North Tyneside
Report to Cabinet
Date: 14 October 2019

Title: Better Care Fund Plan for 2019/20

Portfolio(s):	**Public Health and Wellbeing**	**Cabinet Member(s):**	**Councillor Margaret Hall**
Report from Service Area:	**Health, Education, Care and Safeguarding**		
Responsible Officer:	**Jacqui Old, Head of Health, Education, Care and Safeguarding**		**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 2019/20. 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 £27,547,883, an increase of 14.1% over 2018/19.

CCGs are required to contribute a defined amount to the fund, to support adult social care. The resulting income from the NHS is £10.5m. 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 2019/20 is to be a year of minimal change for the BCF. The national conditions for the fund are unchanged. BCF plans are required to be signed off by Health and Wellbeing Boards (HWB). The North Tyneside HWB approved the BCF plan on 12th September 2019.

An allocation for winter pressures, which in 2018/19 was paid direct to Local Authorities but not included in the BCF, is included in the BCF for 2019/20. In 2018/19 that money

was used to support short-term admissions to residential care (79% of the funds) and additional hours of home care support (21% of the funds). Both of these measures relieve pressure on the NHS by supporting discharge from hospital or avoiding admission to hospital.

The timetable for submitting a BCF plan is in advance of the timetable for agreeing a winter plan. Discussions with NHS and social care stakeholders have been organised by the Local Area Delivery Board (LADB) to progress a Winter Plan for 2019/20.

The BCF Partnership Board (which is established by a Section 75 Agreement, between the Authority and NHS North Tyneside CCG), will take soundings from the LADB, to determine the most appropriate use of winter pressures funding to support the 2019/20 Winter Plan, as it is developed further.

The plan represents a natural progression from the 2017/18/19 plan, with some changes to take into account progress that has been made. Within the Future Care Programme, action is under way to further develop services for older people, which will lead to reconfiguration of some services included in the BCF, within the overall financial envelope set out in the BCF Plan. An Integrated Community Frailty Service for North Tyneside will be created through the reconfiguration of Care Point, Care Plus, Day Hospital services, and the intermediate care beds at Howdon and Royal Quays.

Cabinet are asked to approve the Better Care Fund plan.

1.2 Recommendation(s)

It is recommended that Cabinet:

a) note the arrangements and progress made to date in terms of developing the Better Care Fund Plan in North Tyneside; and

a) authorise the Head of Health, Education, Care and Safeguarding, in consultation with the Chair of the Health and Wellbeing Board, the Cabinet Member for Adult Social Care, and the Cabinet Member for Finance, to approve the final Better Care Fund plan on behalf of the Authority for submission to the Department of Health.

1.3 Forward Plan

Twenty-eight day's notice of this report have been given and this item first appeared in the Forward Plan that was published on 6th September 2019.

1.4 Council Plan and Policy Framework

This item relates to the following objectives of the Our North Tyneside Plan 2018-20121:

"As part of these priorities, our people will...

- Be listened to
- Be ready for work and life
- Be cared for, protected and supported
- Be healthy and well"

1.5 Information:

1.5.1 Background

The BCF Policy Framework for 2019-20[1] was published on 10th April 2019 by the Department of Health and Social Care and the Ministry of Housing, Communities, and Local Government.

The Framework notes:

> "The Government is committed to the aim of person-centred integrated care, with health, social care, housing and other public services working seamlessly together to provide better care. This type of integrated care is the key to strong, sustainable local health and care systems which prevent ill-health (where possible) and the need for care and avoid unnecessary hospital admissions. It also ensures that people receive high-quality care and support in the community. For people who need both health and social care services, this means only having to tell their story once and getting a clear and comprehensive assessment of all their needs with plans put in place to support them. This means they get the right care, in the right place, at the right time." (para 1.1)

2019-20, the report states, is to be a year of minimal change for the BCF:

- The national conditions for the fund are unchanged
- BCF plans should be signed off by Health and Wellbeing Boards
- Clinical Commissioning Groups (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.
- Local Authorities will be required to pool Winter Pressures funding in the BCF in 2019/20.
- Winter Pressures funding will be paid to local authorities, with an attached set of conditions, requiring the funding to be used to alleviate pressures on the NHS over winter, and to ensure it is pooled into the BCF. This funding does not replace, and must not be offset against, the NHS minimum contribution to adult social care.

This year, there is no requirement to submit a detailed narrative plan to the BCF national team; the central reporting requirements are met through a spreadsheet, which is available on request from the author of this report.

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1 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/795314/Better_Care_Fund_2019-20_Policy_Framework.pdf

1.5.2 What difference does the Better Care Fund make?

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.

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 considered the BCF Plan for 2019-20 on 12th September 2019 and endorsed the general principles of the use of the Better Care Fund, as set out in this report.

The Governing Body of NHS North Tyneside Clinical Commissioning Group will consider the plan on 22nd October 2019.

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 the previous year.

Table 1

Income Component	2018/19	2019/20	% difference	£ difference
Disabled Facilities Grant	1,526,533	1,647,220	7.9%	120,687
Minimum CCG Contribution	15,833,838	16,603,777	4.9%	769,939
Improved Better Care Fund	6,772,688	8,265,809	22.0%	1,493,121
Winter Pressures Grant		1,031,077		1,031,077
TOTAL	24,133,058	27,547,883	14.1%	3,414,825

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

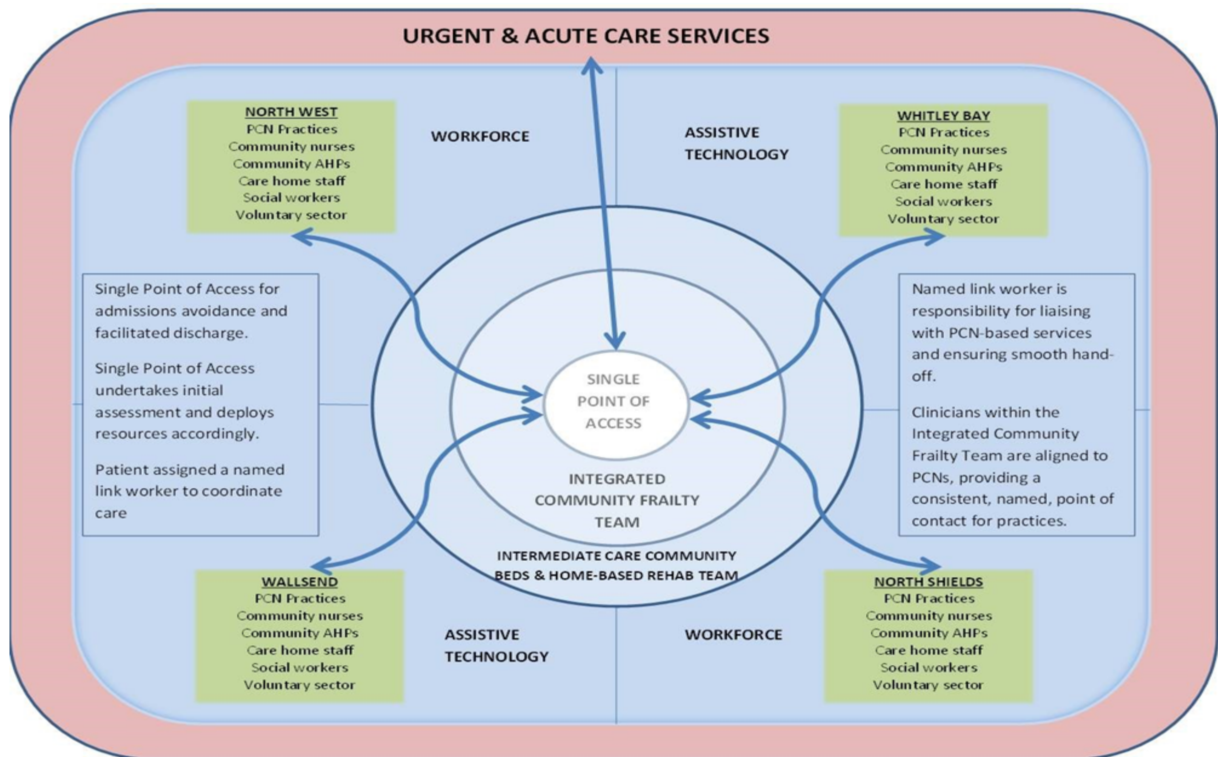
	2018/19	2019/20	% difference	£ difference
CCG minimum contribution to adult social care	10,085,863	10,576,301	4.9%	490,438
NHS commissioned out-of-hospital spend	4,449,528	4,718,332	6.0%	268,804

1.5.5 Key features of the BCF plan

The plan represents a natural progression from the 2017/18/19 plan, with some changes to take into account progress that has been made. Within the Future Care Programme, action is under way to further develop services for older people, which will lead to reconfiguration of some services included in the BCF, within the overall financial envelope set out in the BCF Plan.

An Integrated Community Frailty Service for North Tyneside will be created through the reconfiguration of Care Point, Care Plus, Day Hospital services, and the intermediate care beds at Howdon and Royal Quays.

- The development of an integrated frailty service within exiting NHS and Local Authority services contracts.
- The development of a new community bed based intermediate care facility that will also house an integrated community frailty / aging well service, which would bring together Care Point, Care Plus and Jubilee Day Hospital and community bed based care under a shared management structure to provide a ‘one-stop-shop’ for frailty elderly patients.



The key components of the planned model are:

- A single point of access and assessment, capable of understanding demand and deploying resources to avoid admission and facilitate rapid discharge.
- A single integrated community frailty team providing proactive and reactive, multidisciplinary assessment, interventions, rehabilitation, reablement and care planning for frail elderly patients in North Tyneside.
- All North Tyneside residents have rapid and equitable access to step-up and step-down beds, regardless of which local hospital they are accessing that care from.
- Coordination of care and closer alignment with community nursing teams, including mental health and Primary Care Networks.

This service will consist of:

- Single point of access
- Integrated Community Frailty Team
- Integrated Care community beds and reablement
- Integration with primary care networks and community services

Single point of access

The single point of access will:

- Act as a true single access to the Integrated Community Frailty Service. This will end the current system whereby referrals can be made via Care Point or directly into individual services themselves.
- Assess the patient’s needs and deploy the resources of the Integrated Community Frailty Team accordingly. This will include the assignment of a clinical link-worker who will take responsibility for coordinating the patient’s care.
- Assess patients requiring access to community step-up and step-down beds.

- Replicate the ‘back of house functions’ of the existing Care Point service and the admissions avoidance and discharge planning resource funded under the BCF.
- Coordinate the alignment of the clinical and social care workforce within the integrated community frailty team to the localities, ensuring that there is a consistent, named, point of contact for practices and community nursing teams seeking guidance and support.
- Use technology to manage system wide community capacity and demand in real-time

Integrated community frailty team

The integrated community frailty team will bring together the teams currently delivering the following services:

- Day Hospital
- Care Plus
- Care Point ‘front of house functions and teams’
- Falls First Responder
- Community Falls Clinic (once existing contracts expire)

To provide:

- Single multi-disciplinary team-based assessment, diagnosis and management of frail elderly patients with the aim of enabling self-management, preventing further deterioration, avoiding admission and facilitating discharge.
- A person-centred single assessment and care plan based upon the comprehensive geriatric assessment process
- Patients will also be assigned a clinical link worker to act as their main point of contact to ensure person centred care coordinated care delivery.
- Care will be delivered in the patient’s place of residence or a community-based setting wherever possible, particularly for patients with more severe levels of frailty.
- The service will be accessed on an equitable basis which reflects the fact that c.40% of North Tyneside residents’ access acute care in Newcastle.

Intermediate care community beds and reablement

Intermediate care services in North Tyneside will continue to be provided in line with the 2017-18-19 BCF Plan.

Phase two of the agreed plan commenced in 2019. More care will be delivered in a community setting, with additional investment in community services and social care provision being used to support this transition. This will include:

- Creation of a new community-based facility capable of housing the Single Point of Access and the Integrated Community Frailty Team alongside the intermediate care beds.
- Creation of step-up community bed pathways to support admission avoidance and functions of the SPA.
- Strengthening the role of the peripatetic service.
- Enhancing the role of Personal Independence Coordinator workers and volunteers

Integration with Primary Care Networks and community services

Patients and clinicians have both identified the need for a single named person to coordinate care and manage transition into and out of specialist frailty services. This ensures that patients will only have to “tell their story once” during a specific episode of

care and that healthcare is delivered more efficiently by removing unnecessary duplication of assessment.

The Community Matrons that are currently deployed within Care Plus will normally act as the named link-worker for the majority of patients referred into the Integrated Community Frailty Service. They will also act as the primary point of contact between the specialist frailty teams and the wider healthcare system, including practices, district nursing teams and hospital-based services.

In order to foster strong working relationships between the Community Matrons, GP practices and community services, the Community Matron workforce will be aligned to an existing locality of North Tyneside.

1.5.6 Winter Pressures

The Winter Pressures element of the BCF is not new money. The same amount was paid directly to North Tyneside Council in 2018/19. In that year the money was used to support short-term admissions to residential care (79% of the funds) and additional hours of home care support (21% of the funds). Both of these measures relieve pressure on the NHS by supporting discharge from hospital or avoiding admission to hospital.

The timetable for submitting a BCF plan is in advance of the timetable for agreeing a winter plan. Discussions with NHS and social care stakeholders have been organised by the Local Area Delivery Board (LADB) to progress a Winter Plan for 2019/20.

The BCF Partnership Board will take soundings from the LADB, to determine the most appropriate use of winter pressures funding to support the 2019/20 Winter Plan, as it is developed further.

1.6 Decision options:

The following decision options are available for consideration by Cabinet

Option 1

a) note the arrangements and progress made to date in terms of developing the Better Care Fund Plan in North Tyneside; and
b) authorise the Head of Health, Education, Care and Safeguarding, in consultation with the Chair of the Health and Wellbeing Board, the Cabinet Member for Adult Social Care, and the Cabinet Member for Finance and Resources, to approve the final Better Care Fund plan on behalf of the Authority for submission to NHS England.

Option 2

Not agree to Option 1 and to suggest an alternative approval mechanism to ensure that North Tyneside is able to meet the externally prescribed timetable for submission of the BCF plan to NHS England.

Cabinet is recommended to agree Option 1.

1.7 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:

Appendix 1 – List of BCF services

1.9 Contact officers:

Kevin Allan, Programme Manager, Integrated Care for Older People. Tel (0191) 643 6078

1.10 Background information

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

a) North Tyneside Joint Health and Wellbeing Strategy 2013-23
https://my.northtyneside.gov.uk/sites/default/files/web-page-related-files/JHWBS.pdf

b) 2019-20 Better Care Fund Policy Framework. Department of Health and Social Care and the Ministry of Housing, Communities and Local Government
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/821676/Better_Care_Fund_2019-20_Policy_Framework.pdf

c) Better Care Fund Planning Requirements for 2019 to 2020. Department of Health and Social Care, Ministry of Housing, Communities and Local Government, and NHS England. https://www.gov.uk/government/publications/better-care-fund-planning-requirements-for-2019-to-2020

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 elderly people we serve.

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 12th September 2019.

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 equality and diversity implications arising directly from this report.

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.

SIGN OFF

- Chief Executive X
- Head of Service X
- Cabinet Member X
- Chief Finance Officer X
- Monitoring Officer X
- Head of Corporate Strategy and Customer Service X

Appendix 1 – List of BCF services
(with comparative scheme values for two previous years)

Funding source, scheme type, and scheme name	2017/18 £	2018/19 £	2019/20 £
Disabled Facilities Grant	**1,416,617**	**1,526,533**	**1,647,220**
Social Care	**1,416,617**	**1,526,533**	**1,647,220**
Disabled Facilities Grant	1,416,617	1,526,533	1,647,220
Improved Better Care Fund	**5,043,226**	**6,772,688**	**8,265,809**
Social Care	**5,043,226**	**6,772,688**	**8,265,809**
Impact on other increased fees (ISL, day care, direct payments, etc) of national living wage	1,244,000	1,609,000	3,483,827
Impact on care home fees of national living wage	2,145,226	2,775,688	2,345,847
Effect of demographic growth and change in severity of need	1,270,000	1,892,000	1,689,666
Impact on domiciliary care fees of national living wage	384,000	496,000	746,469
Winter Pressures Grant			**1,031,077**
Social Care			**1,031,077**
Measures to respond to winter pressures			1,031,077
Minimum CCG Contribution	**15,538,604**	**15,833,838**	**16,603,777**
Community Health	**5,225,197**	**4,881,835**	**4,376,591**
Intermediate Care Beds	3,653,432	3,722,847	2,709,097
Admission avoidance and discharge planning services	724,177	737,936	762,586
CarePlus	620,208	189,351	677,528
End of Life Care – RAPID	227,380	231,700	227,380
Mental Health	**749,991**	**764,241**	**713,817**
Liaison Psychiatry	749,991	764,241	713,817
Primary Care	**100,000**	**101,900**	**937,068**
Enhanced Primary Care in Care Homes	100,000	101,900	937,068
Social Care	**9,463,416**	**10,085,863**	**10,576,301**
Community--based support	7,138,533	7,274,165	7,627,881
Intermediate Care - Community Services	421,411	747,059	783,386
Care Act implementation	607,686	619,232	670,914
Independent support for people with learning disabilities	610,740	622,344	652,606
Carers Support	570,024	580,854	609,099
Community Falls First Responder Service	0	125,000	131,078
Seven Day Social Work	64,128	65,346	68,524
Improving access to advice and information	50,895	51,862	32,813
Grand Total	**21,998,447**	**24,133,059**	**27,547,883**