

Meeting: Adult Social Care, Health and Wellbeing Sub-Committee of the Overview and Scrutiny Committee

Date: 5th July 2018

Title: Better Care Fund update

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Service: Health, Education, Care & Safeguarding

Wards affected: ALL

1. Purpose of Report

1.1 This report provides an overview of the purpose, operations, and content of the Better Care Fund

2. Introduction

2.1 What is the Better Care Fund ?

The Better Care Fund (BCF) is a component of government policy to improve integration between health and social care. It creates a pooled fund, operated jointly by local authorities and NHS Clinical Commissioning Group. The BCF commenced in 2015/16.

3. Details

3.1 National conditions for operation of the BCF

Government sets four national conditions which each area must meet:

- Plans must be jointly agreed
- The NHS contribution to social care must be maintained in line with inflation
- There must be agreement to invest in NHS commissioned out-of-hospital services, which may include 7 day services and adult social care
- The High Impact Change Model for managing transfers of care must be implemented

3.2 Governance

The plan was agreed by the Cabinet of North Tyneside Council on 13th November 2017; by the Health and Wellbeing Board on 16th November 2017, and by the Governing Body of NHS North Tyneside Clinical Commissioning Group on 28th November 2017

The detailed operation of the BCF is set out in a Section 75 Agreement which provides the administrative and financial framework for operation of the fund. The s75 Agreement establishes a Better Care Fund Partnership Board, with representatives of the Authority and NHS North Tyneside Clinical Commissioning Group, to manage the fund. The current BCF plan and S75 Agreement covers the period April 2017 to March 2019.

3.3 The Improved Better Care Fund

In the first two years of operation of the BCF, the fund was largely comprised of existing allocations redirected into the BCF.

2017/18 is the first year in which the Improved Better Care Fund (iBCF) was been implemented, which represented an increase in the available funds. This funding is paid directly to local authorities as a direct grant under Section 31 of the Local Government Act 2003 (power to pay grants to local authorities). There is a requirement that it is pooled into the local BCF Plan and the grant conditions stipulate that it must be spent on any or all of the following purposes:

- (a) meeting adult social care needs,
- (b) reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready;
- (c) ensuring that the local social care provider market is supported.

The value of the iBCF, for North Tyneside, was £5.043m in 2017/18 and £6.773m in 2018/19.

The North Tyneside BCF plan allocates the use of the iBCF to meet additional costs relating to the implementation, by care providers, of the National Living Wage, and to costs arising from demographic growth, increases in the severity of need, and shifts between services.

Table 1 overleaf shows the actual increases in costs of social care provision, which were £7.508m higher in 2017/18 than in 2015/16¹. Hence the iBCF made a substantial contribution towards the growth in costs, but did not totally cover the cost growth.

£5.214m of the increase was due to the National Living Wage and a further £2.294m was due to increased volume of service provision.

¹ Increased fees to cover the National Living Wage were introduced over two years, hence why the 2017/18 costs are compared in Table 1 to 2015/16 to show the full cost of the NLW

Table 1: The increased social care costs, supported by the iBCF

	2015/16 £	2017/18 £	Additional Costs £	2016/17 Fee Inflation	2017/18 Fee Inflation	Two year fee inflation Factor	Inflation value in 2017/18 costs relating to NLW £	Demographics /complexity or shifts in service provision £
Adult Family Placements	436,170	362,329	-73,841	0.000	0.000	0.000	0	-73,841
Day Care - External Provider	2,187,624	2,049,655	-137,969	5.000	0.000	0.050	97,603	-235,572
Direct Payments	6,749,302	7,233,043	483,741	5.300	3.290	0.086	572,169	-88,428
Home Care/Extra Care	8,415,367	9,568,305	1,152,938	0.000	5.200	0.052	472,958	679,980
Individual Service Fund	2,403,058	3,447,482	1,044,424	5.300	3.290	0.086	272,713	771,711
Nursing Care	4,010,774	3,619,074	-391,699	7.500	3.290	0.108	352,467	-744,166
Nursing E.M.I.	2,538,328	3,374,562	836,234	7.500	3.290	0.108	328,653	507,581
Residential Care - EMI	6,051,234	6,959,027	907,793	7.500	3.290	0.108	677,750	230,043
Residential Care	11,467,683	13,753,284	2,285,601	7.500	3.290	0.108	1,339,452	946,148
Supported Living	12,512,766	13,914,034	1,401,268	5.300	3.290	0.086	1,100,668	300,600
Grand Total	56,772,306	64,280,795	7,508,488				5,214,433	2,294,055

3.4 The High Impact Change Model

As noted above, the implementation of the High Impact Change Model is a mandatory element of the BCF. The model is intended to help patients be discharged from hospital.

This model was developed by national system partners including the Local Government Association (LGA), the Association of Directors of Adult Social Services (ADASS), NHS England, the Department of Health (DH), the Emergency Care Improvement Programme (ECIP), Monitor and the Trust Development Authority (now NHSi) during 2015.

It builds on lessons learnt from practice and promotes a new approach to system resilience, moving away from a focus solely on winter pressures to a year-round approach to supporting timely hospital discharge. Whilst acknowledging that there is no simple solution to creating an effective and efficient care and health system, this model signals a commitment to work together to identify what can be done to improve current ways of working.

The model recommends:

- early discharge planning
- systems to monitor patient flow
- multi-disciplinary/multi-agency discharge teams, including the voluntary and community sector
- home first/discharge to assess
- seven-day services
- trusted assessors
- focus on choice
- enhancing health in care homes.

The model codifies existing good practice and as such it is reflected in a number of the BCF schemes, in particular “Community Services”, which includes Carepoint, reablement, immediate response and overnight home care, adaptations and loan equipment, and the Carecall crisis response service.

3.5 Possible future developments

The North Tyneside BCF plan identified that the CCG and the Authority will work in collaboration to review and rebase existing schemes within the BCF document, ensuring value for money and positive quality outcomes, identifying opportunities to include (where appropriate) system and service changes, working within the current financial envelope. Any changes to services provided will take effect from April 2018 for 2018/19, or later as agreed between the two organisations. Any changes must ensure that the North Tyneside BCF plan continues to comply with the BCF national requirements. Both organisations will work together to ensure that the residents of North Tyneside get the best return for investment in the BCF.

Accordingly, a review of BCF schemes has been carried out and will shortly be considered by the BCF Partnership Board. The review identifies many examples of good practice, and some ways in which the services could improve their coordination with each other.

On a national level, the current policy framework lasts only until March 2019. The Secretary of State for Health and Social Care stated in the House of Commons on 18th June 2018 .

“For our most vulnerable citizens with both health and care needs, we also recognise that NHS and social care provision are two sides of the same coin. It is not possible to have a plan for one sector without having a plan for the other. Indeed, we have been clear with the NHS that a key plank of its plan must be the full integration of the two services. As part of the NHS plan, we will review the current functioning and structure of the Better Care Fund to make sure that it supports that. While the long-term funding profile of the social care system will not be settled until the spending review, we will publish the social care Green Paper ahead of that. However, because we want to integrate plans for social care with the new NHS plan, it does not make sense to publish it before the NHS plan has even been drafted, so we now intend to publish the social care Green Paper in the autumn around the same time as the NHS plan.”²

Hence we can expect the BCF to continue beyond 2019/20 but there may be changes in the operation of the BCF. The nature of any changes is not yet known.

4. **Appendices**

Appendix 1 – Metrics

Appendix 2 – Summary of BCF schemes in 2018/19

5. **Background Information**

The following documents have been used in the compilation of this report and may be inspected at the offices of the author.

Better Care Fund Narrative Plan 2017-18-19

Integration and Better Care Fund Policy Framework 2017 to 2019

(<https://www.gov.uk/government/publications/integration-and-better-care-fund-policy-framework-2017-to-2019>)

² <https://hansard.parliament.uk/commons/2018-06-18/debates/6FAA6047-F74C-40ED-9C01-CE7313E8B740/NHSLong-TermPlan>

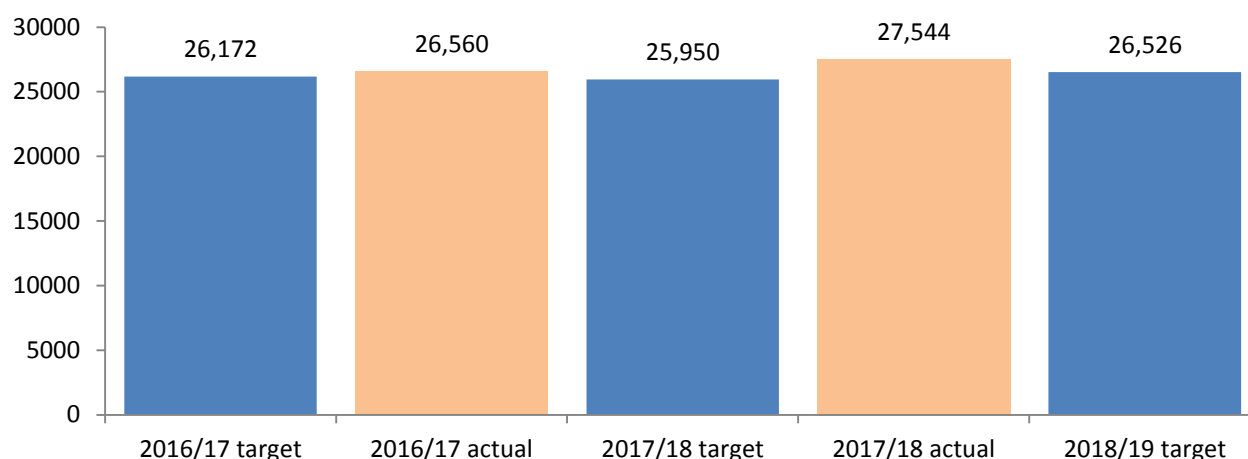
Appendix 1 – BCF metrics

The BCF Policy Framework identifies four metrics that are monitored centrally; these are emergency hospital admissions; delayed transfers of care; the effectiveness of reablement; and permanent admissions to residential care.

Emergency Hospital Admissions

Figure 1 below shows the year-on-year trend in emergency hospital admissions and the planned trajectory for 2018/19.

Figure 1



- There were 27,547 emergency admissions in 2017/18. This was 985 more than the previous year, an increase of 3.7%.
- The BCF plan called for a reduction in emergency admissions to 25,950; hence the outcome was 4.5% above the plan.
- To achieve the planned figure of 26,526 emergency admissions in 2018/19, will require a reduction of 3.7% from the 2017/18 outturn.
- Across England, there was a 4% increase in emergency admissions over the same time period.

Delayed transfers of care (DTOCs)

The Department of Health set very challenging targets for reductions in the levels of delay. These targets are expressed in delayed days per 100,000 patients:

Total delayed days per day. (Per 100,000 population aged 18+)	Baseline Feb-April 2017	Target November 17-March 2018
NHS responsible	3.5	3.4
Social care responsible	0.4	0.2
Both responsible	0	0
Total	4.0	3.5

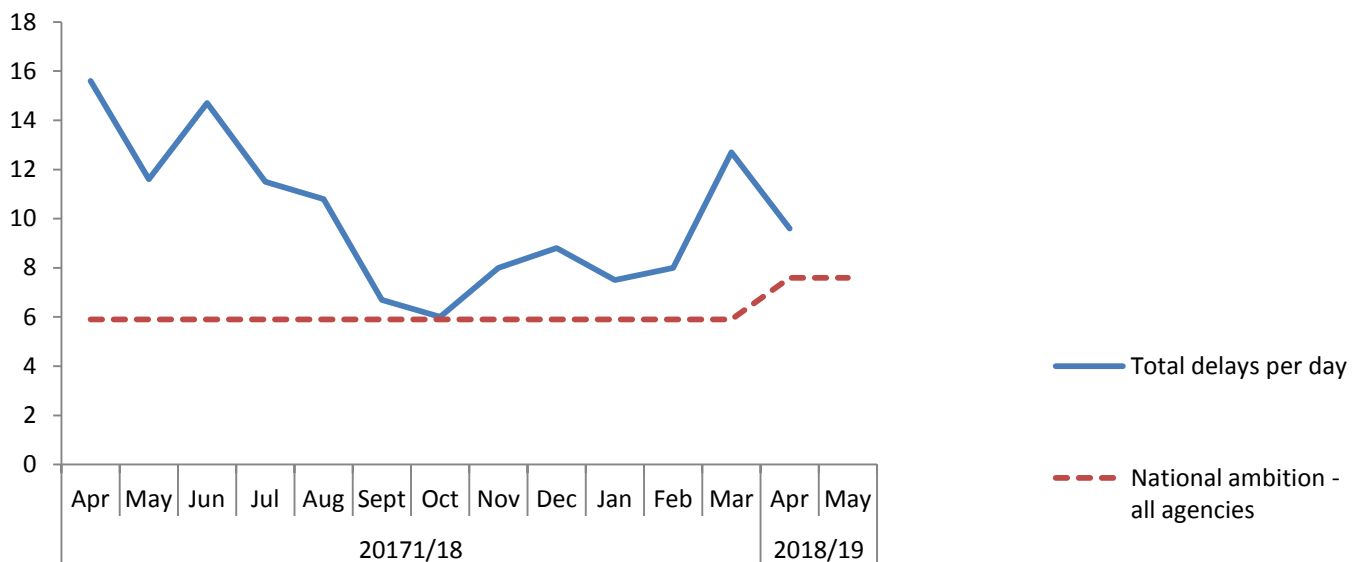
These ambitions are reflected in our BCF plan and we will aim to achieve them, whilst noting the following risks to delivery:

- a) North Tyneside has a very low starting point – the ninth lowest rate in England – which reflects the adoption of best practice over many years, leaving less opportunity available for further reductions.
- b) Only 16% of our delays are social care responsible and yet the national ambition proposes that 50% of the desired improvement comes from social care.
- c) Despite a generally low level, there have been an increased number of delays from April-June 2017, which reflects the growing level of acute hospital activity, and the fragile state of the social care provider market.

Whilst the level of delays in North Tyneside are relatively low, we are committed to maintaining them at that low level and to seek further reductions

Figure 2

Delayed transfers of care, rate per day North Tyneside actual compared with national ambitions



Effectiveness of reablement

The target for the number of patients at home 91 days after discharge from hospital to reablement remains at 93.1%. Current performance is slightly below at 91.7%, compared to an England average of 82%.

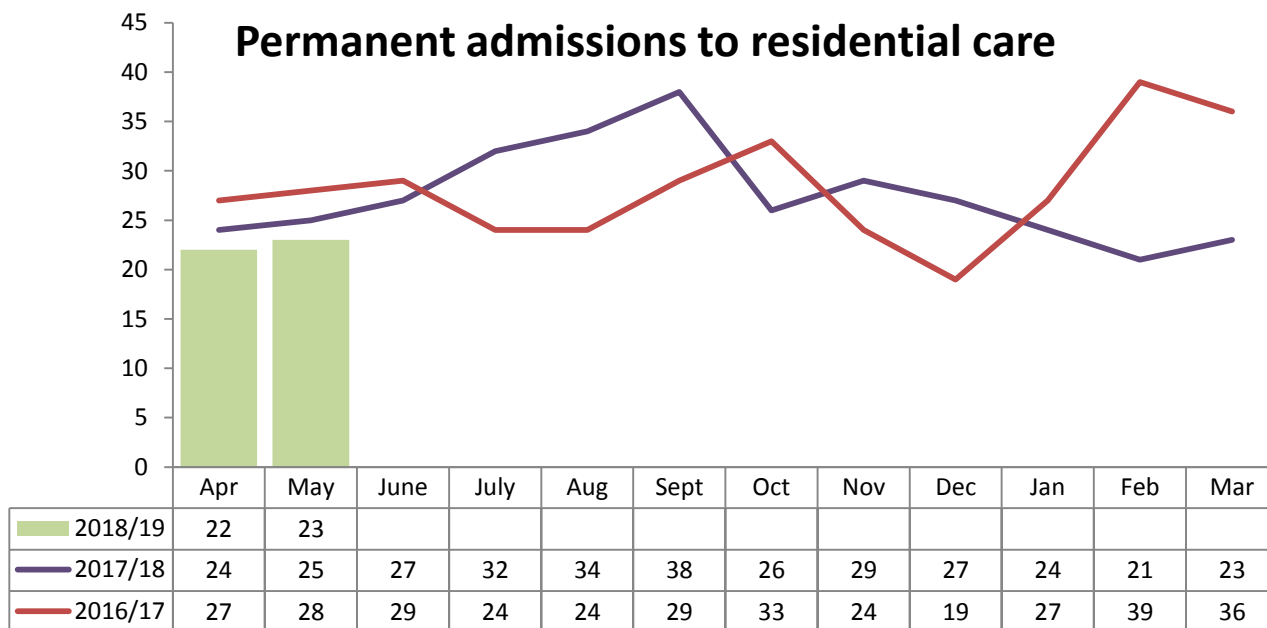
Permanent admissions to residential care

The number of permanent admissions to residential care in 2017/18 was 362 which equated to a rate per 100,000 persons aged 65+ of 892.

The target for 2017/18 was 300 admissions, hence the target was not met.

As shown in Figure 3 below, in the first two months of 2018/19, the number of admissions has been below the level for the same period last year, however this is based on small numbers so it is too early to establish a trend.

Figure 3



Appendix 2 – Summary of BCF schemes in 2018/19

Scheme ID	Scheme Name	Area of Spend	2018/19 Expenditure (£)	Source of Funding	Brief Description
1	Community-based support, including Carepoint; reablement; immediate response and overnight home care; adaptations and loan equipment service; and CareCall / telecare	Social Care	£7,274,165	CCG Minimum Contribution	Community-based services is an amalgamation of out-of-hospital services which aim to promote independence; avoid admissions to hospital; and facilitate discharge from hospital. It includes Carepoint; CarePlus; the adaptations and loan equipment service; and Carecall/ Telecare
2	Intermediate Care beds	Community Health	£3,722,847	CCG Minimum Contribution	Phase 1 of this development entailed the provision of 20 beds at the Royal Quays Intermediate Care Centre. Phase 2 will lead to increased investment in community/home-care based intermediate care and rehabilitation, funded by a reduction in the capacity of bed-based provision
3	Intermediate Care - community services	Social Care	£747,059	CCG Minimum Contribution	The community rehabilitation team work with people with rehabilitation needs who are living in their own homes, extra care schemes, in permanent care where they may be at risk of an inappropriate hospital admission, in the Royal Quays intermediate care bed-based facility and work with people in hospital to 'pull' people through the system and promote a timely discharge where rehabilitation is a part of that person's assessed needs.
4	Liaison Psychiatry - Working Age Adults	Mental Health	£629,598	CCG Minimum Contribution	Liaison psychiatry provides an interface between psychiatry and medicine focusing on providing improved management for patients with co-morbid physical and mental health conditions. The service for working age adults is provided by Northumberland, Tyne and Wear NHS FT whilst Northumbria Healthcare NHS FT provide a service for older people.
5	Liaison Psychiatry - Older People	Mental Health	£134,643	CCG Minimum Contribution	

Scheme ID	Scheme Name	Area of Spend	2018/19 Expenditure (£)	Source of Funding	Brief Description
6	Enhanced Primary Care in Care Homes	Primary Care	£101,900	CCG Minimum Contribution	<p>This service enables an improved primary care offering to be available to all eligible patients who reside in a nursing home or residential home.</p> <p>The service is delivered by GP Practices . Each participating GP Practice has been allocated an allocated link nursing/residential home. Residents not already a patient of the practice are asked to consider the additional benefits.</p>
7	Seven-day social work	Social Care	£65,346	CCG Minimum Contribution	<p>Prior to the implementation of the Better Care Fund, the working hours of the hospital social work service were Monday – Thursday 0830– 1700, and Friday 0830-1630.</p> <p>The BCF investment has enabled the extension of these hours to Monday-Friday 0800-2000; Saturday, Sunday, and some Bank Holidays 0900 – 1700</p>
8	Improving access to advice and information	Social Care	£51,862	CCG Minimum Contribution	<p>The Authority have implemented two services – MyCare and SIGN -which significantly expand our advice and information services. "MyCare is an information and advice website about care and support options for residents in North Tyneside. My Care offers information and advice on a range of care and support options for you, your carer or your family members. It will ensure you are all informed, can make your own choices and remain independent in life. It will also help you to identify your support needs and the cost involved in paying for support. You can also browse the SIGN North Tyneside directory for services, groups and activities that may help you, your carer and your family".</p> <p>MyCare has been further expanded to link to our new Social Care information system, Liquidlogic, allowing adult social care customers to communicate securely with staff in order to support their care.</p> <p>MyCare links to SIGN North Tyneside, which brings together information about activities, support and services to help people with care and support needs living within North Tyneside. You can find out about support and equipment for your home, activities within your community, and services to meet your care and support needs. SIGN will be expanded to bring in more content from a variety of service providers.</p>

Scheme ID	Scheme Name	Area of Spend	2018/19 Expenditure (£)	Source of Funding	Brief Description
9	Care Act implementation	Social Care	£619,232	CCG Minimum Contribution	<p>The Care Act 2014 aims to ensure that care and support:</p> <ul style="list-style-type: none"> • Is clearer and fairer • Promotes people's wellbeing • Enables people to prevent and delay the need for care and support, and carers to maintain their caring role • Puts people in control of their lives so they can pursue opportunities to realise their potential <p>The Act requires local authorities to ensure the provision of preventative services. That is services which help prevent, reduce or delay the development of care and support needs, including carers' support needs.</p> <p>The Act attempts to rebalance the focus of social care on postponing the need for care rather than only intervening at crisis point.</p>
10	Carers support	Social Care	£580,854	CCG Minimum Contribution	<p>This service supports the North Tyneside Commitment to Carers', which is based upon six priorities:</p> <ol style="list-style-type: none"> 1. Earlier identification of carers and the provision of quality information; 2. Improved communication; 3. Improved carer health, wellbeing and support; 4. Support that enables carers to go to/continue to work or in education; 5. Carers have access to emotional support; and 6. Smooth transition of support from children's to adult services.

Scheme ID	Scheme Name	Area of Spend	2018/19 Expenditure (£)	Source of Funding	Brief Description
11	Disabled Facilities Grant (DFG)	Social Care	£1,526,533	Local Authority Contribution	The DFG allows local authorities to adapt properties to make it easier for people with assessed needs to remain living in their home. In March 2018, Cabinet agreed a revised policy designed to effectively target the grant and ensure the appropriate supply chain is in place for delivery. The key points of the new policy are: The Grant will be used to support people who chose to move home in order to live independently; it will be used to remove a Category 1 Hazard under the Housing Health and Safety Rating System where there is assessed need; the upper ceiling of the Grant will be increased from £30,000 to £40,000; the Grant will be used in specific cases for homes out of North Tyneside based on individual business cases; it may be used for equipment (as well as adaptations) to meet assessed need; the Grant and associated processes will allow for the maintenance of the asset.
12	Independent support for people with learning disabilities	Social Care	£622,344	CCG Minimum Contribution	Evidence taken from the North Tyneside Complex Commissioning Group shows North Tyneside as the lowest referrer for both planned and emergency learning disability beds for people. The development of Independent Supported Living has allowed more people to live more independently with less reliance on the traditional residential care model. This service reduces dependency on hospital beds and reduces the need in some cases for high care packages.
13	Impact on care home fees of national living wage	Social Care	£2,775,688	Improved Better Care Fund	The use of the Improved Better Care Fund has enabled the Authority to agree rates with providers of care homes, home care, day care, etc, which ensure providers are able to meet their obligations of paying staff at or above the National Living Wage, which is an important element in maintaining a viable social care market. In addition to fee increases, the volume and complexity of social care provision has increased due to demographic change.
14	Impact on domiciliary care fees of national living wage	Social Care	£496,000	Improved Better Care Fund	Between 2016/18 and 2018/19, the annual cost of providing these services has increased £7.581, including £5.214m relating to the National Living Wage and

Scheme ID	Scheme Name	Area of Spend	2018/19 Expenditure (£)	Source of Funding	Brief Description
15	Impact on other increased fees (ISL, day care, direct payments etc) of national living wage	Social Care	£1,609,000	Improved Better Care Fund	£2.367m related to increased volume, increased complexity of need, and shifts between service types. Hence the availability of the Improved Better Care Fund has been key to the continued affordability of these services.
16	Effect of demographic growth and change in severity of need	Social Care	£1,892,000	Improved Better Care Fund	
19	End of Life Care - RAPID	Community Health	£231,700	CCG Minimum Contribution	<p>The aim of this service is to ensure all patients in non-palliative settings receive emergency palliative care trying to keep people in their place of choice, offering emotional and practical support for carers and family members as well as specialist input where needed. Emergencies may arise from changes in condition, symptom problems, anxiety, distress or social crisis.</p> <p>The CCG worked in collaboration with Northumbria Healthcare NHS Foundation Trust and Marie Curie, to develop three teams across the patch, backed up by a consultant for the whole area. This allows for economies of scale and also ensures sufficient back up with each other where there are pressure points.</p>

Scheme ID	Scheme Name	Area of Spend	2018/19 Expenditure (£)	Source of Funding	Brief Description
21	CarePlus (New Models of Care)	Community Health	£189,351	CCG Minimum Contribution	<p>The CarePlus service is targeted to frail elderly patients. It aims to deliver high quality, cost effective care where inpatient hospital care is by exception.</p> <p>The CarePlus team comprises GPs, geriatricians, nurses, social workers, and admin support. The service has four key components:</p> <ul style="list-style-type: none"> • Coordination of Care – to ensure patients actually receive the care they need when they need it and to eliminate waste and duplication. • Standardised Care - to drive consistency and high quality while leveraging systems that encourage clinicians to find the most cost effective solutions to meet patient needs. • Matching patients need with an appropriate care delivery model – Patients with complex chronic diseases need a different kind of care than patients with injuries or simple episodic diseases and therefore the philosophy of directing patients into the right care model or delivery channel applies to clinicians as well. • Facilitate the development of health literacy- which will ensure that patients are supported to develop the confidence and knowledge to manage their own conditions
24	Admission avoidance and discharge planning services	Community Health	£737,936	CCG Minimum Contribution	This service represents the cost to the Clinical Commissioning Group, of services provided by NHS Foundation Trusts which form part of Carepoint, referenced under scheme ID 1 above
25	Community Falls First Responder Service	Social Care	£125,000	CCG Minimum Contribution	The CCG has commissioned a new service, provided through an innovative, joint arrangement between the North East Ambulance Service (NEAS) and North Tyneside Councils Care Call Community Alarm and Crisis Response Team to provide a 'Falls First Responder Service' with an aim of providing a timely response, reducing the length of time a person may be on the floor, reducing falls and assessing for risks and prevention of falls and fractures. The service aims to ensure effective treatment, rehabilitation and secondary prevention for those who have fallen.