

**Meeting:** Northumberland Health and Wellbeing Board

**Date:** 14/11/2019

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**Title:** Better Care Fund update

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### **Purpose of report**

This report provides an update on activity related to the Better Care Fund.

### **Recommendation**

For members to note the submitted Better Care Fund 2019/21 plan which sets out how Northumberland will meet the nationally mandated conditions and maintain integration across health and social care.

### **Introduction**

The Better Care Fund (BCF) which commenced in 2015/16 is a component of government policy to improve integration between health and social care. The Government require NHS England to put in place arrangements for CCGs to pool a mandated minimum amount of funding. This also requires local authorities to continue to pool grant funding from the improved Better Care Fund, Winter Pressures funding and the Disabled Facilities Grants.

For 2019/20, there continue to be four national conditions to support integrated care:

- Plans to be jointly agreed
- NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution
- Agreement to invest in NHS commissioned out-of-hospital services, which may include 7-day services and adult social care
- Managing Transfers of Care

Beyond this, areas have flexibility in how the Fund is spent over health, care and housing schemes or services, but need to agree how this spending will improve performance (for example by agreeing ambitious expectations across the metrics with plans setting out how the ambitions will be met) in the following four BCF 2019-20 metrics: Delayed Transfers of Care; Non-elective admissions (General and Acute); Admissions to residential and care homes; and Effectiveness of reablement.

### **Background**

The Northumberland Health and Care system is characterised by a number of high performing organisations who have worked together in collaboration for a number of years. Much has been achieved clinically over this time, with integration of clinical pathways and joint working

demonstrating real patient benefits. Furthermore, longstanding partnership arrangements between the Northumberland County Council and NHS bodies are nationally recognised as a model of effective health and social care integration.

Northumberland 2019/20 BCF plan has a value of £39.2m which is made up of a CCG contribution £24.2m and direct contributions from central government to the local authority of Disabled Facilities Grants (DFGs) of £3m, the improved BCF of £10.6 and winter pressures grants of £1.5m. A summary of the services is provided below and the detailed performance measures are within the BCF plan for reference (Appendix 1).

The key mechanism to oversee and drive the integration agenda is the Northumberland System Transformation Board. The Board achieves this by NHS organisations, the Local Authority and other partners working together, to align and integrate levels of commissioning, planning and operational arrangements to deliver services that meet the needs of the population. There is a S75 agreement which allows the CCG and local authority to establish and maintain pooled funds to carry out the functions set within the plan. The agreement has well established arrangements to ensure financial and service delivery of all schemes. This includes an annual review process to confirm monitoring is effective and any issues are acted upon. There is a clear escalation and reporting process to ensure performance issues are raised to Northumberland System Transformation Board.

In summary Northumberland's BCF plan robustly sets out how the national conditions will be met whilst ensuring continued support to integration across health and social care. The services have a long history of delivering high quality care for patients making best use of available resources.

### **Key Issues**

There are no key issues to note.

### **Improved Better Care Fund** (direct transfer to social care from central government)

| <b>Service</b>  | <b>Description</b>   | <b>Value</b>  |
|---|--|---------------|
| Long-term home care (independent sector)                  | Continued protection for core home care services, which are recognised as an essential component of a health and care system which is able to support people in the community and avoid inappropriate use of hospital services.  | <b>£3.3m</b>  |
| Stabilising the care home market                          | Continuation of additional funding for a restructured contract with care homes for older people introduced in 2017, which has so far achieved its objectives of avoiding further care home closures and improving CQC ratings.   | <b>£1m</b>    |
| Additional costs resulting from Cheshire West judgement   | Funding for additional staff required to carry out DoLS assessments, and for the growing number of people who have become entitled to nonchargeable support in a care home under Mental Health Act aftercare provisions, following detention in hospital for treatment because their hospitalisation is now classified as depriving them of liberty under the definition in the Cheshire West judgement. | <b>£0.6m</b>  |
| Support to hospital discharge                             | Hospital-based social care teams supporting discharge, and a VCS scheme to assist return home from hospital.   | <b>£0.02m</b> |
| Demography & Additional pressure on Commissioned Services | Funding to support the cumulative impact of demographic change and other sources of additional demand.   | <b>£5.7m</b>  |
|   | <b>Improved Better Care Fund Grand Total</b>   | <b>£10.6m</b> |

## CCG Minimum Contribution

| <b>Service</b>  | <b>Description</b>  | <b>Value</b> |
|---|---|--------------|
| Enhanced discharge, reablement and admission avoidance through initiatives such as integrated community teams | These services provide integrated care solutions to enhance discharge, deliver rehabilitation and avoid admission for frail elderly patients who often have multiple Long Term Conditions. They aim to promote and support independence, self-management and prevent readmissions by working closely with all community teams including district nursing, specialist rehabilitation, occupational therapy, pharmacy, safe home and short term support teams. The services promote a proactive approach to ensure patients' wishes are respected, providing the lowest level of care to meet their needs, whilst ensuring their health and care needs during a medical emergency are addressed in a timely and appropriate manner. | £9.1m        |
| Preventative services   | Grant aid to the countywide carer support organisation Carers Northumberland; "support planner" posts assisting people to find non-traditional solutions, and working closely with social prescribing posts in primary care networks; staff supporting professionals to give advice about disabled people's benefit entitlements, to maximise their independence.   | £0.6m        |
| Short-term support service (reablement)   | Joint reablement service including therapists and reablement home care. The home care capacity in this service is also used to provide temporary support to fill gaps in the availability of commissioned home care, when there is particular pressure on capacity.   | £2.7m        |
| Long-term home care (independent sector)  | Continued protection for core home care services, which are recognised as an essential component of a health and care system which is able to support people in the community and avoid inappropriate use of hospital services.   | £5.1m        |
| Stabilising the home care market  | A substantial increase in rates paid to independent home care providers, particularly in rural areas of the County where recruitment and retention of care workers are a significant challenge.   | £1.5m        |
| Dementia services   | Specialist dementia services, including short breaks in care homes for people with dementia, day care, and a premium paid to care homes providing longterm accommodation and care for residents with dementia.  | £1.4m        |
| Support to hospital discharge   | Hospital-based social care teams supporting discharge, and a VCS scheme to assist return home from hospital.  | £0.3m        |
| Integration of social care teams with primary care networks   | Pilot of a new operating model for social workers and other community-based social care staff, which will link them directly with primary care networks and individual GP practices, including basing teams in primary care premises where possible.  | £0.03m       |
| Integration of complex needs social care staff with mental health services                                    | Pilot of a new operating model for social workers and other social care staff working with people who have complex needs, which will link them directly with specialist mental health services provided by the NTW NHS FT, including colocation where possible.   | £0.03m       |
| Integrated first contact arrangements (OneCall)   | Ongoing support for a contact centre providing an initial point of access for a wide range of health and social care services.  | £0.3m        |
| Mental health services  | Continuation of a pooled budget funding transfer to support mental health services previously delivered through the NHS.  | £3m          |
|   | <b>Minimum CCG Contribution Grand Total</b>   | <b>£24m</b>  |

Winter Pressures Grant (direct transfer to social care from central government)

| <b>Service</b>  | <b>Description</b>  | <b>Value</b> |
|---|---|--------------|
| Short-term support service (reablement)                               | Joint reablement service including therapists and reablement home care. The home care capacity in this service is also used to provide temporary support to fill gaps in the availability of commissioned home care, when there is particular pressure on capacity. | <b>£0.5m</b> |
| Long-term home care (independent sector)                              | Continued protection for core home care services, which are recognised as an essential component of a health and care system which is able to support people in the community and avoid inappropriate use of hospital services.                                     | <b>£0.9m</b> |
| Emergency capacity at times of severe pressure on community resources | Funding to cover the short-term use of care home capacity and other high-cost options to avoid the need for inappropriate use of hospitals at times when capacity across the system is under pressure.  | <b>£0.01</b> |
|   | <b>Winter Pressures Grant Grand Total</b>   | <b>£1.5m</b> |

## **Implications**

|                             |   |
|-----------------------------|---|
| Policy:                     | Integration of health and social care has been a long-standing shared policy commitment in Northumberland |
| Finance and value for money | The BCF plan sets out the contributions to each service.  |
| Legal                       | No immediate implications.  |
| Procurement                 | No immediate implications.  |
| Human Resources             | No immediate implications.  |
| Property                    | No immediate implications.  |
| Equalities                  | Reducing inequalities is fundamental to ensuring successful integrated commissioning arrangements.        |
| Risk Assessment             | No immediate implications.  |
| Carbon Reduction            | No immediate implications.  |
| Crime & Disorder            | No immediate implications.  |
| Wards                       | All.  |

## **Appendices**

1. Northumberland Better Care Fund Plan 2019/20

## **Author**

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