

Better Care Fund: Executive Board Terms of Reference

1 Background

The Better Care Fund (BCF) programme supports local systems to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.

Launched in 2015, the programme established pooled budgets between the NHS and local authorities, aiming 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 integrated care systems (ICSs)
- Disabled facilities grant – local authority grant
- Social care funding (improved BCF) – local authority grant
- Winter pressures grant funding – local authority grant.

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:

- Enable people to stay well, safe and independent at home for longer
- Provide people with the right care, at the right place, at the right time

The BCF achieves this by requiring integrated care boards (ICBs) and local government to agree a joint plan, owned by the health and wellbeing board (HWB), governed by an agreement under section 75 of the NHS Act (2006). This continues to provide an important framework in bringing local NHS services and local government together to tackle pressures faced across the health and social care system and drive better outcomes for people. 94% of local areas agreed that joint working had improved as a result of the BCF in 2021 to 2022.

2.0 BCF objectives and priorities for 2023 to 2025

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:

1. A jointly agreed plan between local health and social care commissioners, signed off by the HWB
2. Implementing BCF policy objective 1: enabling people to stay well, safe and independent at home for longer
3. Implementing BCF policy objective 2: providing the right care, at the right place, at the right time
4. 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.

3.0 Funding

Details for the minimum contributions to the BCF for 2023 to 2025 are set out below. This includes the additional £1.6 billion funding for supporting hospital discharge.

Minimum contributions to the BCF in 2023 to 2024 and 2024 to 2025		
BCF funding contributions	2023 to 2024 (£m)	2024 to 2025 (£m)
Minimum NHS contribution	4,759	5,029
Improved Better Care Fund (iBCF)	2,140	2,140 (TBC)
Disabled Facilities Grant (DFG)	573	573
Discharge funding	600	1,000
Grand total	8,072 (+4.6%)	8,741 (+8.3%)

3.1 The flexibility of local areas to pool more funding than the mandatory amounts will remain.

3.2 Minimum NHS contribution from the integrated care board

RNF 2023/24 (£'000)	RNF 2024/25 (£'000)	Total ICB contribution 2023/24 (£'000)	Total ICB contribution 2024/25 (£'000)
17133	18103	57664	60928

3.3 West Northamptonshire

RNF 2022/23 (£'000)	RNF 2023/24 (£'000)	RNF 2024/25 (£'000)	Total ICB contribution by LA 2022/23 (£'000)	Total ICB contribution by LA 2023/24 (£'000)	Total ICB contribution by LA 2024/25 (£'000)
8719	9213	9734	29346	31007	32762

4.0 Health and Wellbeing Board

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. The HWB is a committee of WNC and include lead members and chief officers from WNC and health and social care system, HWB's are accountable to elected members and ultimately to the electorate.

5.0 Purpose and Duties

The purpose of the BCF Executive Board is to ensure appropriate and effective governance arrangements are in place to support the BCF and to make recommendations to the Health and Wellbeing Board. The Board will act as the single health and wellbeing commissioning body for West Northamptonshire and will:

- Oversee the use of the BCF in West Northamptonshire
- Sign off their organisation's contribution to the BCF s75 Agreement
- Sign off or challenge reporting from the BCF Delivery Group (including risks to the national conditions being met)
- Engage with other governance boards to ensure consistency of decision making
- Reconcile differences in opinion and approach, and resolve disputes arising from them

- Make decisions relating to decommissioning or commissioning of services in relation to the BCF
- Determine scheme priorities and reallocate financial resources as required
- Determine the use of unallocated financial resources
- Agree any financial risk sharing agreements
- Address any issue that has major implications for the fund
- Monitor the progress of the BCF plan
- Direct any recovery plans that may be needed
- Ensure that commissioning decisions are the result of consultation and engagement with the key people involved in all aspects of the function of delivering joined up health and social care
- Promote positive risk taking
- Promote the joint commissioning of services
- Promote Co-production of BCF schemes:
 - I. Co-design, including planning of services
 - II. Co-decision making in the allocation of resources
 - III. Co-delivery of services, including volunteers
 - IV. Co-evaluation of the service

6.0 Core Members

- Director of Adult Social Care: West Northamptonshire Council – Chair
- Assistant Director of Commissioning and Performance: West Northamptonshire Council
- Assistant Director Discharge to Assess Services: West Northamptonshire Council
- Strategic Finance Business Partner: West Northamptonshire Council
- Chief Finance Officer: NHS Northamptonshire Integrated Care Board
- Director of Commissioning: NHS Northamptonshire Integrated Care Board
- Primary Care representative
Director: Northamptonshire Healthcare NHS Foundation Trust
- Chief Operating Officer: Northampton General Hospital NHS Trust

7.0 Accountability

As legal recipients of the funding, ICBs and LAs are the accountable bodies for the respective elements of the BCF allocated to them, and therefore responsible for ensuring the appropriate use of the funds. Only the ICB and WNC directors are decision makers. This means that they retain responsibility for spending decisions and monitoring the proper expenditure of the funding in accordance with the approved plan and their general duties. Provider representatives will attend in an advisory role.

8.0 Frequency of meetings

Monthly for 23-24.

9.0 Quorate

One director from WNC and one director from the ICB.

10.0 BCF Delivery Board

The BCF Executive Board is underpinned by the BCF Delivery Board. The BCF Delivery Board are responsible for the following:

- To agree and put forward new schemes to the BCF Executive Board focused on achieving the national BCF objectives
- To make recommendations to the BCF Executive Board relating to commissioning and decommissioning of services in relation to the BCF
- Review the effectiveness of existing schemes and adherence to achieving the national objectives
- Sign off BCF returns
- Monitor and review scheme risk registers
- Agree and rate risks for the BCF as a whole and forward to the Executive Board for approval
- Monitor progress and escalate issues to the BCF Executive Board as appropriate
- Nominate a representative when not able to attend
- The Board is responsible for overseeing financial and performance monitoring to ensure compliance with national conditions
- Support the development of the BCF annual plan

10.1 Frequency of BCF Delivery Board meetings

Monthly

10.2 BCF Delivery Board Members

- BCF Service Manager – chair
- WNC finance
- WNC performance/data
- WNC commissioner/manager or provider side
- ICB reps
- Provider reps
- Health Watch
- Carer's groups representatives
- Scheme Managers for reporting and presenting new scheme proposals

11 Scheme Managers

Each programme that sits under the BCF should be allocated a scheme manager. This includes new schemes being proposed. Scheme Managers will have the following responsibilities:

- Complete new scheme proposal forms
- Complete and update scheme project plan
- Report to the BCF delivery group
- Take responsibility for ensuring the schemes are working to their full potential in achieving the national objectives
- Support accurate data collection

- Maintain a scheme risk register and update it for each delivery group meeting
- Nominate representative when not able to attend
- Provide information and data for the scheme review
- 360⁰ review from partner services (what are they like to work with)

12 BCF Data Quality and Finance Group

Supporting the BCF Operational Group and Executive Board are the BCF Data Quality and Finance group. The group will have the following responsibilities:

- Agree where data will come from for BCF returns
- Agree and develop a data quality improvement plan (DQIP)
- Involved in all new schemes to agree how data will be collected, reported on and when, as part of the new scheme proposal form
- Named individual leads for data responsibility – accountable person
- Timescales for data reporting
- Escalation routes where data is not provided in a timely way
- Report into the BCF delivery group
- All members to ensure they have access to ‘The Better Care Exchange’, understand fully what is required of them, to actively work at improving their own processes/knowledge of BCF and sign themselves up to the BCF discussion forum.
- Each member to have a support system in place from their own organisation.
- Each member to ensure there is adequate cover for them in the event of annual leave or sickness for reporting purposes.
- A clear process to be agreed for new additions to the template (e.g. new metrics, templates, data requirements).
- Monthly dataset from all parties that covers the required data in a simple format that requires minimal manual intervention.
- Monitor the BCF finance, support the BCF returns and escalate concerns to the BCF Delivery Board and BCF Executive Board
- Support the developments around finance for new scheme proposals.

12.1 Frequency of BCF data Quality and Finance Group meetings

tbc

12.2 BCF Data Quality and Finance Group membership

tbc