

# Place Board Incorporating the Health and Wellbeing Board

<b>DATE</b>	20 <sup>th</sup> February 2023
<b>REPORT OF</b>	Councillor Stan Shreeve Portfolio Holder for Health, Wellbeing and Adult Social Care
<b>RESPONSIBLE OFFICER</b> services	Katie Brown, Director of Adult Services
<b>SUBJECT</b>	Better Care Fund (BCF)
<b>STATUS</b>	Open
<b>FORWARD PLAN REF NO.</b>	N/A

## CONTRIBUTION TO OUR AIMS

The continued receipt of BCF monies contributes to the aims of stronger economy and stronger communities

## EXECUTIVE SUMMARY

The Better Care Fund (BCF) is designed to promote integration between health and social care, and to create a local single pooled budget to incentivise the NHS and local government to work more closely together. BCF has not been the driver for integration in North East Lincolnshire (NEL), where an agreement under s75 of the NHS Act 2006, and pooled budget arrangements, have been in place since 2007.

Each area is required to produce a BCF plan annually, evidencing its progress towards integration since the last plan, and its focus during the coming year. NEL's plan for the year 2022/23 was approved by the Health and Wellbeing Board (the Board) on 23<sup>rd</sup> September 2022. It was approved by National Health Service England (NHSE) on 9<sup>th</sup> January 2023.

On 18<sup>th</sup> November 2022, details of the adult social care discharge fund were announced, payable to areas via the BCF. This resulted in a detailed addendum to the BCF policy framework and planning requirements in January 2023.

## RECOMMENDATIONS

1. Approve (retrospectively) the plan for spending the adult social care discharge fund, submitted to NHSE on 16<sup>th</sup> December 2022.
2. Delegate authority to the Director of Adult Services and ICB (Integrated Care Board) representative (Place Director) in consultation with the Portfolio Holder for Health, Wellbeing and Adult Social Care, to amend the plan if required in response to the developing operational situation, to ensure maximisation of available monies.

## REASONS FOR DECISION

It is a requirement of the BCF that local plans – including in respect of the adult social care discharge fund – are agreed by Health and Wellbeing Boards.

## **1. BACKGROUND AND ISSUES**

### **1.1 Delayed receipt of BCF requirements resulting in delayed approval**

The BCF conditions for the year 2022/23 were not made available until July 2022. Areas were asked to submit their plan – comprising narrative plan, planning template and capacity and demand plan – for informal feedback, for the year 2022/23, within four weeks of receipt of conditions. NHSE’s feedback was incorporated, and the final plan submitted to the Board in September 2022. The Board approved the plan, which was delivered to NHSE by the deadline of 26<sup>th</sup> September. Following that, NEL was asked to make a small adjustment to the planning template, to include a more stretching hospital discharge target. A revised submission was made in October, and approval was received by NHSE on 9<sup>th</sup> January. The approved plan relates to the period ending 31<sup>st</sup> March 2023.

### **1.2 Discharge Fund**

On 18<sup>th</sup> November 2022, the Department of Health and Social Care (DHSC) published the details of a new adult social care discharge fund, payable to areas via the BCF. The fund is intended to (to quote DHSC guidance) “support timely and safe discharge from hospital into the community by reducing the number of people delayed in hospital awaiting social care. The focus will be on, but not limited to, a ‘home first’ approach and discharge to assess”. Funding must be spent by 31<sup>st</sup> March 2023.

Funding has been distributed to local authorities and ICBs to pool into the local BCF. In line with usual BCF requirements, the use of both local authority and ICB elements of the funding must be agreed between local health and social care leaders. Areas were required to submit a template plan setting out their intended use of the funding by 16<sup>th</sup> December 2022. NEL’s plan was approved by the Council’s and ICB’s Chief Executives. It now requires (retrospective) approval by the Board.

### **1.3 Discharge fund metrics**

The impact the additional funding is having will be tracked by the following metrics:

- the number of people discharged to their usual place of residence (existing BCF metric)
- the absolute number of people ‘not meeting criteria to reside’ (and who have not been discharged)
- the number of ‘Bed days lost’ to delayed discharge by trust (from the weekly acute ‘sitrep’)
- the proportion (%) of the bed based occupied by patients who do not meet the criteria to reside, by trust
- the number of care packages purchased for care homes, domiciliary care and intermediate care.

In addition, the data on length of stay will be monitored regionally and nationally. It should be noted that not all of this data is routinely collected currently.

### **1.4 Reporting**

In addition to the plan submitted in December, fortnightly activity reports must be submitted for each local authority footprint, detailing what activities have been

delivered in line with commitments in the discharge fund plan. NEL has submitted two such reports during January, each requiring slightly different information. Future reports are anticipated to be slightly different again.

An end of year report will be required (alongside the wider BCF end of year report), detailing the total spend against the discharge fund, by 2<sup>nd</sup> May 2023.

## 1.5 Agreed spend

Each area must pool the adult social care discharge fund into the BCF. NEL's share of this fund is £1,841,363. This includes monies paid directly to the Council, and an apportioned share of the ICB's allocation paid to the NEL place. Monies are being managed jointly in NEL. A summary of planned spend appears below, separated between ICB and local authority allocations:

Scheme Type	ICB Allocation	LA Grant	Total
Additional or redeployed capacity from current care workers	327,354	54,006	£ 381,360
Administration	11,916	6,497	£ 18,413
Assistive Technologies and Equipment	77,000		£ 77,000
Bed Based Intermediate Care Services	434,400		£ 434,400
Home Care or Domiciliary Care	80,077	379,255	£ 459,332
Improve retention of existing workforce		210,000	£ 210,000
Local recruitment initiatives	32,500		£ 32,500
Other - VSCE support eg carers	40,000		£ 40,000
Reablement in a person's own home	18,000		£ 18,000
Residential Placements	170,358		£ 170,358
<b>Total</b>	<b>£ 1,191,605</b>	<b>£ 649,758</b>	<b>£ 1,841,363</b>

The planned key areas of spend are:-

- Increased use of multi-disciplinary staffing to facilitate discharge such as social workers, therapists and discharge coordinators including transport facilitation
- Bed capacity at Cambridge Park (bed-based step-down facility)
- Additional staffing capacity for intermediate care at home teams
- Additional capacity for core care at home, and enhanced care at home, teams
- Additional capacity for voluntary sector colleagues offering return home, telecare and carers' support on discharge
- Workforce recruitment and retention initiatives such as bringing forward the increase to the minimum wage.

## 2. RISKS AND OPPORTUNITIES

2.1 The key risks / challenges are:

- a) The fund's conditions (which relate to discharge only, rather than, say, hospital avoidance)
- b) the timescale for spend. The short-term nature of the funding limits the uses to which funds might otherwise be put. Prompt recruitment to time-limited posts is proving particularly difficult
- c) The potential impact of short term grant funding for additional capacity on long term care and support expenditure.

d) the regularity and required detail of reporting is creating capacity constraints. This is against a backdrop of significant staffing and resource pressures.

2.2 Additional funding in the form of the adult social care discharge fund is much needed. Integrated working continues to provide opportunities to work more efficiently and effectively, and to spend collectively, for the benefit of the place of NEL.

### **3. OTHER OPTIONS CONSIDERED**

N/a. Submission of a plan and subsequent reports is nationally mandated.

### **4. REPUTATION AND COMMUNICATIONS CONSIDERATIONS**

The area would be likely to suffer some reputational damage if national requirements were not met and/ or the funding was not appropriately spent.

Planning in the areas to which BCF relates or is linked are heavily reliant upon partnerships within and outside of the ICB and Council, and high levels of cooperation and communication. All BCF plans to date have been published on the CCG's website (as it was then), including the current year's overarching plan. In respect of the adult social care discharge fund, time constraints do not facilitate extensive communication beyond that necessitated to ensure monies are properly spent.

### **5. FINANCIAL CONSIDERATIONS**

Financial considerations are considered within the main body of the report above. The current s75 agreement between the Council and ICB provides the mechanism for pooling resources and for sharing risks.

### **6. CHILDREN AND YOUNG PEOPLE IMPLICATIONS**

The focus of the BCF is on adult services. There are no known implications arising from this report, for children and young people.

### **7. CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS**

There are no known climate change or environmental implications arising from the matters in this report

### **8. CONSULTATION WITH SCRUTINY**

No consultation with Scrutiny or otherwise has taken place.

### **9. FINANCIAL IMPLICATIONS**

There are no direct financial implications as a result of this report, which outlines spend for inclusion within a national return. Spend against budgets

and utilisation of available funding is reported as part of the Council's regular budget monitoring processes and through reports to Cabinet.

## **10. LEGAL IMPLICATIONS**

- 10.1 The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the BCF. The amended NHS Act 2006 gives NHSE powers to attach conditions to the payment of the BCF, and to withhold, recover or direct the use of funding where conditions attached to the BCF are not met.
- 10.2 Compliance with BCF annual and quarterly reporting regime – and by extension the discharge fund's regime - is mandatory.
- 10.3 Delegations as per the recommendations are appropriate for an exercise of this nature.

## **11. HUMAN RESOURCES IMPLICATIONS**

There are no HR implications.

## **12. WARD IMPLICATIONS**

There are no known individual ward implications. BCF monies are spent for the benefit of NEL as a whole.

## **13. BACKGROUND PAPERS**

N/A

## **14. CONTACT OFFICER(S)**

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**Councillor Stan Shreeve, Portfolio Holder for  
Health, Wellbeing and Adult Social Care**



See next sheet for Scheme Type (and Sub Type) descriptions

Discharge fund 2022-23 Funding Template

5. Expenditure

Selected Health and Wellbeing Board:

North East Lincolnshire

Source of funding		Amount pooled	Planned spend
LA allocation		£649,758	£649,758
ICB allocation	NHS Humber and North Yorkshire ICB	1,191,605	£1,191,605
		Please enter amount pooled from ICB	
		Please enter amount pooled from ICB	

£1,191,605

Yellow sections indicate required input

Scheme ID	Scheme Name	Brief Description of Scheme (including impact on reducing delayed discharges).	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Estimated number of packages/beneficiaries	Setting	Spend Area	Commissioner	Source of Funding	Planned Expenditure (£)
1	Additional residential capacity	Additional residential capacity to ensure that those requiring residential support	Residential Placements	Care home		64		Social Care	NHS Humber and North Yorkshire ICB	ICB allocation	£170,358
2	Bed based reablement additional capacity	Bed based reablement additional capacity - to ensure sufficiency of bed	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)		228		Community Health	NHS Humber and North Yorkshire ICB	ICB allocation	£434,400
3	SAH discharge support teams and enhanced support	SAH discharge support teams and enhanced support at home to enable	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge		144		Social Care	North East Lincolnshire	Local authority grant	£123,755
4	Additional Staff to support Discharge	Additional Staff to support Discharge - to enable timely discharge	Additional or redeployed capacity from current care workers				Both	Social Care	North East Lincolnshire	Local authority grant	£54,006
5	Administration support	Administration support	Administration					Social Care	North East Lincolnshire	Local authority grant	£6,497
6	Additional SAH Capacity	Additional SAH Capacity - ensuring sufficiency of SAH	Home Care or Domiciliary Care	Domiciliary care packages		50		Social Care	North East Lincolnshire	Local authority grant	£255,500
7	Telehealth /additional Telecare	Telehealth /additional Telecare - provision of additional kit and support to	Assistive Technologies and Equipment	Telecare		114		Community Health	NHS Humber and North Yorkshire ICB	ICB allocation	£77,000
8	Workforce recruitment	Workforce recruitment - to support services to meet discharge demand.	Local recruitment initiatives				Both	Social Care	NHS Humber and North Yorkshire ICB	ICB allocation	£32,500
9	Additional reablement at home capacity	Additional intermediate tier at home capacity	Reablement in a Person's Own Home	Reablement service accepting community and discharge				Community Health	NHS Humber and North Yorkshire ICB	ICB allocation	£18,000
10	SAH retention of workforce	SAH retention of workforce to ensure sufficiency of staff to meet demand.	Improve retention of existing workforce	Bringing forward planned pay increases			Home care	Social Care	North East Lincolnshire	Local authority grant	£210,000
11	Additional VCSE support	Additional VCSE support to support timely discharge	Other		Additional VCSE support for example, carers.		Both	Community Health	NHS Humber and North Yorkshire ICB	ICB allocation	£40,000
12	Administration support	Administration support	Administration					Community Health	NHS Humber and North Yorkshire ICB	ICB allocation	£11,916
13	SAH discharge support teams and enhanced support	SAH discharge support teams and enhanced support at home to enable	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge		72		Social Care	NHS Humber and North Yorkshire ICB	ICB allocation	£80,077
14	Additional Staff to support Discharge	Additional multidisciplinary Staff to support Discharge	Additional or redeployed capacity from current care workers				Both	Community Health	NHS Humber and North Yorkshire ICB	ICB allocation	£327,354

**Scheme types and guidance**

**This guidance should be read alongside the addendum to the 2022-23 BCF Policy Framework and Planning Requirements.**

The scheme types below are based on the BCF scheme types in main BCF plans, but have been amended to reflect the scope of the funding. Additional scheme types have been added that relate to activity to retain or recruit social care workforce. The most appropriate description should be chosen for each scheme. There is an option to select 'other' as a main scheme type. That option should only be used when none of the specific categories are appropriate.

The conditions for use of the funding (as set out in the addendum to the 2022-23 BCF Policy Framework and Planning Requirements) confirm expectations for use of this funding. Funding should be pooled into local BCF agreements as an addition to existing section 75 arrangements. Local areas should ensure that there is agreement between ICBs and local government on the planned spend.

The relevant Area of Spend (Social Care/Primary Care/Community Health/Mental Health/Acute Care) should be selected

The expenditure sheet can be used to indicate whether spending is commissioned by the local authority or the ICB.

This funding is being allocated via:  
 - a grant to local government - (40% of the fund)  
 - an allocation to ICBs - (60% of the fund)

Both elements of funding should be pooled into local BCF section 75 agreements.

Once the HWB is selected on the cover sheet, the local authority allocation will pre populate on the expenditure sheet. The names of all ICBs that contribute to the HWB's BCF pool will also appear on the expenditure sheet. The amount that each ICB will pool into each HWB's BCF must be specified. ICBs are required to submit a separate template that confirms the distribution of the funding across HWBs in their system. (Template to be circulated separately).

When completing the expenditure plan, the two elements of funding that is being used for each line of spend, should be selected. The funding will be paid in two tranches, with the second tranche dependent on an area submitting a spending plan 4 weeks after allocation of funding. The plan should cover expected use of both tranches of funding. Further reporting is also expected, and this should detail the actual spend over the duration of the fund. (An amended reporting template for fortnightly basis and end of year reporting, will be circulated separately)

Local areas may use up to 1% of their total allocation (LA and ICB) for reasonable administrative costs associated with distributing and reporting on this funding.

For the scheme types listed below, the number of people that will benefit from the increased capacity should be indicated - for example where additional domiciliary care is being purchased with part of the funding, it should be indicated how many more packages of care are expected to be purchased with this funding.

Assistive Technologies and Equipment  
 Home Care or Domiciliary Care  
 Bed Based Intermediate Care Services  
 Reablement in a Person's Own Home  
 Residential Placements

Scheme types/services	Sub type	Notes	home care?
Assistive Technologies and Equipment	1. Telecare 2. Community based equipment 3. Other	You should include an expected number of beneficiaries for expenditure under this category	Y
Home Care or Domiciliary Care	1. Domiciliary care packages 2. Domiciliary care to support hospital discharge 3. Domiciliary care workforce development 4. Other	You should include an expected number of beneficiaries for expenditure under this category	Y
Bed Based Intermediate Care Services	1. Step down (discharge to assess pathway 2) 2. Other	You should include an expected number of beneficiaries for expenditure under this category	N
Reablement in a Person's Own Home	1. Reablement to support to discharge – step down 2. Reablement service accepting community and discharge 3. Other	You should include an expected number of beneficiaries for expenditure under this category	Y
Residential Placements	1. Care home 2. Nursing home 3. Discharge from hospital (with reablement) to long term care 4. Other	You should include an expected number of beneficiaries for expenditure under this category	N
Increase hours worked by existing workforce	1. Childcare costs 2. Overtime for existing staff.	You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Improve retention of existing workforce	1. Retention bonuses for existing care staff 2. Incentive payments 3. Wellbeing measures 4. Bringing forward planned pay increases	You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Additional or redeployed capacity from current care workers	1. Costs of agency staff 2. Local staff banks 3. Redeploy other local authority staff	You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Local recruitment initiatives		You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Other		You should minimise spend under this category and use the standard scheme types wherever possible.	Area to indicate setting
Administration		Areas can use up to 1% of their spend to cover the costs of administering this funding. This must reflect actual costs and be no more than 1% of the total amount that is pooled in each HWB area	NA