared objectives. Both organisations work closely

together to maximise the efficiency and effectiveness with which resources can be used across the wider health and social care sector.

### ***Delivering Services***

The overall strategic approach to delivering services remains person-centred involving all partners including housing and the voluntary and community sector. One example is the Jean Bishop Integrated Care Centre which opened in 2018, delivering risk stratified Integrated Comprehensive Geriatric Assessment and individualised care planning. Throughout the past year the impact of the pandemic has meant the ICC needed a service redesign to also enable it to deliver a reactive and responsive approach to urgent demand for community based support for frail patients. The redesigned model was based on the principals of right care, right place, home first, hear and treat, see and treat, and patient choice. The ICC Frailty Support Team has supported implementation of the Enhanced Health in Care Homes service delivered by the Primary Care Networks (PCNs) to all care homes across the city and has developed a frailty training programme for PCN staff involved in delivering services to care home residents.

One of the primary aims has been to ensure people with an urgent care need were supported to access the right part of the system for their clinical need. This work was led through the NHS111 First programme, as well as working collaboratively across the wider Yorkshire and Humber system with Yorkshire Ambulance Service (YAS) to ensure there was sufficient capacity within the system. This work led to the development of a discharge policy to enable timely discharges and to prevent hospital admissions.

### ***Commissioning***

The overall approach to commissioning within Hull is one of integrated partnerships. We work with several joint commissioning, joint contracting and joint delivery forums. These are being reviewed in light of the changes set out within the Health and care bill which will see the transition of the CCG into the ICS. We intend to retain the principles set out within the existing Joint Commissioning Forum, Integrated Commissioning Officer Board (ICOB), Committees in Common (CIC) but need to ensure they are fit for purpose in the new ICS from April 2022. To this end we have conducted a self-assessment for Hull and are developing a system programme plan to take us forward into 2022-23. It will include new governance to ensure that we can retain a Joint approach to Prioritisation and Outcomes based on population health intelligence.

Governance arrangements as outlined above are strong and support the delivery of the Better Care Plan.

## **Supporting Discharge (national condition four)**

### ***Discharge to Assess***

Hull City Council's Adult Social Care team has been working since the introduction of the national guidance in September 2020 to re-design the existing provision to support Discharge to Assess. This has been undertaken in partnership with Hull University Teaching Hospitals NHS Trust. The current operating model already includes a strong reablement pathway in Active Recovery and there is a large social work team based at the Hull Royal Infirmary which provides the flexibility to re-design the model largely within existing resources. In addition, the decision to de-commission Thornton Court (a rehabilitation unit) contributes to the Home First ethos and creates the staffing



capacity required for the Rapid Discharge team. However, some gaps have been identified which require additional posts to be created and equipment to be funded in order to deliver a sustainable Discharge to Assess model for Hull. Posts and equipment have been financed by re-distributing monies within the Better Care Fund. The model which has been designed for Discharge to Assess in Hull embraces the Home First ethos and has a strong person centred and reablement approach.

### ***Rapid Discharge Service***

The Supporting Independence Team has been bolstered with temporary staff in order to provide a Rapid Discharge Service to facilitate same day hospital discharges. In order to create the Rapid Discharge Team on a more permanent basis, a number of established vacancies within the Supporting Independence Team are being filled and staff from within the current Thornton Court structure are being moved across to support the Rapid Discharge team.

The Rapid Discharge team will provide care and support which is flexible to meet the needs of the person in their own home for the first 72 hours following their discharge from hospital. A Multi-Disciplinary Team (MDT) meeting will take place at 72 hours to determine whether the person has further reablement potential or if they have reached their optimum level of independence. At that point, they will either have a full assessment (including a financial assessment) for their long term care and support needs, or they will progress down the reablement pathway for a period of up to six weeks. This pathway is non-chargeable and aims to promote independence whilst reducing the need for long term services at the end of the six-week period.

Rapid Discharge is the critical factor in the success of the Hull City Council Discharge to Assess model especially in its ability to support people immediately at home following a discharge from hospital. The additional staffing for social work and therapy resource is predicated on sufficient resource being available within the Rapid Discharge team to ensure flow out of the hospital.

The Supporting Independence Team currently operates a paper-based rota management system that is labour intensive. An electronic rostering system would enable the Rapid Discharge management team to manage staff rotas and care calls in real time, enabling the support organisers to flex up or stand down care packages immediately, depending on the assessed level of need.

The social work team currently based at the hospital will be re-organised to create a hospital discharge community team who will manage hospital discharges up to the point of full assessment. This team will require some additional therapy resource within the community to ensure that people are supported to reach their optimum independence before they are assessed for long term needs. When a full assessment has taken place and the long term care and support needs are known, any packages of care will be picked up by framework domiciliary care providers as part of business as usual.

The Progress to Discharge Team will provide the necessary support to those who are not able to return home upon their hospital discharge and require bed based reablement. It is expected that the number of people on this pathway will be relatively small as the focus will be to enable people to return home, but this cohort of people will be more complex and require more detailed care and support planning.

A small number of assessments will take place at the hospital for those cases where a mental capacity assessment is required, where there are safeguarding concerns or for more complex cases where a placement into a bed is required rather than a discharge home. A small team of social workers will there be required at the hospital to undertake these assessments.

Occupational Therapy posts are required to ensure that those on the Discharge to Assess pathway are receiving the reablement they need to help them achieve their optimum independence and remain at home.

### ***Recruitment and Retention***

In terms of general recruitment and retention, we have been updating adverts and fully utilising social media to advertise roles, as well as welcoming flexible working patterns around days, hours and places of work. We have also revised induction policies to better support new members of staff and increased the number of ASYEs. Throughout the year we have developed staff engagement forums to improved feedback from staff. We have been working with Humber Teaching Partnership and the University to ensure that students are well informed and that placements are secured including promoting careers/jobs fairs to raise awareness. We have been encouraging students to work on a casual basis as social care support officers to gain more in depth knowledge of processes and teams, and we have been upskilling OT assistants to work with OT supervisors so that only those cases which require specific intervention are progressed to OTs.

### ***Patient Flow***

Supporting flow through A and E is a key focus of the BCF plan and several measures have either been enhanced or metrics and performance revised, for example we have increased funding to Red Cross to provide a quicker and increased capacity for people being discharged and returning home.

Through our hospital social work team, we have a dedicated team to provide immediate support and assessment to the A and E front door to enable people to return home and avoid unnecessary hospital admission

We have commissioned interim beds in residential care to support D2A and used BCF to provide services to reduce bed delays in both acute and community settings to enable throughput of people into reablement, rehabilitation and ultimately home with reduced packages of care.

### **Disabled Facilities Grant**

Housing, health and social care work together adopting a person-centred approach that meets people's needs in a preventative, holistic and timely fashion. In Hull, the Integrated Commissioning Officers Board (ICOB) acts as Housing and Health Partnership Board, as it contains representation from NHS Hull CCG, Public Health, City Safe and Early Intervention, Adult Social Care and Housing, and ICOB manages the overall direction of the BCF, including the DFG element. The overall strategic approach for delivering housing support via the DFG is to enable as many Hull residents with a disability to live in their own home through the provision of adaptations to enable people to live independently and safe.

### ***Strategic Oversight of the DFG***

There is a DFG steering group led by the Deputy DASS and includes representatives from across health, housing, adult and children's social care. The purpose of this group is to develop innovative ideas around the DFG to ensure that the money is best spent and is fully accountable. Regular progress updates are provided through BCF governance and assurance mechanisms.

The DFG process in Hull works as a partnership across health, social care and housing services to support people with adaptations to live in their own home. An Occupational Therapist will assess an individual's need and award a priority for their case. An individual case can be fast tracked if the person is terminally ill, at risk of falls, a carer is at risk of injury if an adaptation is not met, or if the adaptation would free up a hospital bed.

Major adaptations are defined as costing over £1k with the maximum mandatory DFG grant being £30k. The Council's Private Housing Renewal Policy allows for the provision of discretionary grant to fund the cost of work above the £30,000 limit where the work falls within the purpose for which a mandatory grant would be given.

A Home Appreciation Loan (equity mortgage provided through the Council, repayable on sale of the property or death of the applicant) may be available to help pay the contribution to a Disabled Facilities Grant. When the adaptation is for a child or young person, there is no means test.

### **Challenges**

Over the last few years, there have been several challenges with the DFG. These have stemmed from shortages of Occupational Therapists, delays in surveyors going to assess properties, through to a lack of building materials bought on during the early days of the pandemic. In reaction to this, a revised approach to delivering the DFG is being considered to ensure that the benefits and positive outcomes are achieved for the people of Hull. One area that has been considered is a more flexible approach to fully utilising the DFG. One example of this is the review on moving with dignity.

During the past year, NHS Hull CCG completed this review, with a scope of to improving moving and handling for the people of Hull, by providing more person-centred assessments, provision and techniques. The overall aim of the project was to change processes when assessing for, and providing support with, moving and handling. Custom and practice has dictated that a minimum of two people is almost always required for complex moving and handling, particularly hoisting. However, there is research and evidence to suggest that this is not often necessary or appropriate and this practise is not underpinned by manual handling legislation guidance. It has also been shown in many cases that care can be provided safely by using different equipment and techniques therefore, reducing the number of care workers required to assist and providing greater dignity for the person receiving care. The review recommended that the DFG is used for maintenance of ceiling track hoists, and the funding of a Moving with Dignity Practitioner.

### **Equality and Health Inequalities**

Health inequalities has remained a priority of the local system with the aim of continuing to try and reduce the gap between our most and least deprived

populations. The Covid-19 pandemic has shined a light on inequalities and the increase in these that some communities and population groups experience. There has been a focus on protecting the most vulnerable from Covid-19 with a focus on enhanced analysis and community engagement to mitigate the risks associated with relevant protected characteristics and social economic conditions. There has been local collaboration in planning and delivering critical services, including restoring key services as soon as was safe to do so as restrictions brought on by the pandemic were eased.

### ***Health of People in Hull***

The health of people in Hull is generally worse than the England average. Hull is one of the 20% most deprived districts/unitary authorities in England, and according to the most recent Public Health England Local Authority Profile, about 27.4% (14,430) children live in low income families. Life expectancy for both men and women is lower than the England average.

In Hull, common causes of death largely stem from preventable conditions which proportionately impact on the most disadvantaged groups and communities. We have adopted a joined up approach to supporting people to make healthier lifestyle choices, for example by focussing on a smoke free generation by 2025, which is seeing low numbers of children choosing to smoke and falling numbers of pregnant women smoking. The Towards an Active Hull strategy was launched in 2019 with the aim of getting 10,000 people in the city active. In addition, Primary Care Networks are working alongside communities to refocus resources towards early intervention and prevention.

### ***Place Based Approach***

Hull has always focussed on a place based approach to integration, whereby the focus is on people and outcomes, which is supported by the integrated financial plan between the council and the CCG. There is a collective responsibility to secure a healthier future for local communities and people, and this is promoted with a focus on the four pillars of population health (wider determinants of health; health behaviours and lifestyles; integrated health and care systems; and communities).

### ***Addressing Health Inequalities***

The BCF plan for 2021-22 plays a key role in addressing health inequalities within the city. One of the largest areas of spend within the plan is supporting long term conditions, whereby jointly commissioned outcomes based contracts ensure lead provider / collaborative work is developed between the public and the third sector. The plan funds an Early Help Co-ordinator which focuses on early intervention and provides advice and support for those who need it. This is overseen by the Connect to Support Website, which is a public information and advice website containing details of local groups and activities across the city. It provides details on how people can stay healthy and well, maintain their independence, and also contains a directory of services which can support people with their health and independence. Social Prescribing is also funded through the BCF, as is a specialist social worker role which focuses solely on working with those who misuse drugs and alcohol. The Social Prescribing offer in the city is delivered by Connect Well Hull and is available for people registered with a Hull GP or who live in the city and is supported by Wellbeing Coordinators who are based in GP surgeries. The Wellbeing Coordinators help people access schemes and groups to help people maintain their

independence, and range from socialising groups, through to creative and cultural activities, along with helping people to support their physical or emotional support needs. Examples of schemes provided through social prescribing include art groups at a community centre, lunch clubs, mental health first aid and various gardening groups.

New plans for social prescribing include focussing on a new tender based around adult social care outcomes, with the overall aim in supporting people to maintain their independence with a focus on preventing and delaying the need for formal packages of care, and ensuring people have access to the right support in their local communities.

One change to the BCF plan for 2021-22 is an Adult's Weight Management Scheme, which has been introduced to reduce broader health inequalities by offering healthy lifestyle support and supporting adults to lose weight and maintain a healthier lifestyle.

With regards to the new BCF metrics, it is too early to determine whether there are any links to any health inequalities, although this will be factored in to our ongoing performance monitoring.

### ***Recruitment and Retention***

In addition to Proud to Care we are also maximising the use of workforce recruitment and retention grants and looking at ensuring ideas for recruitment and retention are featured as part of our BCF plan, for example increased remote access / keeping connected with purchase of laptops for care workers.

Continued investment in brokerage through BCF plan has led to a revised dynamic purchasing system being implemented in December. This will ensure we can improve flow and reduce length of stay.

For people delayed in hospital more than 24 hours the revised system will flag to brokerage for immediate attention / action.



Hull HWB.xlsx

## Appendix 2

### Section 75 aligned funding schedule

	2022/23 estimated budget
	£m
CYPFS - Children's residential placements contribution	0.650
CYPFS – Care in the Community – Lime Tree Court	0.101
CYPFS – Youth Commissioning services	0.115
CYPFS - YOT Funding	0.041
CYPFS – Pause project	0.146
CYPFS – Children Safeguarding Board Contribution	0.085
CYPFS - Support for parents with special needs	0.020
CYPFS - Counselling MIND	0.020
CYPFS - Lead Performance Compliance and Commissioning officer	0.050
Adult – Safeguarding Board Contribution	0.016
Adult Social Care – Care in the Community	1.157
Public Health – Care in the Community Substance Misuse	0.064
Adult Social Care – Continuing Health Care / Funded Nursing Care/s117/Transforming Care Partnership contributions	12.096
Adult Social Care – Extra Care contribution	1.500
Voluntary Sector Fund	0.050
<b>TOTAL INCOME TO ALIGNED FUND</b>	<b>16.111</b>