

West Northamptonshire Health and Wellbeing Board
8th December 2022

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| Report Title | Better Care Fund update |
| Report Author | Stuart Lackenby, Executive Director for Adults, Communities and Wellbeing, stuart.lackenby@westnorthants.gov.uk |

List of Appendices

None

1. Purpose of Report

- 1.1. To update the Health and Wellbeing Board on the National Health and Adult Social Care Discharge fund .

2. Executive Summary

- 2.1 On 22 September 2022, the government announced its Plan for Patients. This plan committed £500 million for the rest of this financial year, to support timely and safe discharge from hospital into the community by reducing the number of people delayed in hospital awaiting social care. The focus is on a 'home first' approach and discharge to assess (D2A)
- 2.2 This funding has been distributed to both local authorities and integrated care boards (ICBs) to pool into the local BCF. In line with usual BCF requirements, the use of both elements of this funding needs to be agreed between local health and social care leaders
- 2.3 The funding will be distributed in 2 ways, with 40% of the money (£200 million) distributed as a section 31 grant to local authorities and the remainder (£300 million) to ICBs. This is a direct response to the significant challenges faced by local NHS services and local authorities in relation to winter pressures. To maximise the impact of the fund, the allocation to ICBs will be targeted at the areas with the most significant discharge challenges.
- 2.4 The allocation for the ICS is £4,716,000 and the allocation for West Northamptonshire Council is £1,212,512
- 2.5 The funding is subject to several conditions and the initial spending plan needs to be submitted through the BCF programme no later than 16 December 2022.

3. Recommendations

- 3.1 It is recommended that the West Northamptonshire Health and Wellbeing Board:

- a) Delegate final approval of the initial spending plan to the Chair/Deputy Chair in consultation with a nominated representatives from Northamptonshire Integrated Care Board and West Northamptonshire Council to ensure compliance with the conditions set out by the Department of Health and Social Care

3.2 Reason for Recommendations

- 3.2.1 The details of the conditions of the fund as well as the deadline for submission of the proposed plan does not coincide with the planned Health and Wellbeing Board meetings
- 3.2.2 The council constitution allows for extraordinary meetings to be put in place to action activity in between Health & Wellbeing Boards providing sufficient governance to enable recommendation (a) as set out in paragraph 3.1 to be undertaken utilising appropriate delegation.

4. Report Background

4.1 Funding allocation

- 4.1.1 On 22 September 2022, the government announced its Plan for Patients. This plan committed £500 million for the rest of this financial year, to support timely and safe discharge from hospital into the community by reducing the number of people delayed in hospital awaiting social care. The focus is on a 'home first' approach and discharge to assess (D2A)
- 4.1.2 This funding has been distributed to both local authorities and integrated care boards (ICBs) to pool into the local BCF. In line with usual BCF requirements, the use of both elements of this funding needs to be agreed between local health and social care leaders
- 4.1.3 The allocation for the ICS is £4,716,000 and the allocation for West Northamptonshire Council is £1,212,512

4.2 Funding Conditions

- 4.2.1 Ministers have set specific conditions governing the use of this additional funding. The local authorities and ICB funding allocation should be pooled into local BCF section 75 agreements with plans for spend agreed by LA and ICB chief executives and signed off by the HWB under national condition 1 of the BCF
- 4.2.2 Funding allocated to ICBs should be pooled into HWB level BCF section 75 agreements. ICBs should agree the distribution of this funding with LAs in their area and confirm the agreed distribution to the BCF team (via the planning template)
- 4.2.3 Funding should only be used on permitted activities that reduce flow pressure on hospitals, including in mental health inpatient settings, by enabling more people to be discharged to an appropriate setting, with adequate and timely health and social care support as required
- 4.2.4 Funding should prioritise those approaches that are most effective in freeing up the maximum number of hospital beds and reducing the bed days lost within the funding available, including from mental health inpatient settings. Discharge to assess and provision of homecare is recognised as an effective option for discharging more people in a safe and timely manner. Residential care to meet complex health and care needs

may be more appropriate for people who have been waiting to be discharged for a long time

- 4.2.5 ICBs should ensure that support from the NHS for discharges into social care is available throughout the week, including at weekends
- 4.2.6 The Department for Health and Social Care (DHSC) and NHS England (NHSE) may follow up with local areas to understand and/or challenge the planning approach - this may happen:
 - a) if plans do not clearly demonstrate prioritising activity to free up the maximum number of hospital beds and reduce the bed days lost.
 - b) where it is evident that spending plans are in breach of other funding conditions
 - c) where data shows that delayed discharges are significantly higher or increasing at a greater rate than national averages
- 4.2.7 A progress review across all areas will take place in January. Local areas will be expected to engage fully in this process
- 4.2.8 A completed spending template should be submitted 4 weeks after fund details are published (by 16 December 2022), confirming planned use of the additional funding and that the use of the funding has been agreed by the ICB and local authority. Spend against the first tranche of money can commence as soon as plans are agreed locally. Allocation of the second tranche of funding will be contingent on having submitted the completed spending template and meeting of the funding conditions
- 4.2.9 Local areas should also submit fortnightly reports setting out what activities have been delivered in line with commitments in the spending plan
- 4.2.10 ICBs, hospital trusts and local authorities should work together to improve all existing NHSE and local authority discharge data collections including related situation reporting data and discharge data submitted as part of the commissioning data set
- 4.2.11 As a minimum social care providers must keep the required capacity tracker data updated in line with the Adult Social Care Provider Provisions statutory guidance, however it is acknowledged that more frequent updates to bed vacancy data is essential for operational purposes.

4.3 Reporting

- 4.3.1 An initial spending plan should be submitted through the BCF program no later than 16 December 2022. Thereafter, fortnightly activity reports should be submitted for each local authority footprint, detailing what activities have been delivered in line with commitments in the spending plan.
- 4.3.2 An end of year report should also be submitted (alongside the wider BCF end of year report), detailing total spend of this fund, by 2 May 2023.

4.4 Monitoring

- 4.4.1 Along with returns on the number of care packages purchased, the Fund will be monitored using the following metrics:
 - a) the number of care packages purchased for care homes, domiciliary care and intermediate care
 - b) the number of people discharged to their usual place of residence (existing BCF metric)

- c) the absolute number of people 'not meeting criteria to reside' (and who have not been discharged)
- d) the number of 'Bed days lost' to delayed discharge by trust (from the weekly acute sitrep)
- e) the proportion (%) of the bed base occupied by patients who do not meet the criteria to reside, by trust.

5. Issues and Choices

- 5.1 To access the fund the full conditions set out in the guidance need to be complied with.
- 5.2 The schemes that are submitted on the 16th December will be put forward following system discussions to determine the maximum benefit for the people of West Northamptonshire and Integrated Care Northamptonshire.

6 Implications (including financial implications)

6.1 Resources and Financial

- 6.1.1 This is significant additional investment to support with the challenges faced by Health and Social Care during winter 2022/23.
- 6.1.2 The Health and Wellbeing Board need to ensure through the BCF monitoring arrangements robust oversight of the use of this grant with particular focus on compliance with the conditions.

6.2 Legal

- 6.2.1 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 Health and Wellbeing Board it will be necessary to ensure that delegated responsibility is given to the relevant leads to comply with the deadlines and associated conditions.

6.4 Consultation

- 6.4.1 No consultation is required outside of the requirements of the grant conditions

6.5 Consideration by Scrutiny

- 6.5.1 This report has not been considered by scrutiny.

6.6 Climate Impact

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

6.7 Community Impact

- 6.7.1 It is envisaged that schemes funded by the grant will ensure better outcomes for people that require health and social care support following discharge from an acute setting.

7 Background Papers

None.

