

**WEST NORTHAMPTONSHIRE HEALTH AND WELLBEING BOARD**  
**27<sup>th</sup> July 2023**

<b>Report Title</b>	<b>Better Care Fund Plan 2023-25</b>
<b>Report Author</b>	<b>Ashley Leduc – Assistant Director Commissioning and Performance</b>

<b>Contributors/Checkers/Approvers</b>		
<b>Executive Director of People Services</b>	Stuart Lackenby	Approval Obtained by Acting DASS in the absence of the DASS.

**List of Appendices**

**Appendix A – West Northamptonshire Planning Template**

**Appendix B – West Northamptonshire Narrative Plan**

**Appendix C – BCF Executive Board Terms of Reference**

**Appendix D – BCF Schemes, Actions and Risks**

**Appendix E – BCF Project Plan Template**

**1. Purpose of Report**

---

- 1.1. To obtain formal sign off to the West Northamptonshire Better Care Fund Plan for 2023-25 from the Health and Wellbeing Board
- 1.2. To note the contents of the Report and Appendixes.
- 1.3. To agree the new Governance Arrangements relating to the West Northamptonshire Better Care Fund. Health and Wellbeing Board will still retain overall responsibility.

**2. Executive Summary**

---

- 2.1 The Better Care Fund (BCF) is one of the government’s national vehicles for driving health and social care integration. It requires Integrated Care Boards (ICBs) 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).
- 2.2 The policy framework, for 2023-25, was published on 4<sup>th</sup> April 2023. The policy Framework outlines the national conditions that must be met by the use of Better Care Fund pooled budgets.

- 2.3 The BCF Plan and schemes for 2023-25 have been submitted to comply with the National Deadline of 28<sup>th</sup> June 2023.
- 2.4 The Better Care Fund is no longer hosted by North Northamptonshire Council as per previous years. West Northamptonshire Council now act as the leads for the West Northamptonshire BCF Plan and schemes.

### **3. Recommendations**

---

- 3.1 It is recommended that the Health and Wellbeing Board:
- a) That delegated authority to submit the plan before board approval was provided by the Chair of the Health and Wellbeing Board in an email dated 9<sup>th</sup> June 2023.
  - b) Note that detailed plans have been submitted to NHS England for moderation.
  - c) Note that West Northamptonshire Council have undertaken a review of the schemes to align the BCF to the Aging Well programme, and this has been agreed by the Northamptonshire ICB.
  - d) Note that additional funding to support hospital discharge has been included within the planning template. Details of the schemes are also included.
  - e) Agree the new BCF governance

### **4. Report Background**

---

- 4.1 For West Northamptonshire, the total funding for 2023/24 is £54,518,690. Please see appendix A for a full breakdown. The planning template and BCF Narrative Plan confirm that the funding is being spent in line with the BCF Conditions.
- 4.2 Since 2015, the BCF has been crucial in supporting people to live healthy, independent and dignified lives, through joining up health, social care and housing services seamlessly around the person. This vision is underpinned by 2 core objectives, to:

**Objective 1: to enable people to stay well, safe and independent at home for longer**

The priorities for health and social care are to improve quality of life and reduce pressure on UEC, acute and social care services. This will be achieved through various mechanisms, including:

- collaborative working with the voluntary, housing and independent provider sectors
- investment in a range of preventative, community health and housing services
- supporting unpaid carers

**Objective 2: to provide people with the right care, at the right place, at the right time.**

The priorities for health and social care are to tackle immediate pressures in delayed discharges and demand for hospital attendances and admissions, bringing about sustained improvements in outcomes for people discharged from hospital, and wider system flow.

This will be achieved by embedding strong joint working between the NHS, local government, and the voluntary, housing and independent provider sectors.

The national conditions for the BCF in 2023 to 2025 are:

- a jointly agreed plan between local health and social care commissioners, signed off by the HWB
- implementing BCF policy objective 1: enabling people to stay well, safe and independent at home for longer
- implementing BCF policy objective 2: providing the right care, at the right place, at the right time
- maintaining the NHS's contribution to adult social care (in line with the uplift to the NHS minimum contribution to the BCF), and investment in NHS commissioned out of hospital services

#### 4.3 National Condition 1

A jointly agreed plan and narrative has been approved by Health and Social Care Commissioners and submitted to NHS England.

#### 4.4 National Condition 2

Pag 18 of the Narrative Plan details how the commissioned services will meet the requirements of this National Condition.

#### 4.5 National Condition 3

Page 19-24 of the Narrative plan details how the commissioned services will meet this requirement.

#### 4.6 National Condition 4

NHS contribution to adult social care has been maintained in line with the uplift to ICB minimum contribution.

4.7 In addition, there is a requirement to include Discharge Funding within the wider BCF Plan which has specific conditions to adhere to, namely that any funding must support additional discharges from hospital settings. This has been agreed in collaboration between Health and Social Care and details of the schemes are contained within Annex A.

4.8 Beyond this, areas have flexibility in how the fund is spent over Health, Social Care and housing schemes or services, but need to agree outcomes and ambitions which build upon the output from 2022/23 performance. This is achieved via metrics and expected outcomes per scheme. The metrics are confirmed below:

- Avoidable Admissions – this metric indicates the number of hospital admissions we aim to avoid with preventative actions.
- Falls – this metric shows the ambition to reduce the number of hospital admissions due to a fall for over 65 year olds.
- Discharge to usual pace of residence – this metric shows the ambition for volume of discharges returning to their own homes.

- Residential Admissions – this metric shows the ambition to reduce the amount of people who are discharged from acute settings into a care home.
- Reablement – this metric shows the ambition to keep people at home following a hospital discharge with reablement support.

In addition, the planning template also includes expected outputs from each BCF scheme. Further details are shown in Annex A.

## **5. Issues and Choices**

---

- 5.1 To improve on the governance of the BCF administration, a Service Manager for the Better Care Fund has been appointed.
- 5.2 A BCF Executive Board has been established and have agreed a set of terms of reference for the board and the boards that sit underneath it. They are a BCF Delivery Board and a BCF Data and Finance Board.
- 5.3 The Executive Board consists of senior staff from WNC and the ICB as decision makers and Northamptonshire Healthcare NHS Foundation Trust and Northampton General Hospital NHS Trust in an advisory capacity. The Executive Board will meet monthly.
- 5.4 Each of the BCF schemes will have a scheme manager appointed that will have the responsibility of completing a review form for their scheme and maintaining a risk log. The risk logs will be monitored by the Delivery Board and escalated to the Executive Board as required.
- 5.5 New schemes being proposed will submit a proposal form and if given approval to proceed, the appointed scheme manager will develop the scheme project plan.

## **6. Implications (including financial implications)**

---

### **6.1 Resources and Financial**

- 6.1.1 BCF finances are already agreed for 23-25 and are included in the BCF Plan. The finances will be monitored by the Executive Board and any risks associated with finance, such as increased demand, will be entered into the risk register and escalated to the HWB where required.
- 6.1.2 Both ICB and WNC finance colleagues contribute to finance monitoring reports.

### **6.2 Legal**

- 6.2.1 The Health and Wellbeing Board has overall responsibility for ensuring the integration of health and care functions within their localities and it is a requirement of the BCF that local plans are agreed by HWB's. They have statutory ownership of the BCF and have overall accountability for the delivery of the BCF plan and for agreeing high level commissioning intentions. They have a statutory duty to encourage integrated working between commissioners and oversee the strategic direction of the BCF and the delivery of better integrated care. They are responsible for gaining system-wide buy-in to the Better Care Plan, which sets out the broad commissioning intentions for the use of the BCF.

### **6.3 Risk**

- 6.3.1 The Executive Board will maintain the overall BCF risk register and escalate risks to the HWB as required. Each scheme will have its own risk log.

## 6.4 **Consultation**

6.4.1 The BCF plans included consultation with the ICB, Northamptonshire Healthcare NHS Foundation Trust and Northampton General Hospital NHS Trust

## 6.5 **Consideration by Overview and Scrutiny**

6.5.1 tbc

## 6.6 **Climate Impact**

6.6.1 No climate impact.

## 6.7 **Community Impact**

6.7.1 The aims of the BCF are to support people to remain independent for longer and reduce the risk of hospital and care home admission. Where people do need a hospital admission, the services funded and monitored by the BCF, are there to reduce length of stay and support people to get back and remain at home for as long as possible.

## 7. **Background Papers**

---

7.1 West Northamptonshire BCF Planning Template

7.2 West Northamptonshire BCF Narrative Plan

7.3 BCF Executive Board Terms of Reference

7.4 BCF schemes, actions and risk log

7.5 BCF Project Plan Template