

West Northamptonshire Health and Wellbeing Board  
30 September 2021

Report Title	Better Care Fund update
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**Appendix 1: Draft of proposed schemes**

**1. Purpose of Report**

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- 1.1. To update the Health and Wellbeing Board on the Better Care Fund (BCF) policy statement for 2021/22 published on 19 August 2021 and progress to developing the Better Care Fund plan for 2021/22.

**2. Executive Summary**

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- 2.1 The Better Care Fund (BCF) is one of the government's national vehicles for driving health and social care integration. It requires clinical commissioning groups (CCGs) 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 response to the COVID-19 pandemic has demonstrated how joint approaches to the wellbeing of people, between health, social care and the wider public sector can be effective even in the most difficult circumstances. With the ongoing pressures in systems, the government has confirmed there will be minimal change to the BCF in 2021/22. The 2021/22 Better Care Fund policy framework aims to build on progress during the COVID-19 pandemic, strengthening the integration of commissioning and delivery of services and delivering person-centred care, as well as continuing to support system recovery from the pandemic.
- 2.3 The non-elective admissions metric is being replaced by a metric on avoidable admissions. This reinforces the focus of joint health and social care work to support people to live independently in their own home and prevent avoidable stays in hospital. Wider work on the metrics for the BCF programme will continue in 2021/22 to consider improvements to data collection and the relationship with the development of Integrated Care Systems.
- 2.4 The policy framework, published on 19 August 2021, confirms the conditions and funding for the BCF in 2021/22.
- 2.5 The iCAN programme continues to progress and the intention is to align the deliverables and activities closely to the BCF programme.

- 2.6 The BCF pooled budget schemes are currently being finalised and consolidated to better reflect alignment to the iCAN programme.
- 2.7 NHS England/Improvement (NHSE/I), have formally confirmed their support for the system to commission the external delivery partner, enabling the appointment of Newton Europe as the preferred partner.
- 2.8 The contract with Newton Europe is held by West Northamptonshire Council on behalf of the health and care system. The financial transactions with the external delivery partner will be routed through the BCF pooled budget, corresponding income to fund the external delivery partner will be received as income from constituent partners into the fund to pay against the payment milestones agreed with the delivery partner.
- 2.9 North Northamptonshire Council are acting as hosts for the Better Care Fund pooled budget on behalf of both unitary councils.
- 2.10 An iCAN Programme Director, Kim Curry, has been appointed on behalf of the system and started on the 13<sup>th</sup> September 2021.

### **3. Recommendations**

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- 3.1 It is recommended that the West Northamptonshire Health and Wellbeing Board:
- a) Delegate final approval of the financial plan to the Chair/Deputy Chair in consultation with a nominated representative from Northamptonshire Clinical Commissioning Group and West Northamptonshire Council
  - b) Note that the updated BCF policy statement for 2021/22 is largely similar to prior years and that the narrative plan does not require re-drafting or re-submission
  - c) Note that detailed plans once refreshed will need to be submitted for assurance to NHS England
  - d) Note that West Northamptonshire Council and North Northamptonshire Council are currently undertaking a review of the schemes to better align the BCF to the Integrated Care Across Northamptonshire (iCAN) programme and these proposals will be presented to the Northamptonshire Clinical Commissioning Group (CCG), prior to sign-off as set out in recommendation 3.1a above
  - e) Note that the mechanism for paying the iCAN delivery partner will be via the BCF pool, however the funding of those payments will need to be matched by corresponding income from constituent partners to pay the delivery partner against agreed milestones
- 3.2 **Reason for Recommendations**
- 3.3 Whilst the BCF policy statement has been updated, other than publishing of the uplifted amounts there have been no further updates published regarding planning guidance.
- 3.4 The council constitution allows for working groups to be put in place to action activity in between Health & Wellbeing meetings providing sufficient governance to enable recommendation (a) as set out in paragraph 3.1 to undertake this activity utilising appropriate delegation.
- 3.5 The option proposed ensures that there are no significant delays within submission of the BCF plan

## 4. Report Background

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### 4.1 The Better Care Fund

4.2 The Better Care Fund (BCF) is one of the government's national vehicles for driving health and social care integration. It requires clinical commissioning groups (CCGs) 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).

4.3 The response to the COVID-19 pandemic has demonstrated how joint approaches to the wellbeing of people, between health, social care and the wider public sector can be effective even in the most difficult circumstances. With the ongoing pressures in systems, the government has confirmed there will be minimal change to the BCF in 2021/22. The 2021/22 Better Care Fund policy framework aims to build on progress during the COVID-19 pandemic, strengthening the integration of commissioning and delivery of services and delivering person-centred care, as well as continuing to support system recovery from the pandemic.

4.4 The non-elective admissions metric is being replaced by a metric on avoidable admissions. This reinforces the focus of joint health and social care work to support people to live independently in their own home and prevent avoidable stays in hospital. Wider work on the metrics for the BCF programme will continue in 2021/22 to consider improvements to data collection and the relationship with the development of Integrated Care Systems.

### 4.5 Funding

4.6 The policy framework, published on 19 August 2021, confirms the conditions and funding for the BCF in 2021/22.

**Table 1: minimum contributions to the BCF in 2021 to 2022 nationally**

<b>BCF funding contributions</b>	<b>2021 to 2022 (£ million)</b>
<b>Minimum NHS (CCG) contribution</b>	4,263
<b>Improved Better Care Fund (iBCF)</b>	2,077
<b>Disabled Facilities Grant (DFG)</b>	573
<b>Total</b>	6,913

4.7 The policy framework published on 19 August 2021 confirms the conditions and funding for the BCF in 2021/22. Accompanying planning guidance has yet to be published, which will impact on finalisation of BCF plans.

#### 4.8 NHS CCG minimum contribution to the BCF

4.9 Locally, the minimum CCG contribution to the BCF and respective changes between prior years are as follows:

2020/21 minimum BCF contribution to LA		2019/20 BCF			2020/21 BCF			% change from 2019/20		
Equal growth for LAs within a merged CCG		1,222,187	2,621,313	3,843,500	1,287,147	2,760,636	4,047,783	5.3%	5.3%	5.3%
	Local Authority (upper tier)	Funding from CCG based on RNF (£'000)	CCG other than based on RNF (£'000)	Total funding from CCG (£'000)	Funding from CCG based on RNF (£'000)	CCG other than based on RNF (£'000)	Total funding from CCG (£'000)	Funding from CCG based on RNF (£'000)	CCG other than based on RNF (£'000)	Total funding from CCG (£'000)
LA151	(151 LAs in 2019)									
E10000021	Northamptonshire	13,837	32,555	46,392	14,572	34,368	48,940	5.3%	5.6%	5.5%

4.10 The National Health Service Act 2006 ('the NHS Act') gives NHS England the powers to attach conditions to the amount that is part of CCG allocations.

4.11 NHS England will consider conditions (including those that allow for recovery of funding), in consultation with the Department of Health and Social Care and the Ministry of Housing, Communities and Local Government where the national conditions are not met. These powers do not apply to the amounts paid directly to local authorities from government. The expectation remains that, in any decisions around BCF plans and funding, ministers from both departments will be consulted.

4.12 The government is keeping under review further support for the COVID-19 response and recovery, including funding for the hospital discharge policy. We expect initial BCF plans to be submitted by September. Final BCF spending plans for the second half of the year should consider future funding decisions relating to the hospital discharge policy. Plans will need to continue to meet the conditions of the fund.

4.13 The flexibility of local areas to pool more than the mandatory amount will remain.

4.14 As in previous years, the NHS contribution to the BCF will still include funding to support the implementation of the Care Act 2014, which will be set out via the Local Authority Social Services Letter.

4.15 Funding previously earmarked for reablement and for the provision of carers' breaks also remains in the NHS contribution.

#### 4.16 Disabled Facilities Grant (DFG)

4.17 Funding for the DFG in 2021 to 2022 is £573 million nationally. Locally, this funding translates as follows:

Organisation-name	DFG £
North Northamptonshire Council	4,513,005
West Northamptonshire Council	2,255,260

4.18 DFG This was paid to local government via a section 31 grant in May 2021. The DFG capital grant must be spent in accordance with an approved joint BCF plan, developed in keeping with this policy framework and the planning requirements.

#### 4.19 Improved Better Care Fund (iBCF) funding

4.20 The total allocation of the iBCF in 2021 to 2022 is £2.077 billion nationally. The iBCF grant was paid to local government via a section 31 grant in May 2021. This

funding does not replace, and must not be offset against, the NHS minimum contribution to adult social care.

4.21 The local allocations of iBCF funding are as follows:

<b>Organisation-name</b>	<b>iBCF £</b>
<b>North Northamptonshire Council</b>	<b>11,184,632</b>
<b>West Northamptonshire Council</b>	<b>9,772,993</b>

4.22 **BCF national conditions and metrics for 2021/22**

The national conditions for the BCF in 2021/22 are:

1. a jointly agreed plan between local health and social care commissioners, signed off by the HWB
2. NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution
3. invest in NHS-commissioned out-of-hospital services
4. a plan for improving outcomes for people being discharged from hospital

4.23 **National condition 1: a jointly agreed plan between local health and social care commissioners and signed off by the HWB**

4.24 The local authority and CCGs must agree a plan for their local authority area that includes agreement on use of mandatory BCF funding streams. The plan must be signed off by the HWB.

4.25 BCF plans should set out a joined-up approach to integrated, person-centred services across local health, care, housing, and wider public services. They should include arrangements for joint commissioning, and an agreed approach for embedding the current discharge policy in relation to how BCF funding will support this.

4.26 **National condition 2: NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution**

4.27 The 2020 spending round confirmed the CCG contribution to the BCF will rise in actual terms by 5.3% to £4,263 billion. Minimum contributions to social care will also increase by 5.3%. The minimum expectation of spending for each HWB area is derived by applying the percentage increase in the CCG contribution to the BCF for the area to the 2020 to 2021 minimum social care maintenance figure for the HWB.

4.28 HWBs should review spending on social care, funded by the CCG contribution to the BCF, to ensure the minimum expectations are met, in line with the national condition.

4.29 Due to Local Government Reform (LGR) in Northamptonshire, the NHS contribution to adult social care was still stated at a Northamptonshire level, with disaggregation principles then applied to apportion the respective allocations for North and West agreed locally. The 5.3% increase is set out in the table at paragraph 4.8 of this report.

4.30 **National condition 3: invest in NHS commissioned out-of-hospital services**

4.31 BCF narrative plans should set out the approach to delivering this aim locally, and how health and local authority partners will work together to deliver it.

- 4.32 Expenditure plans will show the schemes that are being commissioned from BCF funding sources to support this objective.
- 4.33 The following chart sets out the funds ring fenced for NHS out of hospital commissioned services.

**BCF revenue funding from CCGs ring-fenced for NHS out of hospital commissioned services £000s**

	2019/20	2020/21
Clinical Commissioning Group (135 CCGs)	Ringfenced out of hospital funding from CCGs £000	Ringfenced out of hospital funding from CCGs £000
NHS Northamptonshire CCG	12,896	13,604

- 4.34 **National condition 4: plan for improving outcomes for people being discharged from hospital**
- 4.35 This national condition requires areas to agree a joint plan to deliver health and social care services that support improvement in outcomes for people being discharged from hospital, including the implementation of the hospital discharge policy, and continued implementation of the High Impact Change Model for Managing Transfers of Care.
- 4.36 Reporting of Delayed Transfers of Care was suspended in March 2020 and replaced with a situation report that reflects the revised hospital discharge policy. This data is currently only available nationally in an aggregated form at acute trust level. In 2021/22, performance on discharge at a HWB footprint will be monitored using data collected from hospital systems through the NHS Secondary Uses Service (SUS) and used to inform support offers to systems.

The joint BCF plan should focus on improvements in the key metrics below:

1. reducing length of stay in hospital, measured through the percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days
2. improving the proportion of people discharged home using data on discharge to their usual place of residence

Further details on measuring discharge will be set out in the BCF planning requirements. Health and social care partners should continue to use the daily situation report data (using the published discharge information for 2021/22) to understand progress in implementing effective discharge, and work with acute hospitals to identify information at local authority level and ensure discharge reporting is integrated into electronic patient records.

**4.37 Metrics**

- 4.38 Beyond this, areas have flexibility in how the fund is spent over health, care and housing schemes or services, but need to agree ambitions on how this spending will improve performance against the following BCF 2021/22 metrics:
  - Discharge Indicator set
  - Avoidable admissions to hospital

- Admissions to residential and care homes
  - Effectiveness of reablement
- 4.39 Plans under national condition 4 (discharge) should describe how HWB partners will work with providers to improve outcomes for a range of discharge measures, covering both reductions in the time someone remains in hospital, and effective decision making and integrated community services to maximise a person's independence once they leave hospital.
- 4.40 Systems will be asked to set expectations for reductions in avoidable admissions (classified as the rate of emergency admissions for ambulatory sensitive conditions) and for metrics related to discharge from quarter 3.
- 4.41 Further details will be set out in the planning requirements.
- 4.42 **Planning and assurance of BCF plans for 2021/22**
- 4.43 Plans will be developed locally in HWB areas by the relevant local authority and CCGs. Areas should look to align with other strategic documents such as plans for integrated care systems, and with wider programmes such as Ageing Well. BCF partnerships will need to submit a planning template, signed off by the HWB, that briefly sets out key changes to the BCF since 2020/21, taking the COVID-19 pandemic into consideration. Plans will be assured and moderated regionally. There will be one round of assurance after which, plans deemed compliant by assurers at regional level will be put forward for approval. Further information will be set out in the BCF planning requirements for 2021/22.
- 4.44 As the accountable body for the NHS element of the BCF, NHS England will focus its oversight on approval and permission to spend from the CCG ring fenced contribution particularly on plans linked to national condition 4, having consulted the respective Secretaries of State for Health and Social Care and Housing, Communities and Local Government.
- 4.45 Local authorities are legally obliged to comply with section 31 grant conditions.
- 4.46 **The BCF review**
- 4.47 In 2018, and as part of the NHS Long Term Plan, the government committed to a review of the functioning and structure of the BCF to make sure it supported the integration of health and social care. The review included extensive stakeholder engagement and a review of evidence of the fund's performance, to better understand how the BCF impacted integration and to seek views on the future direction of the fund.
- 4.48 The review concluded that:
- the BCF as a mandated pooled budget scheme has been effective in encouraging and incentivising areas to work together more effectively, with 93% of areas saying that the BCF had improved joint working in their locality
  - feedback from local areas suggested an imbalance between the NHS and local government influence, and that the mixed objectives and lack of effective measurements of integration had led to some confusion over aims of the BCF.

4.49 The review recommendations included that:

- a fund should continue, as any attempt to remove or dismantle it would be a clear backward step on integration
- the NHS contribution to social care from the fund should be maintained
- there should be more clarity around the fund's policy aims and objectives. This is likely to be explored over the course of 2021 to 2022 with a view to incorporating changes in future years

4.50 The response to the COVID-19 pandemic has demonstrated how joint approaches between health, social care, and the wider public sector, can help to improve the wellbeing of people even in the most difficult of circumstances. The government is keen to ensure those positive changes are built upon while also recognising that areas are at different stages of their journey towards better joint working.

4.51 While the BCF in 2021 to 2022 remains largely unchanged from previous years, to support ongoing response and recovery to COVID-19, the government recognises that upcoming changes on the horizon, such as the proposals set out in the Health and Care Bill, will likely impact longer-term system thinking and planning. The government will work with stakeholders to ensure future BCF arrangements support the proposals in the Health and Care Bill, outcomes from the Spending Review and explore with NHS England options to introduce incentives linked to improved discharge outcomes in each area, supporting local accountability for outcomes.

4.52 Future iterations of the BCF may require local areas to consider their response to upcoming changes as part of their strategic planning. This could take the form of:

- setting out an approach to integrated or joint commissioning, including developing a shared view of demand and capacity
- plans to help prevent the need for long-term services and to keep people out of hospital and independent in their own homes for as long as possible
- plans on how to stimulate the market, approaches to workforce management and development of asset based and community approaches to pricing to support delivery of quality and value in a sustainable market
- consideration of the guidance in:
  - the joint [Local Government Association \(LGA\) and NHS Clinical Commissioners guide to Integrated Commissioning for Better Outcomes](#)
  - the [Institute of Public Care's guidance on place-based market shaping](#) (produced in consultation with government, the LGA, the Association of Directors of Adult Social Services (ADASS) and the Care Provider Alliance)
  - the conclusions in the [Care Quality Commission's Beyond Barriers report](#)

4.53 Local areas are not required to set out this detail in their 2021/22 BCF plan but may wish to do so in preparing the ground for greater integration and future BCF plans.

4.54 Details of the draft proposed schemes are shown in appendix 1.

#### 4.55 **Integrated Care Across Northamptonshire (iCAN)**

4.56 The programme continues to progress with an external partner appointed to support the system in the delivery of the programme.

4.57 Further information on the programme is available in the background reading papers

- 4.58 The contract for the delivery partner will be held by West Northamptonshire Council, however payments will be processed via the BCF pooled budget.
- 4.59 Corresponding income from constituent partners will need to be sufficient to cover the costs of milestone payments to the delivery partner.

## **5. Issues and Choices**

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- 5.1 At the point of publishing this report, discussions around the various schemes and financial allocations to those schemes are still ongoing within the local system.
- 5.2 In order to ensure that formal sign-off of the Better Care Fund plan is not delayed until the next Health and Wellbeing Board in December 2021, it is proposed that formal sign-off on behalf of the board be undertaken by a representative of the two statutory organisations, Northamptonshire CCG and West Northamptonshire Council, and either the chair or deputy chair of the Health and Wellbeing Board and the final plan be submitted to Health and Wellbeing Board in December 2021 for noting.

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

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### **6.1 Resources and Financial**

- 6.1.1 There remains ongoing work to determine proposed allocation of BCF funding against schemes.

### **6.2 Legal**

The council constitution makes provision for working groups to undertake activity on behalf of the board

### **6.3 Risk**

- 6.3.1 Due to the tight timescales and gaps between HWB it will be necessary to convene a separate group to finalise sign-off of the final BCF plan, otherwise there is a reputational risk and risks related to costs of delivering services due to not being able to release BCF funds until the plan has been signed off.

6.3.2

### **6.4 Consultation**

- 6.4.1 No consultation was required

### **6.5 Consideration by Scrutiny**

- 6.5.1 This report has not been considered by scrutiny. However, a full update on iCAN is being given at the WNC People's Scrutiny on the 21<sup>st</sup> September 2021.

### **6.6 Climate Impact**

- 6.6.1 There are no know direct impacts on the climate because of the matters referenced in this report.

### **6.7 Community Impact**

- 6.7.1 There are no distinct populations that are affected because of the matters discussed in this report, however those that access care and health services more frequently than

the general population will be impacted more by any improvements associated with activity undertaken

## **7. Background Papers**

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- 7.1 Northamptonshire Health and Wellbeing board 24 September 2021 Better Care Fund and iCAN programme update: [Health and Wellbeing Board Front Sheet \(northamptonshire.gov.uk\)](https://www.northamptonshire.gov.uk/health-and-wellbeing-board-front-sheet)
- 7.2 Northamptonshire Health and Wellbeing board 24 September 2021, Appendix 1: iCAN programme update: [Transformation programme \(northamptonshire.gov.uk\)](https://www.northamptonshire.gov.uk/transformation-programme)
- 7.3 Northamptonshire Health and Wellbeing board 24 September 2021, BCF Plan 2020/2021 Sign off: [Health and Wellbeing Board Front Sheet \(northamptonshire.gov.uk\)](https://www.northamptonshire.gov.uk/health-and-wellbeing-board-front-sheet)

**Appendix 1: Draft of proposed schemes (spend to be agreed)**

BCF Theme	Scheme Name	Brief Description of Scheme	Commissioner	Provider	Source of Funding
Keeping more people well and out of Hospital	Carers Support Services WNC Contract	Council Contracted Service hosted by North Northants on behalf of both Councils - carers support commissioned through Northamptonshire carers - support, advice, assessments and breaks and respite	LA (WNC)	Charity / Voluntary Sector	Care Act - Minimum CCG Contribution
Care closer to home	ICAN Transformation Team - community Resilience	Team of expert internal and external resource and subject matter expertise to support Community Resilience a best practice redesign of pathways, processes and service with a greater focus on early intervention and support in the community. Includes the development of KPIs and outcome monitoring against outcomes contract. team of 6.5 WTE consultants and experts across 18 month programme	LA (WNC)	Private Sector	Health providers additional funding £5.4m in 2021-22
Care in a crisis	ICAN Transformation Team - Acute Grip and Flow	Team of expert internal and external resource and subject matter expertise to support the transformation of acute hospital patient management and reduce lengths of stay including development of improved decision making in acutes, less risk averse actions and working with community teams to support earlier safe discharges, evidence informed discharge and the adoption of the "reason to reside" checks and central point of access to manage efficient processes team of 6 WTE consultants and experts across 18 month programme	LA (WNC)	Private Sector	base budget funding health partners
Care closer to home	Integrated Discharge Teams	WNC - all Hospital assessment staff - budget to cover all staff that support discharge processes and in hospital assessments	LA (WNC)	Local Authority	Minimum CCG Contribution
Keeping more people well and out of Hospital	ICAN Transformation Team - Frailty, Escalation and Front Door	Team of expert internal and external resource and subject matter expertise to support the development of the frailty hubs at the front door, oversee the implementation of frailty models and risk assessment at all parts of the system, Same day access services and treatment, training and new ways of working and sharing patient data to avoid unnecessary admissions. team of 5 WTE consultants and experts across 18 month programme	LA (WNC)	Private Sector	Health providers additional funding in 2021-22
Care closer to home	Specialist Care Centres (SCC) Step and Step Down - Turn Furlong	Two Specialist Care Centres (SCCs) one West and one North provide 52 beds at each centre with a mix of Nursing rehabilitation and general reablement and Rehab beds that allow people to receive short term care, therapy and support to either avoid them being admitted to hospital (step up) or recover following a hospital admission (step down) before returning home to their normal place of residence	LA (WNC)	Local Authority	Minimum CCG Contribution
Care closer to home	Telecare and Assistive technology	Assistive technology and call lifelines designed to help keep people safe in their home through remote monitoring and crisis call alarm and response services to support independent safe living	LA (WNC)	Local Authority	iBCF
Keeping more people well and	Community Equipment (Social Care)	Council contract - West Host Contract on behalf of Northants and CCG - provision of universally available equipment and minor adaptations to support both health	LA (WNC)	Local Authority	Base Budget - WNC & NNC Contribution

out of Hospital		and social care needs and designed to help maintain people in their own homes			
Care closer to home	Community Reablement Team	West Reablement Team - managing hospital discharges home with support and short term reablement and community based reablement episodes for those recovering from hospital stay or crisis and needing support to return to independence	LA (WNC)	Local Authority	Minimum CCG Contribution
Care closer to home	Older People's Mental Health / Dementia Intermediate Care	Holistic Intermediate Care Team (HICT) service - This is a specialist domiciliary care community reablement service for older people with Mental Health needs. This service is delivering to people within their own homes. It forms part of a pathway for Older People with MH needs who have been in hospital, have had their clinical needs met but who would otherwise be delayed, because of their mental health conditions	LA (WNC)	Local Authority	Minimum CCG Contribution
Keeping more people well and out of Hospital	Community Occupational Therapy	WNC - Community Occupational Therapy Teams - The occupational therapy team provide post hospital recovery support, rehabilitation, adaptations assessment. They also respond to community referrals from GPs and families for post falls support and/or adaptation assessments where there is a concern about the person mobility or risk of falls.	LA (WNC)	Local Authority	Minimum CCG Contribution
Keeping more people well and out of Hospital	Disabled Facilities Grants	WNC - The DFG provides funding through local councils to make adaptations to a person's home if they are disabled or need to make changes to accommodate changes required to ensure mobility or safety, for example to: <ul style="list-style-type: none"> <li>• widen doors and install ramps</li> <li>• improve access to rooms and facilities - e.g. stair lifts or a downstairs bathroom</li> <li>• Provide a heating system to meet needs.</li> </ul> These adaptations help to ensure people can remain in their own homes safely for longer.	LA (WNC)	Local Authority	DFG
Keeping more people well and out of Hospital	Clinical cover for SCCs	WCC - provider and quality support - T GP & Pharmacy cover across the three specialist care centres plus Southfields care home to support primary care, prescriptions and support for interim placements and avoid care home admissions.	LA (WNC)	Local Authority	iBCF
High quality & specialist care	Safeguarding (Assurance) Teams	WNC quality and safeguarding team responsible for monitoring the quality of Care home providers, supporting providers who face embargo or quality issues to remain in operation and support for improvement schemes to reduce care home or provider admissions to hospital	LA (WNC)	Local Authority	Care Act - Minimum CCG Contribution
High quality & specialist care	Commissioning & Intelligence Capacity	Provision of commissioning capacity and expertise to support accelerated market development, options and services in order to support future need. Also supports the WNC social care intelligence hub that supports evidence based commissioning and data to support service development and monitoring.	LA (WNC)	Local Authority	Minimum CCG Contribution
Care in a crisis	Demographic and care cost pressures	Ongoing underlying care cost pressures (volume, complexity and cost increases to meet needs) sustained from previous years increased demand, discharges and long term costs of care on discharge	LA (WNC)		iBCF
Care closer to home	Domiciliary Care	Council - combined schemes 29 & 14 for Dom Care - underlying pressure and provision for	LA (WNC)	Private Sector	iBCF

		additional Dom care provision covering the increased hours of care and complexity coming from hospital discharges.			
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