

North Tyneside Report to Elected Mayor Date: 11th November 2021

ITEM

Title: Better Care Fund
Plan for 2021/22

Portfolio(s): Adult Social Care
Public Health and
Wellbeing

Cabinet Member(s): Councillor Anthony
McMullen
Councillor Karen
Clark

Report from Service Area: Health, Education, Care and Safeguarding

Responsible Officer: Jacqui Old, Director of Children and Adult Services Tel: (0191) 6437317

Wards affected: All

PART 1

1.1 Executive Summary

This report presents a proposed plan for the Better Care Fund (BCF) covering the financial year 2021/22.

The BCF, which has been in operation since 2015/16, is a government initiative to improve the integration of health and care services, with an emphasis on keeping people well outside of hospital and facilitating discharge from hospital.

The BCF creates a pooled fund, managed jointly by the Authority and NHS North Tyneside Clinical Commissioning Group (the CCG). The total value of the fund is £29,457,097 an increase of 3.8% over 2020/21.

CCGs are required to contribute a defined amount to the fund, to support adult social care. The resulting income from the NHS is £11,651,150. Together with the "Improved Better Care Fund", which is paid direct by Government to the Authority, the BCF supports 21% of adult social care revenue expenditure.

BCF income helps to fund our community based social care services, such as reablement, immediate response home care, CareCall, and loan equipment/adaptations. It also contributes towards our services to support carers, our Community Falls First Responder Service, and to independent living support for people with learning disabilities.

Government guidance for the BCF states that 2021/22 is to be a year of minimal change for the BCF. There are, however, changes to the National Conditions against which plans will be assessed.

National conditions

Three national conditions are unchanged:

- A jointly agreed plan between local health and social care commissioners, signed off by the Health and Wellbeing Board;
- NHS contribution to adult social care to be maintained in line with the uplift to the CCG minimum contribution;
- Invest in NHS-commissioned out-of-hospital services.

There is one new national condition:

- A plan for improving outcomes for people being discharged from hospital

Metrics

The Policy Framework mandates amended metrics to support the updated national conditions.

1. Effectiveness of reablement (as in previous years)
2. Permanent admissions of older people to residential care (as in previous years)
3. Unplanned hospitalisations due to chronic ambulatory care sensitive conditions (replaces a previous metric of all emergency hospital admissions)
4. Hospital discharge metrics. These are new metrics, replacing a previous measure of Delayed Transfers of Care.

This plan provides continuity with the previous BCF plan. The COVID-19 pandemic has accelerated the provision of hospital discharge services based on a “home-first” approach, which was already under way. Our priorities for 2021/22 and beyond are to regain progress in the establishment of the integrated frailty service, which was impacted by the pandemic, and to maintain admission avoidance and hospital discharge services, thus supporting hospital capacity.

BCF plans are required to be signed off by Health and Wellbeing Boards (HWB). The North Tyneside HWB approved the BCF plan on 11th November 2021. The BCF planning requirements were published on 1st October 2021, with a timetable for submission of the BCF plan by 16th November 2021. This very short timescale does not enable the Cabinet to approve the BCF plan before the submission deadline.

1.2 Recommendation(s)

It is recommended that the Elected Mayor approve the final Better Care Fund plan on behalf of the Authority, for submission to the Department of Health and Social Care.

1.3 Forward Plan

Seven days’ notice of this report have been given and this item first appeared in the Forward Plan that was published on 4th November 2021.

1.4 Council Plan and Policy Framework

This item relates specifically to the following theme and priorities of the Our North Tyneside Plan 2021-2024:

A caring North Tyneside

- We will provide great care to all who need it, with extra support available all the way through to the end of the pandemic.
- We will work with the care provision sector to improve the working conditions of care workers.
- People will be cared for, protected and supported if they become vulnerable, including if they become homeless

1.5 Information:

1.5.1 Background

The BCF Policy Framework for 2020-21 was published on 9th August 2021 by the Department of Health and Social Care and the Department for Levelling Up, Housing, and Communities. It was supplemented by the BCF Planning Guidance published on 1st October 2021.

The Framework notes:

“The government is committed to person-centred integrated care, with health, social care, housing and other public services working together to provide better joined up care. Enabling people to live healthy, fulfilled, independent and longer lives will require these services to work ever more closely together towards common aims. The response to the coronavirus (COVID-19) pandemic appears to have accelerated the pace of collaboration across many systems and the government is keen to maintain momentum and build upon positive changes.

The Better Care Fund (BCF) is one of the government’s national vehicles for driving health and social care integration. It requires clinical commissioning groups (CCGs) and local government to agree a joint plan, owned by the Health and Wellbeing Board (HWB). These are joint plans for using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006).

The response to the COVID-19 pandemic has demonstrated how joint approaches to the wellbeing of people, between health, social care and the wider public sector can be effective even in the most difficult circumstances.

Given the ongoing pressures in systems, there will be minimal change to the BCF in 2021 to 2022. The 2021 to 2022 Better Care Fund policy framework aims to build on progress during the COVID-19 pandemic, strengthening the integration of commissioning and delivery of services and delivering person-centred care, as well as continuing to support system recovery from the pandemic.”

In 2020/21, there was no requirement to submit a formal BCF Plan to government, due to the pressures related to COVID-19. This year, the requirement for a plan has been reintroduced. The plan will be reviewed by a regional panel before approval by the national bodies¹

2021-22, the Framework states, is to be a year of minimal change for the BCF:

- BCF plans should be signed off by Health and Wellbeing Boards

¹ The relevant national bodies are the Department of Health and Social Care, Department of Levelling Up, Housing, and Communities, NHS England, and the Local Government Association.

- CCGs will continue to be required to pool a mandated minimum amount of funding
- Local Authorities will be required to pool grant funding from the Improved Better Care Fund and the Disabled Facilities Grant.
- The Improved Better Care Fund, as in previous years, can be used only to meet adult social care needs; reduce pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and to ensure that the local social care provider market is supported.

There are, however, changes to the National Conditions against which plans will be assessed.

National conditions

Three national conditions are unchanged:

- A jointly agreed plan between local health and social care commissioners, signed off by the HWB;
- NHS contribution to adult social care to be maintained in line with the uplift to the CCG minimum contribution
- Invest in NHS-commissioned out-of-hospital services

There is one new national condition:

- A plan for improving outcomes for people being discharged from hospital

Metrics

The Policy Framework mandates amended metrics to support the updated national conditions.

1. Effectiveness of reablement (as in previous years)
2. Permanent admissions of older people to residential care (as in previous years)
3. Unplanned hospitalisations due to chronic ambulatory care sensitive conditions (replaces a previous metric of all emergency hospital admissions)
4. Hospital discharge metrics. These are new metrics, replacing a previous measure of Delayed Transfers of Care, and consisting of:
 - a) Percentage of patients discharged from hospital who had a length of stay of 14 days or more;
 - b) Percentage of patients discharged from hospital who had a length of stay of 21 days or more;
 - c) Percentage of patients discharged from hospital who were discharged to their normal place of residence

The plan documents the current performance against these metrics, sets ambitions for future performance, and explains how the services funded through the BCF work alongside other services to impact the metrics

1.5.2 The impact of the Better Care Fund

The Better Care Fund continues to play a key role in integrating health, social care and housing. The fund provides the governance and a context in which the NHS and local authorities work together, as equal partners, with shared objectives.

The BCF plan has enabled us to have a single, local plan for the integration of health and social care which has improved joint working and had a positive impact on integration. This has helped to relieve pressure on the health care system, with system performance in the North East remaining relatively strong against a difficult picture nationally.

The BCF accounts for 21% of adult social care revenue expenditure. Hence, we would be unable to maintain the current level of services without the benefit of the Better Care Fund income.

It is a requirement of the Better Care Fund process, that Local Authorities and CCGs agree the Better Care Fund plan and create a pooled fund managed through a Section 75 Agreement, by 31st January 2022. Cabinet will be asked on 29 November 2021 to provide delegated authority to enter into Section 75 Agreements relating to the BCF. The Chair of the Overview and Scrutiny Committee has been informed that this decision is to be taken with less than 28 days notice. The Chair or Vice Chair of the Council has been asked to authorise exemption of this report from the call-in period, as the use of the call-in period would prevent the submission of the BCF Plan in accordance with the national deadline of 16th November 2021.

Without approval of the BCF plan by the Authority, there is a risk that NHS England would exercise powers to prevent NHS funds being paid to the Authority.

1.5.3 Governance arrangements

The detailed operations of the Better Care Fund in North Tyneside are set out in a Section 75 Agreement between North Tyneside Council and NHS North Tyneside Clinical Commissioning Group (CCG). That agreement establishes a BCF Partnership Board with representatives from each party.

As previously requested by the Health and Wellbeing Board, regular reports on the operation and performance of the BCF have been provided to the Adult Social Care, Health and Wellbeing Subcommittee of the Overview and Scrutiny Committee.

The BCF Policy Framework requires that BCF plans are agreed by Health and Wellbeing Boards. As in previous years, the Cabinet and the Governing Body of the CCG will also be asked to agree the BCF Plan.

The Health and Wellbeing Board will consider the BCF Plan for 2020-21 on 11th November 2021.

1.5.4 The value of the Better Care Fund

The minimum value of the North Tyneside Better Care Fund is set nationally. Table 1 below shows the value in the current year, and changes from previous years.

Table 1

Income Component	2018/19	2019/20	2020/21	2021/22	% change this year
Disabled Facilities Grant	1,526,533	1,647,220	1,647,220	1,869,024	13.5%
Minimum CCG Contribution	15,833,838	16,603,777	17,420,966	18,291,187	5.0%
Improved Better Care Fund	6,772,688	8,265,809	9,296,886	9,296,886	0.0%
Winter Pressures Grant	0	1,031,077	0	0	
TOTAL	24,133,059	27,547,883	28,365,072	29,457,097	3.8%

The national framework also stipulates minimum contributions to be paid by the CCG to adult social care, and on NHS-commissioned out of hospital services

Table 2

	2018/19	2019/20	2020/21	2021/22	% change this year
CCG minimum contribution to adult social care	10,085,863	10,576,301	11,096,836	11,651,150	5.0%
NHS commissioned out-of-hospital spend	4,449,528	4,718,332	4,950,544	5,197,836	5.0%

1.5.5 Key features of the BCF plan

The Better Care Fund (BCF) plan has evolved over a number of years as an element of the implementation of the North Tyneside Future Care strategy, shaped by the Future Care Programme Board which is our place-based planning mechanism. The Future Care Programme Board includes representatives of the local NHS providers (acute, mental health and primary care), social care, primary care networks, the Council for Voluntary Service, North Tyneside Carers Centre, and the Community and Health Care Forum. The plan provides for a range of investments in:

- Community-based services, which includes CarePoint - our multi-agency, multi-disciplinary integrated team which delivers a home-first approach to hospital discharge and admission avoidance; reablement; immediate response and overnight home care; adaptations and loan equipment service; telecare; and seven day social work.
- Intermediate Care beds, including bed-based facilities complemented by a community rehabilitation team
- Enhanced primary care in care homes
- A hospice-at-home service for end of life care
- A community falls first responder service
- Liaison Psychiatry for working-age adults
- Support for people with learning disabilities
- Implementation of the Care Act, support for carers, and the provision of advice and information.

The Improved Better Care Fund element will be used to support the social care market, including meeting the costs of paying the Living Wage to staff in care homes and home care. These investments also support hospital capacity by helping to ensure that discharge services are sufficient to meet demand.

The Disabled Facilities Grant will be used to enable people to live independently in their own home; minimise risk of injury for customer and carer ; prevent admission to hospital and long term care; reduce dependency upon high level care packages; improving quality of life and well being; maintain family stability; improve social inclusion ; and enhance employment opportunities of the disabled person.

This plan provides continuity with the previous BCF plan. The COVID-19 pandemic has accelerated the provision of hospital discharge services based on a “home-first”

approach, which was already under way. Our priorities for 2021/22 and beyond are to regain progress in the establishment of the integrated frailty service, which was impacted by the pandemic, and to maintain admission avoidance and hospital discharge services, thus supporting hospital capacity.

1.5 Decision options:

The following decision options are available for consideration by the Elected Mayor:

Option 1

To agree the recommendation as set out in paragraph 1.2 of this report.

Option 2

To not agree the recommendation set out in this report and to request Officers to consider alternative arrangements to ensure approval of the BCF Plan in line with the externally prescribed timetable for operation of the BCF.

The Elected Mayor is recommended to agree Option 1.

1.6 Reasons for recommended option:

The continuation of the Better Care Fund presents an opportunity to take forward the principles of the Health and Wellbeing Strategy. Delay in agreeing a plan for use of the Fund may lead to delay in the release of funds by NHS England.

1.8 Appendices:

Annex 1 – North Tyneside BCF Plan 2020/21

1.9 Contact officers:

Kevin Allan, Programme Manager, Integrated Care for Older People. Tel (0191) 643 6078
Scott Woodhouse, Strategic Commissioning Manager, Adults. Tel (0191 643 7082).

1.10 Background information

The following background papers have been used in the compilation of this report:

- a) 2021-22 Better Care Fund Policy Framework. Department of Health and Social Care and the Department for Levelling Up, Housing & Communities. [2021 to 2022 Better Care Fund policy framework - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97212/2021-to-2022-better-care-fund-policy-framework.pdf)
- b) Better Care Fund Planning Requirements for 2021 to 2022. Department of Health and Social Care and the Department for Levelling Up, Housing & Communities. [B0898-300921-Better-Care-Fund-Planning-Requirements.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/wp-content/uploads/2021/03/B0898-300921-Better-Care-Fund-Planning-Requirements.pdf)

PART 2 - COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

2.1 Finance and other resources

The plan does not of itself create additional demands for the Authority's services above those which are created by the growth of our population and in particular the number of vulnerable adults receiving care and support from the Authority.

As in previous years, the Authority is in discussion with the CCG to create a s75 pooled budget to operationalise the BCF.

2.2 Legal

The NHS Act 2006, as amended, gives NHS England the powers to attach conditions to the payment of the Better Care Fund Plan. In 2019/20 NHS England have set a requirement that Health and Wellbeing Boards agree plans on how the money will be spent and plans must be signed off by the relevant local authority and Clinical Commissioning Group.

2.3 Consultation/community engagement

The Health and Wellbeing Board considered the plan on 11th November 2021.

The service developments referred to in section 1.5.4 above have been considered by the Future Care Programme Board, which includes representation from the CCG, the Authority, NHS providers, the GP federation, Healthwatch, the Patient Reference Group, and the community and voluntary sector.

2.4 Human rights

There are no human rights implications arising directly from this report.

2.5 Equalities and diversity

There are no new equality and diversity implications arising directly from this report. BCF services are particularly used by older and disabled persons, in accordance with their needs.

2.6 Risk management

The Better Care Fund Partnership Board maintains a risk assessment for the BCF.

2.7 Crime and disorder

There are no crime and disorder implications directly arising from this report.

2.8 Environment and sustainability

There are no environment and sustainability implications arising from this report.

SIGN OFF

- Chief Executive x
- Director of Service x
- Cabinet Member x
- Director of Resources x
- Monitoring Officer x
- Assistant Chief Executive x