

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

**Date:** 29 September 2022

**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 2022/23.

## 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 the newly established Integrated Care Boards (ICBs) with this duty transferred during 2022/23 from the former NHS Clinical Commissioning Groups. The use of the pooled fund is agreed locally with joint development of 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 the NHS (via ICBs) into the BCF
- disabled facilities grant – local authority grant
- social care funding (improved BCF) – local authority grant

The Better Care Fund policy objectives for 2022/23 are:

- enable people to stay well, safe and independent at home for longer
- provide the right care in the right place at the right time

## 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 support; adaptations and loan equipment service; telecare including a community falls first responder service and seven-day social work.
- Intermediate Care beds, including bed-based facilities complemented by a community rehabilitation team
- A hospice-at-home service for end of life care
- 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 2022/23 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 2022/23**

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 2021/22. The policy objectives are;

- i. a jointly agreed plan between local health and social care commissioners, signed off by the Health and Wellbeing Board (HWB)
- ii. NHS contribution to adult social care at HWB level to be maintained in line with the uplift to NHS minimum contribution
- iii. invest in NHS commissioned out-of-hospital services
- iv. implementing the BCF policy objectives

The BCF policy objectives are

- enable people to stay well, safe and independent at home for longer
- provide the right care in the right place at the right time

A number of service / scheme reviews have been undertaken over the last two years to look at the funding and the outcomes that were being achieved and this will continue during 2022/23 to ensure that the schemes continue to drive the required outcomes and provide value for money.

In the tables below, there is an overall increase in the BCF in 2022/23 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 4.47%

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 5.66% change to the minimum NHS contribution to the BCF, again in line with the national framework and planning guidance.

**Table 1**

Income Component	2020/21	2021/22	2022/23	% change this year
Disabled Facilities Grant	1,647,220	1,869,024	1,869,024	0.00%
Minimum NHS Contribution	17,420,966	18,291,187	19,326,469	5.66%
Improved Better Care Fund	9,296,886	9,296,886	9,578,514	3.03%
TOTAL before carry forward	28,365,072	29,457,097	30,774,007	4.47%
Disabled Facilities Grant carried forward	0		1,157,668	
Grand total			31,931,675	

The national framework also stipulates minimum contributions to be paid by the NHS to the Local Authority / Adult Social Care, and on NHS-commissioned out of hospital services

**Table 2**

	2020/21	2021/22	2022/23	% change this year
CCG minimum contribution to adult social care	11,096,836	11,651,150	12,310,605	5.66%
NHS commissioned out-of-hospital spend	4,950,544	5,197,836	5,492,034	5.66%

## 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 1 September 2022
- Been agreed by the Health and Wellbeing Board on 22 September 2022
- Been agreed internally by the Local Authority and the ICB in advance of Health and Wellbeing Board
- Been submitted to NHS England by deadline of 26 September 2022

Officers from the Local Authority and the ICB are currently reviewing the Section 75 Agreement, this is the legal agreement between the Local Authority and the ICB 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 December 2022.

## **6. Future Arrangements**

The current arrangement and BCF planning framework applies to 31 March 2023.

Operational planning guidance for 2023/24 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. There has been an indication that the planning guidance will cover a two year period from 2023/24 which would allow for an improved planning process.

The introduction of Integrated Care Boards in 2022/23 have had minimal impact on the Better Care Fund in 2022/23 and we await the publication of policy intentions and detailed guidance for 2023/24.

## **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:

2022/23 Better Care Fund Policy Framework. Department of Health and Social Care and the Department for Levelling Up, Housing & Communities.  
<https://www.gov.uk/government/publications/better-care-fund-policy-framework-2022-to-2023>

Better Care Fund Planning Requirements for 2022 to 2023. Department of Health and Social Care and the Department for Levelling Up, Housing & Communities.  
<https://www.england.nhs.uk/publication/better-care-fund-planning-requirements-2022-23/>

## **8. Appendices**

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

## Appendix 1 – BCF services and expenditure

Scheme ID	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 including falls first responder; and seven-day social work	Social Care	Minimum CCG Contribution	9,111,037
27	Community-based support	Health contribution to CarePoint	Community Health	Minimum CCG Contribution	2,531,466
2	Intermediate Care beds	Intermediate Care	Community Health	Minimum CCG Contribution	3,423,128
3	Intermediate Care - Community Services	Community Rehabilitation Team	Social Care	Minimum CCG Contribution	911,846
4	Liaison Psychiatry - Working Age Adults	Liaison Psychiatry - Working Age Adults	Mental Health	Minimum CCG Contribution	812,371
19	End of Life Care - RAPID	End of Life Care	Community Health	Minimum CCG Contribution	248,899
8	Improving access to advice and information	MyCare and Living Well in North Tyneside digital services	Social Care	Minimum CCG Contribution	38,194
9	Care Act implementation	Care Act implementation	Social Care	Minimum CCG Contribution	780,930
10	Carers Support	Carers Support	Social Care	Minimum CCG Contribution	708,979
12	Independent Support for People with Learning Disabilities	Independent Support for People with Learning Disabilities	Social Care	Minimum CCG Contribution	759,619
13	Impact on care home fees of national living wage	Meet costs of paying living wage to staff in care homes	Social Care	iBCF	2,718,395
14	Impact on domiciliary care fees of national living wage	Meet costs of paying living wage to staff of home care providers	Social Care	iBCF	865,017

Scheme ID	Scheme Name	Brief Description of Scheme	Area of Spend	Source of Funding	Expenditure (£)
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	4,037,099
16	Effect of demographic growth and change in severity of need	Increased volume and complexity of social care provision	Social Care	iBCF	1,958,003
26a	Disabled Facilities Grant	Disabled Facilities Grant	Social Care	DFG	1,869,024
26b	Disabled Facilities Grant carry forward	Disabled Facilities Grant carry forward	Social Care	DFG	1,157,668
TOTAL					31,931,675

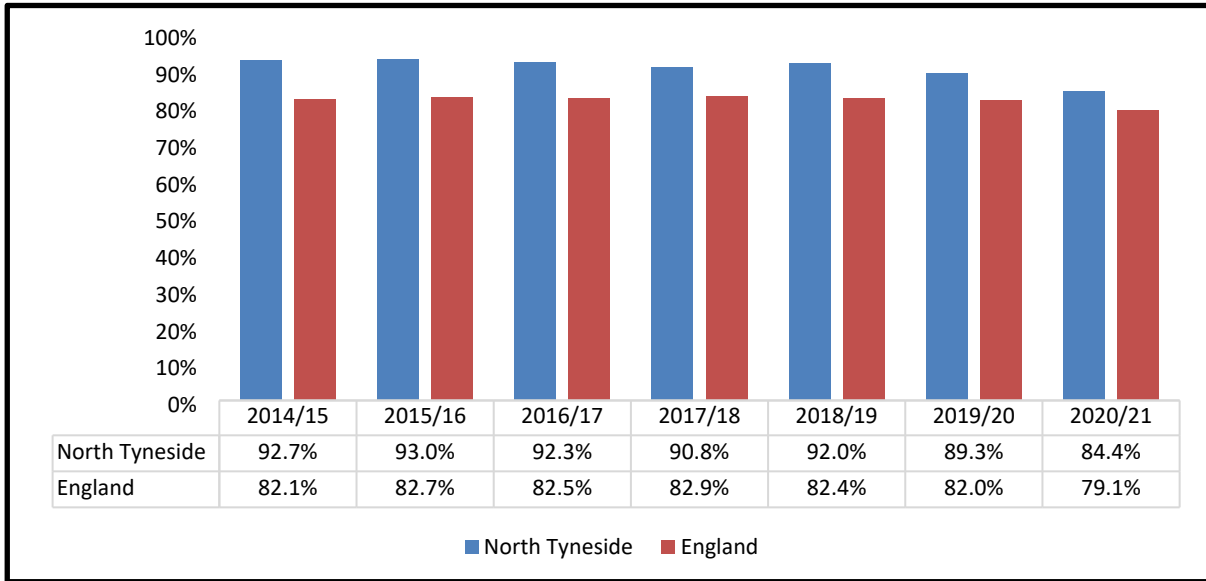
## Appendix 2 – BCF metrics

This section outlines 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 6 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. Performance in 2021/22 was 90.8% returning to pre-Pandemic levels (national comparative data is not yet available for 2021/22). Due to recent issues with recruitment and retirement of experienced staff, we have set the target for 2022/23 at 90.0%. The service has undergone restructuring to provide an optimum skill mix and provide career development opportunities for staff to progress within the service and the target aims to maintain the performance from 2022/23 while new staff and the new structure bed in.

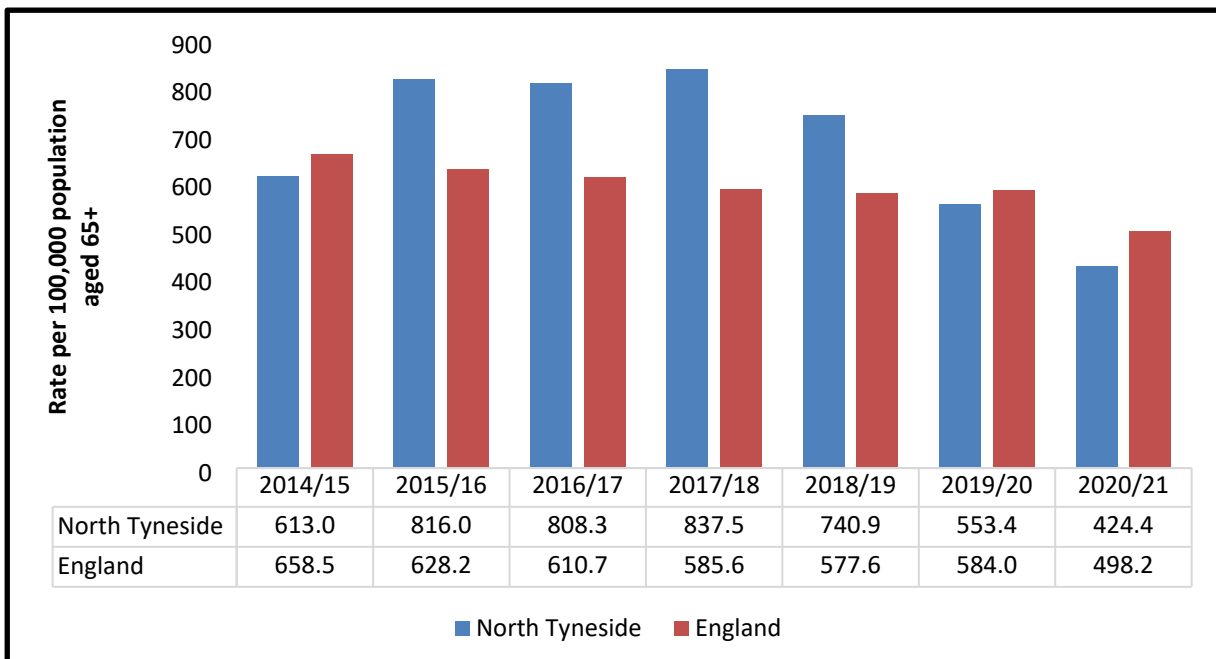
Figure 6: Effectiveness of reablement metric, time series



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

Figure 7 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 where national comparatives are available. In 2020/21 and 2021/22, the outturn was influenced by the COVID-19 pandemic and shortages of capacity in homecare resulting from workforce recruitment and retention issues, 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. The outturn for 2021/22 was 423 admissions.

Figure 7: Time series of permanent admissions to residential care for persons aged 65+, per 100,000 population aged 65+



For 2022/23 we expect the outturn to be 402.3 admissions per 100,000 people aged 65+ delivering a 5% improvement on the outturn for 2021/22 which will be challenging to deliver as capacity issues remain in the homecare market in line with national trends despite local and regional measures to improve workforce recruitment and retention.

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.

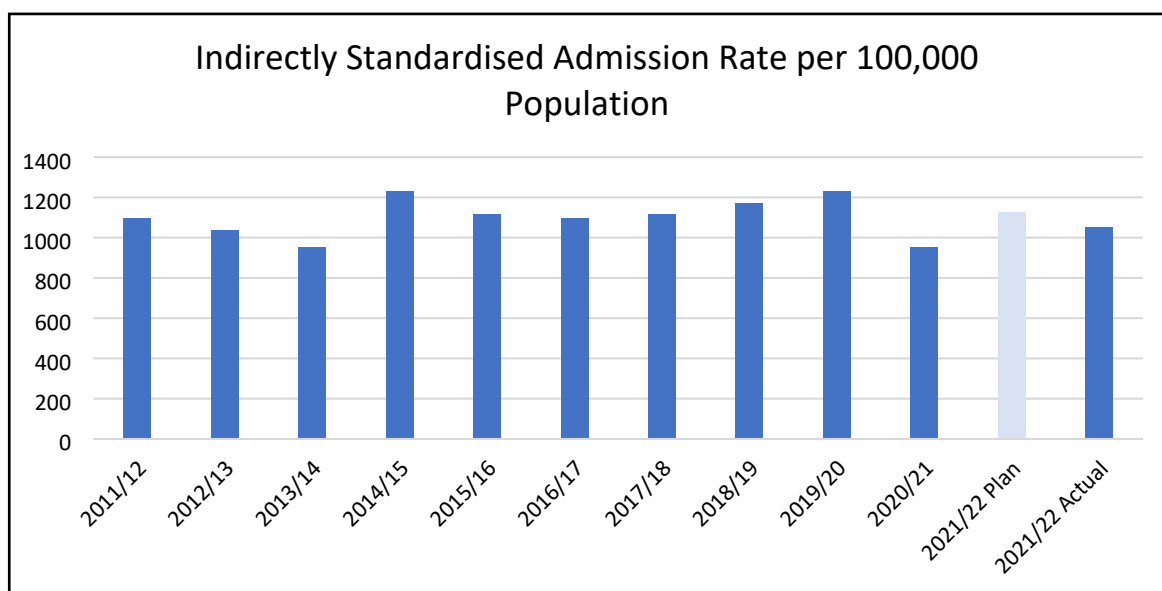
Other developments, not part of the BCF scope, will impact as follows:

- Up to 2021/22 there were 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.
- A further two extra care schemes with 104 apartments came on stream at the end of 2021/22. One of these schemes with 40 beds is dementia specific and offers a real alternative to a placement in a care home.

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

Figure 8 below shows a time-series of unplanned hospitalisation for chronic ambulatory care sensitive conditions, expressed as an indirectly standardised rate per 100,000 people. In 2021/22 North Tyneside's actual performance of 1052.89 was within the target of 1125.

Figure 8: Standardised admission rate of chronic ambulatory care sensitive conditions



Our ambition for 2022/23 is a rate of 1044 which is the average performance in the region and would represent a modest improvement but a significant improvement against the last pre-Pandemic year's result of 1229.4

BCF services will impact this goal by:



- The Enhanced Care in Care Homes service continues to improve 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 and the more holistic approach to carers assessment using the Ways to Wellbeing model will further strengthen this effect in 2022/23.
- The provision of high quality discharge planning by CarePoint (an element of the Ageing Well service) reduces the probability of readmission following a sub-optimal 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 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.

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

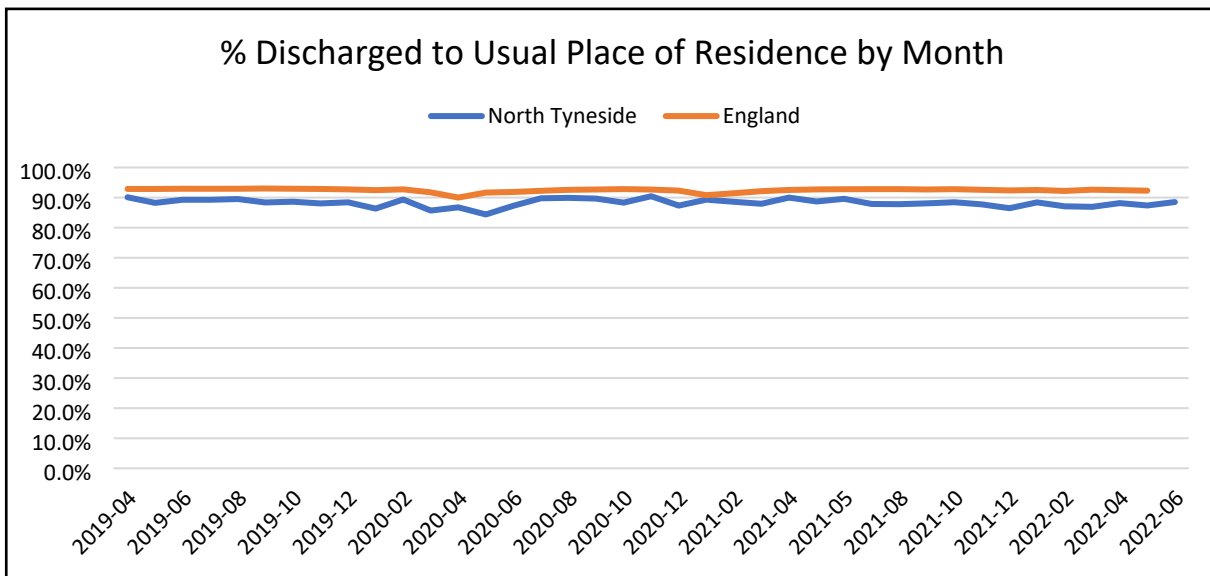
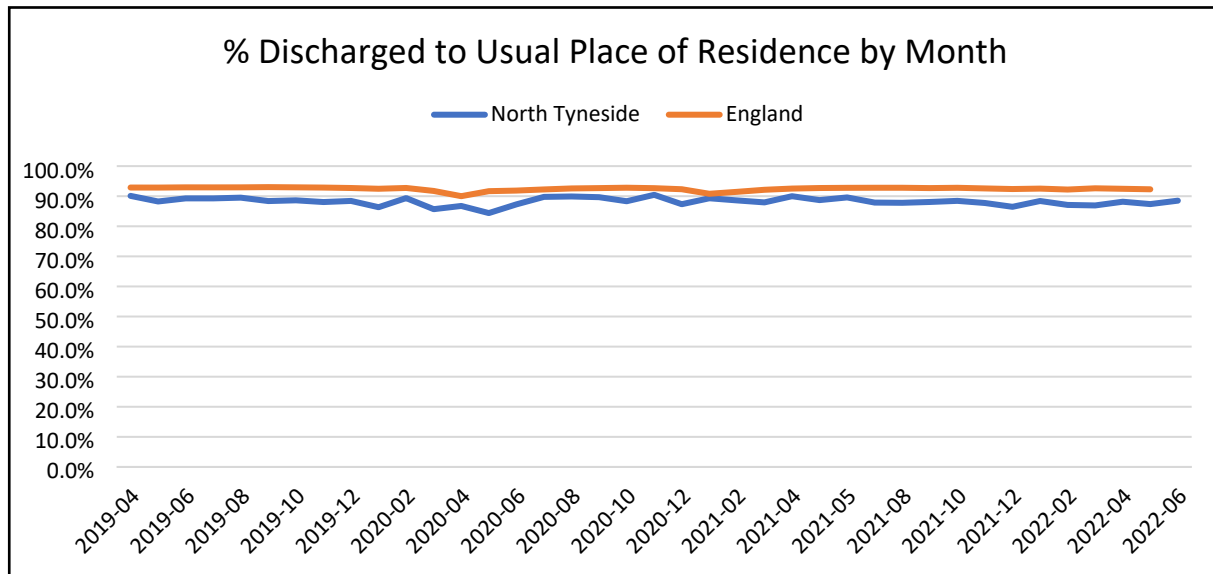


Figure 9

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

Figure 9: % discharged to usual place of residence, North Tyneside compared to England



The outcome for 2021/22 was 88.1% and it is proposed that the target for 2022/23 is 89.0% representing a small improvement in line with North Tyneside’s recent performance and moving closer to the England average.

BCF services will impact this goal by:

- The continued operation of the CarePoint service, promoting a Home First response to hospital discharges, and its 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.