

West Northamptonshire Health and Wellbeing Board

9th December 2021

Report Title	Better Care Fund Update
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List of Appendices

Appendix 1: Proposed Schemes

Appendix 2: Narrative to support BCF schemes

1. Purpose of Report

- 1.1. To update the Health and Wellbeing Board on the Better Care Fund (BCF) 2021/22 plan for West Northants including schemes following the report on the 30th September 2021.

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 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 policy framework, published on 19 August 2021, confirmed the conditions and funding for the BCF in 2021/22 which are reflected in the submission.
- 2.3 The BCF plan and schemes for 2021/22 has been submitted to comply with the statutory deadline as per the report on the 30th September 2021.
- 2.4 North Northamptonshire Council are acting as hosts for the Better Care Fund pooled budget on behalf of both unitary councils.

3. Recommendations

- 3.1 It is recommended that the West Northamptonshire Health and Wellbeing Board:
- a) Note that the final approval of the financial plan in conjunction with the Chair/Deputy Chair in consultation with a nominated representative from Northamptonshire Clinical Commissioning Groups and West Northamptonshire Council has been agreed as part of the delegated decision making agreed at the previous Health and Wellbeing Board on 30th September.
 - b) Note that detailed plans have been submitted NHS England for moderation.
 - c) Note that West Northamptonshire Council and North Northamptonshire Council have undertaken a review of the schemes to better align the BCF to the Integrated Care Across Northamptonshire (iCAN) programme and these proposals have been agreed with Northamptonshire Clinical Commissioning Groups (CCG's) as set out in recommendation 3.1a above.
 - d) 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 This is an update following the delegations agreed by the Health and Wellbeing Board at the last board meeting on the 30th September 2021. This option ensured that there were no significant delays with the submission of the BCF and was agreed as part of the West Northants Council Constitution in relation to decision making of the Health & Wellbeing Board.

4. Report Background

4.1 Funding

- 4.2 The policy framework, published on 19 August 2021, confirmed the conditions and funding for the BCF in 2021/22.
- 4.3 For West Northants the total funding for 2021/22 is £50,087,680 (please see Appendix A for the full breakdown).

4.4 **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

4.5 **National condition 1:**

A jointly agreed plan between local health and social care commissioners and signed off by the HWB has been completed and submitted.

4.6 **National condition 2:**

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

4.7 **National condition 3:**

Invest in NHS commissioned out-of-hospital services.

4.8 Expenditure plans in appendix 1 show the schemes that are being commissioned from BCF funding sources to support this objective.

4.9 Please see appendix 2 which sets out the approach to delivering this aim locally, and how health and local authority partners will work together to deliver it.

4.10 **National condition 4:**

Plan for improving outcomes for people being discharged from hospital.

4.11 Expenditure plans in appendix 1 show the schemes that are being commissioned from BCF funding sources to support this objective.

4.12 Please see appendix 2 which sets out the approach to delivering this aim locally, and how health and local authority partners will work together to deliver it.

There is a requirement that 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 are set out in the BCF planning requirements and reflected in the BCF narrative in appendix 2.

4.13 **Metrics**

4.14 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

4.15 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.

4.16 Systems have been 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.

4.17 Further details of this is set out in Appendix 2.

4.18 **Planning and assurance of BCF plans for 2021/22.**

4.19 This plan has been developed locally by the local authority and CCGs. This has been aligned with other strategic documents and plans including those of the ICS and wider programmes such as Ageing Well. The plan has been submitted for moderation to NHSE.

5. Issues and Choices

5.1 As per the delegation from the previous board the discussions with local partners to determine financial allocations was agreed and approved by the Chair of the Health and Wellbeing Board and lead officers from both West Northants Council and the CCG

6. Implications (including financial implications)

6.1 Resources and Financial

6.1.1 Please see appendix 1 for the final breakdown of schemes and financial allocation.

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 None

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 was presented at the WNC People's Scrutiny on the 21st September.

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.
