

# North Tyneside Health & Wellbeing Board Report Date: 11 November 2021

**Title: Better Care Fund  
Plan for 2021/22**

**Report from:** North Tyneside Council & North Tyneside CCG

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Integrated Care for Older People

## 1. Purpose:

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

## 2. Recommendation(s):

The Board is recommended to

- a) approve the attached Better Care Fund Plan, and
- b) authorise the Director of Services for Children and Adults in consultation with the Chair of the Health and Wellbeing Board to authorise any further revisions to the submission on behalf of the Board, before the deadline for submission to NHS England on 16<sup>th</sup> November 2021.

## 3. Policy Framework

This item relates to the following objectives of the Joint Health and Wellbeing Strategy 2013-23:

- To continually seek and develop new ways to improve the health and wellbeing of the population
- To shift investment to focus on evidence based prevention and early intervention where possible
- To reduce the difference in life expectancy and healthy life expectancy between the most affluent and most deprived areas of the borough;
- To shift investment to focus on evidence based prevention and early intervention;
- To build resilience in local communities through focussed interventions and ownership of local initiatives to improve health and wellbeing; and
- To integrate services where there is an opportunity for better outcomes for the public and better use of public money

#### 4. Information:

The BCF Policy Framework for 2021-22<sup>1</sup> was published on 19<sup>th</sup> 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 1<sup>st</sup> 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 bodies<sup>2</sup>

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
- 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.

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<sup>2</sup> 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.

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

### **National conditions**

Three national conditions are unchanged:

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

There is one new national condition:

4. 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.

### **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. An updated s75 Agreement will be prepared once the BCF Plan has received approval from the national bodies.

The current and proposed BCF Plan are in line with the place-based strategy developed by the Future Care Programme Board, which has representation from North Tyneside Council, the Clinical Commissioning Group, local NHS Foundation Trusts, the GP federation, primary care networks, Healthwatch, the Council for Voluntary Service, Carers Forum, and Community and Health Care Forum.

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 value of the Better Care Fund

The minimum value of the North Tyneside Better Care Fund is set nationally.

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	
<b>TOTAL</b>	<b>24,133,059</b>	<b>27,547,883</b>	<b>28,365,072</b>	<b>29,457,097</b>	<b>3.8%</b>

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%

## 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.

The CCG and Local Authority will continue to review the specifications to ensure that the BCF funds are spent in the best way to meet population needs, in a way that provides value for money.

## **5. Decision options:**

The Board may either:-

- approve the attached Better Care Fund Plan, set out in the report; and
- authorise the Chair of the Health and Wellbeing Board to authorise any further revisions to the submission on behalf of the Board, before the deadline for submission to NHS England on 16<sup>th</sup> November 2021.

or

- request relevant officers, in consultation with the Chair and Deputy of the Board, to undertake further work to make changes to the submission taking into account the comments and suggestions made by the Board at the meeting.

## **6. Reasons for recommended option:**

The Board are recommended to agree option a). The continuation of the Better Care Fund presents a major 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

## **7. Appendices**

Appendix A - North Tyneside BCF Plan 2021/22

## COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

### 8. Financial Implications

The financial implications for the Council and the Clinical Commissioning Group will be considered separately by each organisation as part of their approval processes.

### 9. Legal Implications

The NHS Act 2006, as amended, gives NHS England the powers to attach conditions to the payment of the Better Care Fund Plan. In 2016/17 NHS England have set a requirement that Health and Wellbeing Boards jointly agree plans on how the money will be spent and plans must be signed off by the relevant local authority and clinical commissioning group.

### 10. Equalities and diversity

There are no equality and diversity implications arising directly from this report.

### 11. Risk management

A risk assessment has been undertaken and included in Appendix A

### 12. Crime and disorder

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

## SIGN OFF

Chair/Deputy Chair of the Board

X

Director of Public Health

X

Director of Children's and Adult Services

X

Director of Healthwatch North Tyneside

X

CCG Chief Officer

X

Director of Resources

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Director of Law & Governance

X