Meeting: Adult Social Care, Health and Wellbeing Sub-Committee

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Title: Better Care Fund update

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Service Area: Health, Education, Care & Safeguarding

Wards affected: ALL

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1. Purpose of Report

This report provides an update on the activity of the Better Care Fund in 2021/22.

2. Introduction

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 Groups and gets agreed locally in relation to the fund and also the individual schemes and services that are part of the fund. The BCF arrangements commenced in 2015/16.

The BCF aims to reduce the barriers often created by separate funding streams. The pooled budget is a combination of contributions from the following areas:

- minimum allocation from NHS clinical commissioning group(s) (CCGs) into the BCF
- disabled facilities grant – local authority grant
- social care funding (improved BCF) – local authority grant

The totality of the fund is aimed at:

- Putting in place arrangements to reduce / minimise the need for admissions into hospital, and
- Support timely and safe discharge from hospital back into the community

3. The Better Care Fund in North Tyneside

The plan provides for funding into a number of different areas:

- 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.

More details on the above can be found at Appendix 1.

The Improved Better Care Fund (iBCF) element will be used to support the social care market, including meeting the costs of paying the National Living Wage to staff in care homes and home care. The iBCF also funds placement and care package costs as a result of increased demand to support hospital discharge arrangements.

The Disabled Facilities Grant (DFG) 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.

4. Details on the Better Care Fund Plan 2021/22

The arrangements for the BCF and its component parts are set out annually by the NHS in its BCF Planning Guidance. Given the on-going pressures in the system there are minimal changes to the BCF from 2020/21 to 2021/22. The key changes relate to:

- New metrics on hospital discharge, and
- Non-elective admissions metric being replaced by a metric on avoidable hospital admissions

In 2020/21, a number of service / scheme reviews were undertaken to look at the funding and the outcomes that were being achieved and this will continue into 2022/23 once more information is known on the planning guidance and plans for the BCF beyond the end of this financial year.

In the tables below, there is an overall increase in the BCF in 2021/22 from 2020/21 in line with the planning guidance and the detail received from NHS England on the BCF for North Tyneside. This shows an increase in the BCF of 5%

The minimum value of the North Tyneside BCF is set nationally. Table 1 below shows the value in the current year, and changes from previous years, this includes a 5% change to the minimum CCG contribution to the BCF, again in line with the national framework and planning guidance.

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 the Local Authority / 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%

5. Governance Arrangements

In line with the BCF framework and planning guidance, the North Tyneside BCF has:

- Been agreed by the Better Care Fund Board on 11 November 2021
- Been agreed by the Health and Wellbeing Board, also on 11 November 2021
- Been agreed internally by the Local Authority and the CCG in advance of Health and Wellbeing Board
- Been submitted to NHS England by deadline of 16 November 2021

Officers from the Local Authority and the CCG are currently reviewing the Section 75 Agreement, this is the legal agreement between the Local Authority and the CCG for the delivery of the plan in North Tyneside and the transfer of funds. This will be

completed, executed and submitted to NHS England by the deadline date of 31 January 2022.

6. Future Arrangements

The current arrangement and BCF planning framework operates to 31 March 2022.

Operational planning guidance for 2022/23 has not yet been issued by NHS England, though it is understood there is a continued commitment towards the BCF beyond the end of this financial year.

The Committee will note the introduction of Integrated Care Boards in 2022/23 and that Clinical Commissioning Groups would cease to exist. This was intended to happen from 1 April 2022, though this is now delayed until 1 July 2022. There will therefore be a need to put in place arrangement from 1 April 2022 with North Tyneside CCG for the BCF once the detail of the planning guidance is published and known.

Once the Integrated Care Board is established it is expected that the S75 agreement for 2022/23 will be novated across to the newly formed Integrated Care Board.– BCF schedules for 2022/23 not issued as yet

7. 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 planning requirements – 2021-22, published by HM Government on 30 September 2021 - B0898-300921-Better-Care-Fund-Planning-Requirements.pdf (england.nhs.uk)

8. Appendices

Appendix 1 – BCF services and expenditure
Appendix 2 – BCF metrics

Appendix 1 – BCF services and expenditure

Ref	Scheme Name	Brief Description of Scheme	Area of Spend	Source of Funding	Expenditure (£)
1	Community based support	Includes Carepoint; reablement; immediate response and overnight home care; adaptations and loan equipment service; CareCall / telecare; and seven-day social work	Social Care	Minimum CCG Contribution	8,478,578
27	Community-based support	Health contribution to CarePoint	Community Health	Minimum CCG Contribution	1,586,470
2	Intermediate Care beds	Intermediate Care	Community Health	Minimum CCG Contribution	2,984,418
3	Intermediate Care - Community Services	Community Rehabilitation Team	Social Care	Minimum CCG Contribution	863,000
4	Liaison Psychiatry - Working Age Adults	Liaison Psychiatry - Working Age Adults	Mental Health	Minimum CCG Contribution	786,361
6	Enhanced Primary Care in Care Homes	Enhanced Primary Care in Care Homes	Primary Care	Minimum CCG Contribution	1,032,301
19	End of Life Care - RAPID	End of Life Care	Community Health	Minimum CCG Contribution	250,488
8	Improving access to advice and information	MyCare and Living Well in North Tyneside digital services	Social Care	Minimum CCG Contribution	36,148
9	Care Act implementation	Care Act implementation	Social Care	Minimum CCG Contribution	739,097
10	Carers Support	Carers Support	Social Care	Minimum CCG Contribution	671,000
12	Independent Support for People with Learning Disabilities	Independent Support for People with Learning Disabilities	Social Care	Minimum CCG Contribution	718,928
25	Community Falls First	Avoiding unnecessary paramedic response to falls at home	Social Care	Minimum CCG Contribution	144,399

Ref	Scheme Name	Brief Description of Scheme	Area of Spend	Source of Funding	Expenditure (£)
	Responder Service				
13	Impact on care home fees of national living wage	Meet costs of paying living wage to staff in care homes	Social Care	iBCF	2,638,468
14	Impact on domicilliary care fees of national living wage	Meet costs of paying living wage to staff of home care providers	Social Care	iBCF	839,584
15	Impact on other increased fees (ISL, day care, direct payments, etc) of national living wage	Meet costs of paying living wage to staff of other social care providers	Social Care	iBCF	3,918,400
16	Effect of demographic growth and change in severity of need	Increased volume and complexity of social care provision	Social Care	iBCF	1,900,434
26	Disabled Facilities Grant	Disabled Facilities Grant	Social Care	DFG	1,869,024
TOTAL					**29,457,097**

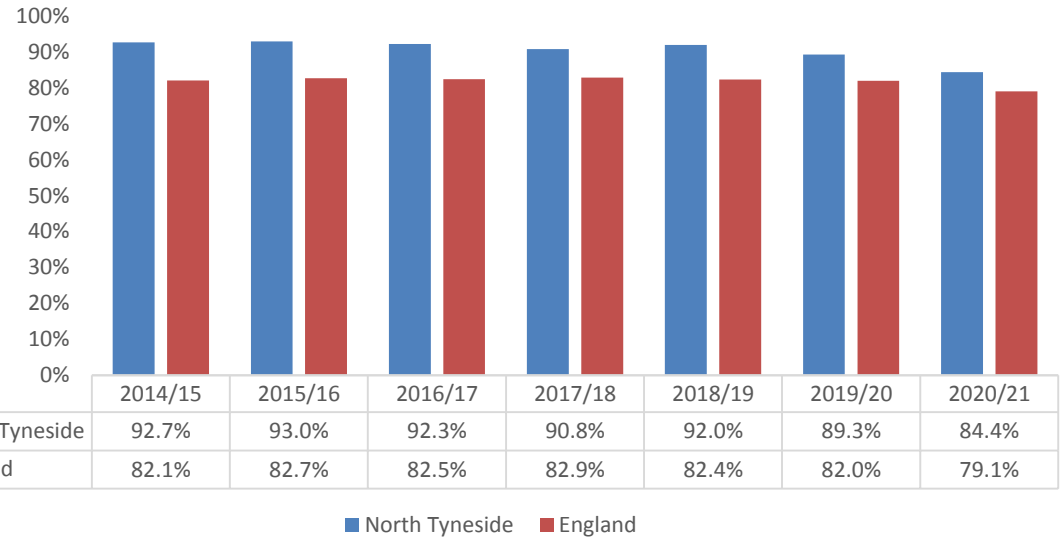
Appendix 2 – BCF metrics

This sets out our current performance against the national BCF metrics and explains our level of ambition.

1 Effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation)

Figure 1 below shows that North Tyneside has consistently performed on this metric well above the England average. Locally and nationally, performance was impacted by the COVID-19 pandemic in 2020/21; the North Tyneside rate reduced to 84.4% but remained above the England average. We expect to maintain performance at 85% in 2021/22.

Figure 1: Effectiveness of reablement metric, time series

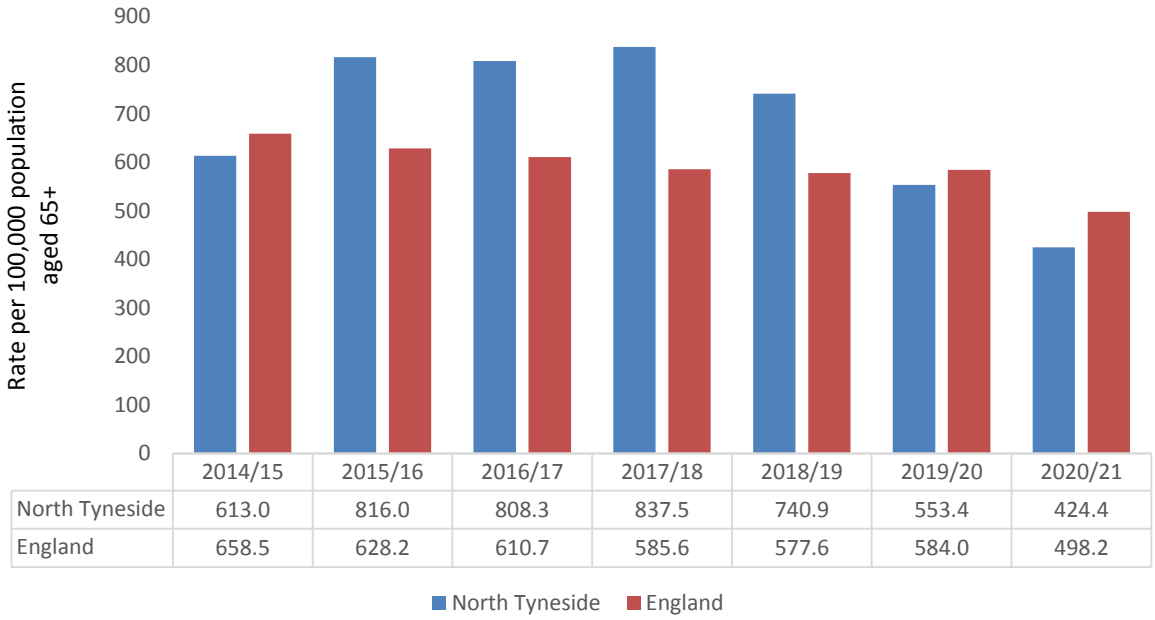


	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
North Tyneside	92.7%	93.0%	92.3%	90.8%	92.0%	89.3%	84.4%
England	82.1%	82.7%	82.5%	82.9%	82.4%	82.0%	79.1%

2 Older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population.

Figure 2 shows that North Tyneside has historically had a greater than average reliance on permanent residential care for older people but this reduced to below the England average in each of the last two financial years. In 2020/21, expect the outturn was influenced by the COVID-19 pandemic, which led to a greater proportion of patients being discharged from hospital into short term residential care, funded for a period through the NHS post-discharge funding arrangements.

Figure 2: Time series of permanent admissions to residential care for persons aged 65+, per 100,000 population aged 65+



	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
North Tyneside	613.0	816.0	808.3	837.5	740.9	553.4	424.4
England	658.5	628.2	610.7	585.6	577.6	584.0	498.2

For 2021/22 we expect the outturn to be 612 admissions per 100,000 people aged 65+.

BCF services will impact this goal through:

- The continued operation of the CarePoint service, promoting a Home First response to hospital discharges, and it's development as an element of the Integrated Frailty Service
- The provision of the Adaptations and Loan Equipment Service, which helps people to maintain their independence at home.

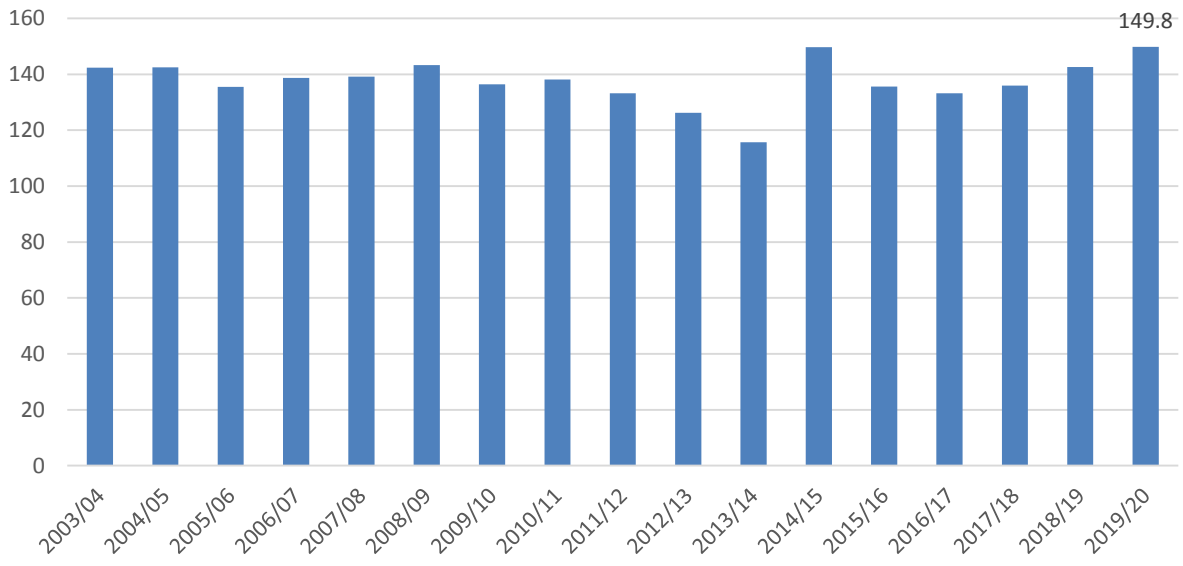
Other developments, not part of the BCF scope, will impact as follows:

- We currently have nine extra care schemes across North Tyneside with 375 apartments. Most of these are rental but a small number are shared ownership. Extra care offers individuals the ability to continue to live in the community, at home and have access to on-site care and support through a 24/7 commissioned care team. All apartments are self-contained and individuals are supported to maximise the maintain their independence.
- There are plans for a further two extra care schemes with 104 apartments to come on stream by 31 March 2022. One of these schemes with 40 beds will be dementia specific and will offer a real alternative to a placement in a care home.

3 Avoidable admissions (unplanned hospitalisation for chronic ambulatory care sensitive conditions).

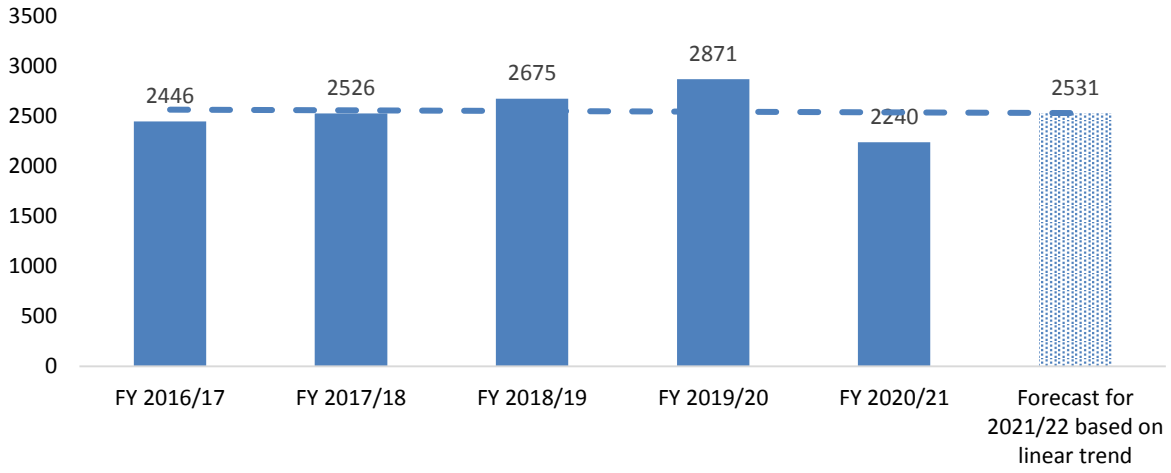
Figure 3 below shows a time-series of unplanned hospitalisation for chronic ambulatory care sensitive conditions, expressed as a standardised ratio where the England rate = 100. For example, in 2019/20 the North Tyneside rate was almost 50% higher than the England rate, after taking into account any differences in the age structure of the population.

Figure 3: Standardised ratio of chronic ambulatory care sensitive conditions



The data for 2020/21 will not be published on an Health and Wellbeing Board basis until February 2022; an estimate for North Tyneside CCG are is shown in Figure 4 below.

Figure 4: Time series and forecast of unplanned hospital admissions for chronic ambulatory care conditions



The overall reduction in the number of hospital admissions due to COVID in 2020/21 led to a reduction in this metric; we expect that the outturn for 2021/22 will be greater than 2020/21 (as recovery from COVID takes place) but lower than the two years before.

Our ambition for 2021/22 is 2531 unplanned admissions[1]

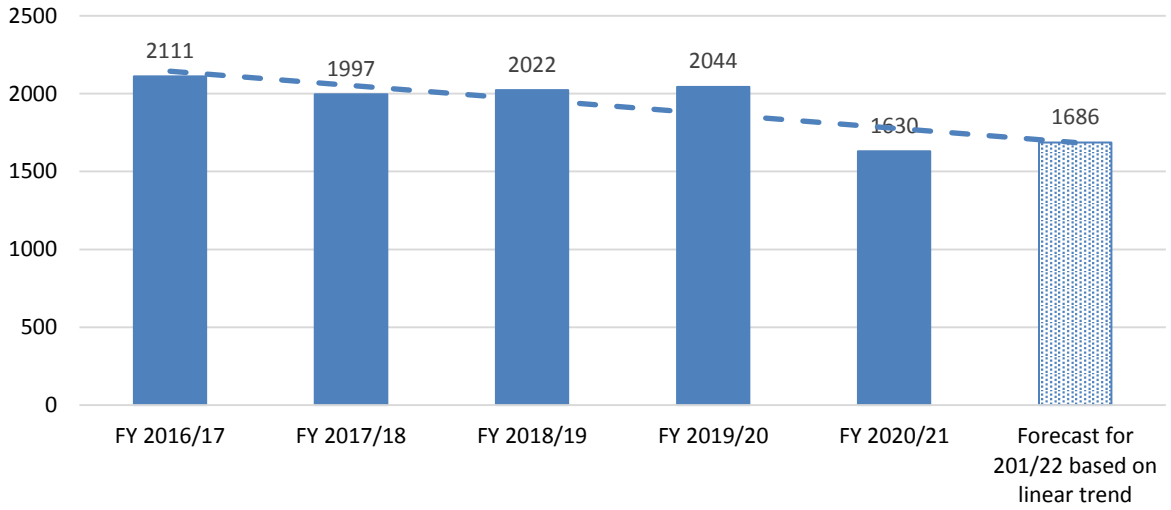
BCF services will impact this goal by:

- The Enhanced Care in Care Homes service improves the planning and delivery of healthcare for care home residents, maintains and enhances the quality of care, and increases the number of healthcare interventions that are carried out in a care home setting, hence reducing the number of unplanned admissions to secondary care from nursing and residential care homes.
- The provision of support to carers reduces the number of cases where carer breakdown results in an unplanned hospital admission.
- The provision of high quality discharge planning by CarePoint (an element of the Ageing Well service) reduces the probability of readmission following a sub-obtimal discharge.

Other developments, not part of the BCF scope, will impact as follows:

- The increasing use of a Same Day Emergency Care (SDEC) approach – also known as ambulatory care - is a key component of the approach to reducing unplanned admissions. It aims to minimise and remove delays in the patient pathway allowing services to process emergency patients within the same day as an alternative to hospital admission
- Our urgent and emergency care action plan notes that a number of projects are being put in place to improve hospital flow and discharge, including a review of the current Same Day Emergency Care clinical models to identify opportunities to increase or expand SDEC where appropriate.
- The method of recording Same Day Emergency Care is not standardised across the country, so some Trusts record these cases as inpatients, and some as outpatients. When SDEC are excluded from SUS data, the number of true admissions related to chronic ambulatory care sensitive conditions is shown to be lower than suggested by national data (see Figure)

Figure 5: Time-series and forecast of unplanned admissions for chronic ambulatory care sensitive conditions, with Same Day Emergency Care excluded



[1] It is not possible to calculate a standardised ratio as requested by the national BCF planning template, as the methodology to do so requires access to the data for all other HWBs, which we do not have.

4 Percentage of patients who have been an inpatient in the acute hospital for:

i) 14 days or more

ii) 21 days or more

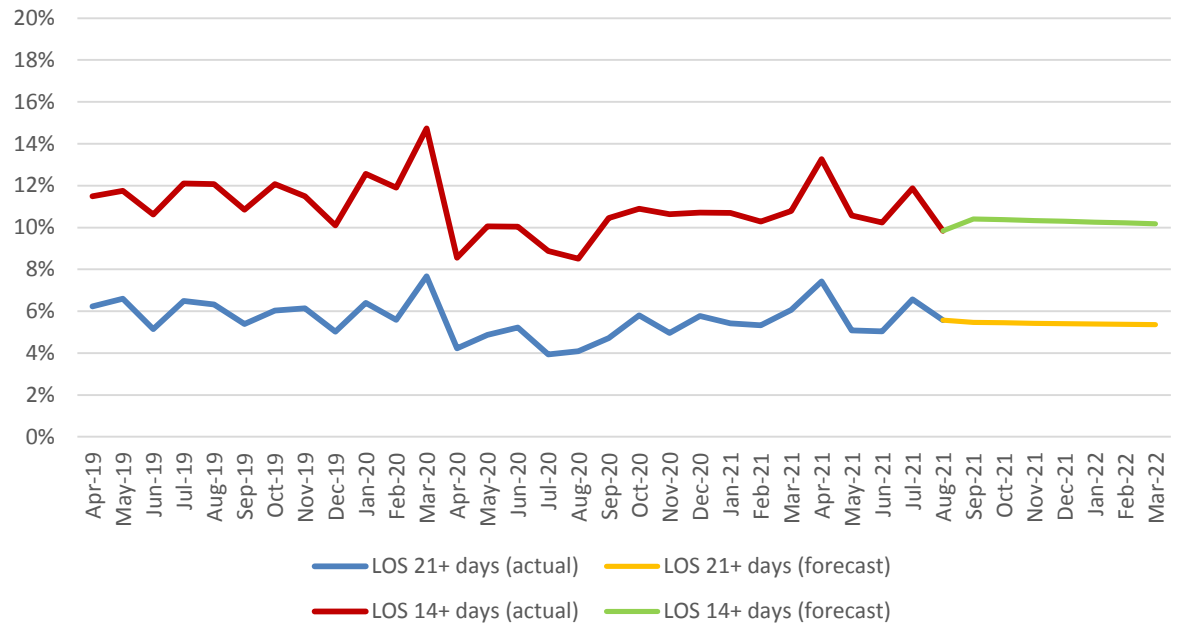
As a percentage of all inpatients

Figure 16 below shows that there has been a declining trend in the proportion of patients in hospital for both 14+ days and 21+ days.

The North Tyneside average for the period April 2019-March 2021 was the same as the English average for 14+ days (10.9%) whilst the North Tyneside average for 21+ days (5.6%) was below the English average (5.8%).

We expect the outcome for 2021/22 to be 10.6% of patients being in hospital for more than 14 days, and 5.6% to be in hospital more than 21 days.

Figure 1:Time series and forecast of discharged patients with LOS of 14+ days and 21+ days



BCF services will impact this goal by:

- Enhancing intermediate care bed-based services to ensure they are available for "step-up" care to avoid hospital admission as well as expediting discharges.
- The Enhanced Healthcare in Care Homes service will create greater confidence in the ability to discharge care home residents, with appropriate high-quality medical support available in the care home.

Other developments, not part of the BCF scope, will impact as follows:

- Providers will continue to implement best practice as set out in NHS England/NHS Improvement guidance for example:
  - Work at the front door, including Same Day Emergency Care, therapy services, and appropriate care pathways to avoid admissions for patients who do not require acute care in hospital and are at risk of deconditioning if they do.
  - Routinely screening within 2 hours of presentation all older people for their prior degree of frailty using a validated tool, their prior level of functional need, and their present cognitive status.

- Proactively planning for discharge home of those patients who most vulnerable to hospital-associated deconditioning and who are judged fit enough to be provided rehabilitation and recovery care in a community setting.
- Work to address bottlenecks, including by implementing Red2Green and SAFER patient flow bundle

5 Percentage of people who are discharged from acute hospital to their normal place of residence.

Figure 88 below shows the forecast level for North Tyneside to the end of 2021/22.

Figure 8 the proportion of people discharged to their normal place of residence from April 2019 to August 2021. The rate for North Tyneside was above the England average throughout the period, by an average of approximately 4%.

Figure 2: % discharged to usual place of residence, North Tyneside compared to England

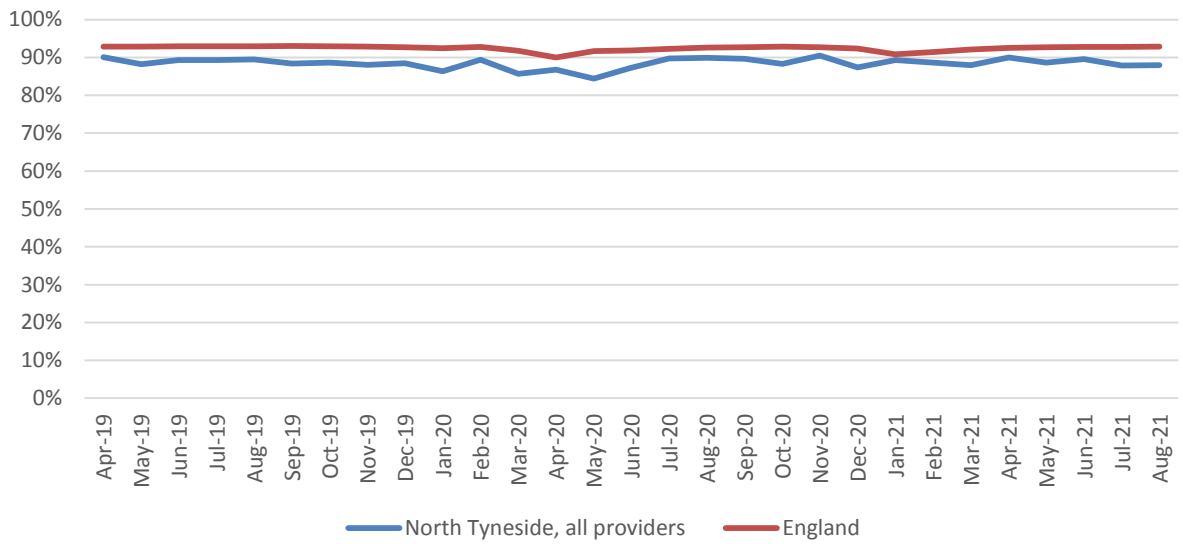
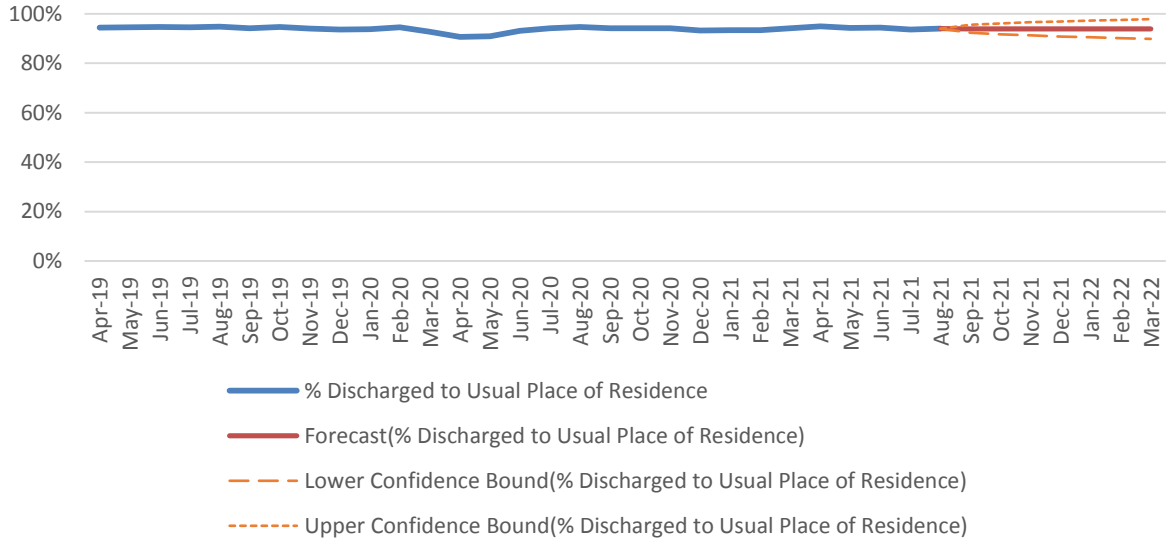


Figure 88 below shows the forecast level for North Tyneside to the end of 2021/22.

Figure 8: time-series and forecast of % of people who are discharged from hospital to their normal place of residence



We expect the outcome for 2021/22 to be 88.3%

BCF services will impact this goal by:

- The continued operation of the CarePoint service, promoting a Home First response to hospital discharges, and it's development as an element of the Integrated Frailty Service
- The provision of the Adaptations and Loan Equipment Service, and the use of the Disabled Facilities Grant, which helps people to maintain their independence at home.