

**TITLE OF REPORT:** Better Care Fund 2019-20 Submission for Gateshead

**REPORT OF:** Caroline O'Neill, Strategic Director, Care, Wellbeing & Learning

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### **Purpose of the Report**

1. To seek the retrospective endorsement of Cabinet to the Better Care Fund submission for Gateshead for 2019-20 in order to support health and social care services to provide integrated care for the benefit of local people in ways that are sustainable for the local health and care economy.

### **Background**

2. The Better Care Fund (BCF) was originally announced by the Government in the June 2013 spending round, with the goal to secure a transformation in integrated health and social care. The BCF created a local single pooled budget to incentivise the NHS and local government to work more closely together around the needs of people, placing their wellbeing as the focus of health and care services, and shifting resources into community and social care services for the benefit of local people, communities and the health and care economy.
3. NHS England guidance on BCF Planning Requirements for 2019/20 set out the details of national conditions to be met, metrics to be included in plans (against which the progress made by local areas will be monitored), and requirements relating to the narrative components of the Plan. Details were also provided on funding arrangements and requirements, the process for agreeing plans and providing necessary assurance to NHS England. The deadline for the submission of agreed plans was the 27<sup>th</sup> September 2019.
4. The Gateshead BCF submission for 2019-20 has been developed working closely with colleagues at Newcastle Gateshead CCG through the Integrated Commissioning group. Engagement has also taken place with partners through the Gateshead Health & Care System Meeting.
5. The submission is in two parts:
  - An excel Planning Template which sets out details on metrics, how national conditions will be met, proposed expenditure and supporting narrative sections.
  - A number of supporting documents that are referenced within the planning template.
6. The Council's Corporate Management Team and Health & Wellbeing Board received a report setting out the BCF submission requirements for 2019-20, arrangements for

developing the Gateshead submission and an update on progress. The submission was then finalised and submitted to NHS England by the deadline set.

## **Proposal**

7. The retrospective endorsement of Cabinet is now sought to the BCF submission for Gateshead for 2019-20 which will also go to the Health & Wellbeing Board on 18<sup>th</sup> October.

## **Recommendations**

8. Cabinet is asked to endorse the 2019-20 Better Care Fund submission for Gateshead as set out in Appendix 1.

For the following reasons:

- (i) To enable the Council, working with local partners and local communities, to take forward the 2019-20 Better Care Fund plan for Gateshead to support integrated health and care for the benefit of local people.
- (ii) To help ensure that the health and care economy is sustainable for the future and is in a position to respond to demographic and funding pressures across the system.

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**CONTACT:** John Costello (Ext 2065)

## Policy Context

1. The Better Care Fund (BCF) submission for Gateshead supports Gateshead's Thrive agenda.
2. The narrative section recognises the complexity of people's lives and that attempts to 'fix' single issues for a person may not address the underlying causes - we need to address this complexity as a whole system. It is recognised that interventions and approaches that are multifaceted and complementary are more likely to be successful in reducing inequalities and helping people in Gateshead thrive. Prevention is embedded within programmes of work although it is recognised that we need to do more through our system working.

## Further Background

3. The most recent BCF submission for Gateshead (2017-19) was approved by the Health & Wellbeing Board at its meeting on 8<sup>th</sup> September 2017, which in turn was approved by NHS England.
4. The BCF in 2019-20 will continue to provide a mechanism for personalised, integrated approaches to health and care that support people to remain independent at home or to return to independence after an episode in hospital. The continuation of the national conditions and requirements of the BCF from 2017-19 to 2019-20 provides opportunities for health and care partners to build on their plans from 2017 to embed joint working and integrated care further.
5. The main change in the BCF Planning Requirements is that separate narrative plans have been replaced with a single template that includes short narrative sections covering:
  - the local approach to integration;
  - plans to achieve metrics; and
  - plans for managing transfers of care.

## Gateshead BCF Plan Submission 2019-20

6. The Gateshead BCF submission for 2019-20 has been developed working closely with colleagues at Newcastle Gateshead CCG through the Integrated Commissioning group. Engagement has also taken place with partners through the Gateshead Health & Care System Meeting.
7. The submission is in two parts:
  - An excel Planning Template which sets out details on metrics, how national conditions will be met, proposed expenditure and supporting narrative sections.
  - A number of supporting documents that are referenced within the planning template.

9. The Council's Corporate Management Team and Health & Wellbeing Board received a report setting out the BCF submission requirements for 2019-20, arrangements for developing the Gateshead submission and progress towards this end. The submission was then finalised and submitted to NHS England by the deadline set.
10. These documents can be accessed through the following link:  
<https://www.gateshead.gov.uk/article/3933/Gateshead-Better-Care-Fund>
11. A key thread which runs through our submission is that the BCF forms part of a broader picture in working towards the integration of health and care services and therefore should not be seen in isolation.

### ***National Conditions and Metrics***

12. For 2019-20, there are four national conditions relating to the BCF, similar to those for the previous round of the BCF programme:
  - (i) Plans to be jointly agreed and signed off by the HWB and by the constituent local authorities and CCGs.
  - (ii) NHS contribution to adult social care is maintained in line with the uplift to the CCG's minimum contribution.
  - (iii) Agreement to invest in NHS commissioned out-of-hospital services, which may include seven-day services and adult social care.
  - (iv) A clear plan on managing transfers of care, including the implementation of the High Impact Change Model for Managing Transfers of Care. As part of this, all HWBs must adopt centrally-set expectations for reducing or managing rates of delayed transfers of care (DToC) during 2019/20 into their BCF plans.
13. The BCF Policy Framework sets out the four national metrics for the fund, which will remain as:
  - Non-elective admissions (Acute);
  - Admissions to residential and care homes;
  - Effectiveness of reablement; and
  - Delayed transfers of care (DToC).
14. All BCF plans must include ambitions for each of the four metrics and plans for achieving these are a condition of access to the fund.  
  
*Delayed transfers of care (DToC)*
15. Expectations for reducing DToC will continue to be set centrally for each HWB area – for Gateshead, the DToC target for 2019/20 will continue to be based on quarter 3 performance in 2017/18 which was one of the best performing quarters (an average of 6.5 daily delays). Gateshead has made significant improvements in DToC performance over the past 2 years and has improved from 15.1 average daily delays in Quarter 1 of 2017/18 to 8.3 average daily delays in Quarter 1 of 2019/20.
16. In setting targets for the other metrics, consideration has been given to performance against the targets set for 2018-19:

*Admissions to residential and care homes:*

The target for 2019/20 has been set as the actual outturn for 2018/19. During 2018/19, there were a total of 348 new admissions to Long Term Residential or Nursing care which exceeded the planned target of 334 admissions. The ageing population remains a significant challenge e.g. people who have dementia type illness whose needs are such that they cannot continue to live independently or with support, therefore requiring a 24-hour care setting environment. With these challenges in mind, the plan for 2019/20 has been set to maintain the 2018/19 outturn.

*Effectiveness of reablement:*

The target that was set for 2018/19 has been retained for 2019/20 (87.9%). During 2018/19, 84% (168 out of 200) of people aged 65 & over who were discharged from hospital into reablement during October to December 2018 and were still at home 91 days later. Performance was slightly lower than the planned target of 87.9% but improved compared to the same period in 2017/18 (80.9%).

*Non-elective admissions (Acute):*

The target for non-elective (emergency) admissions to hospital have been set based on historic growth trends (activity demand over the last 5 years) and reflects the CCG's Operating Plan previously submitted to NHS England.

**BCF Schemes 2019-20**

17. As for the previous BCF submission (2017-19), schemes are being grouped under five broad areas which reflect key priority areas and arrangements in place to address them:
- Service Transformation
  - Market Shaping and Stabilisation
  - Managing discharges and admission avoidance
  - Planned care
  - Service pressures
18. In addition, there is also specific provision for:
- Disabled Facilities Grant
  - Carers

**BCF Funding**

19. Details of the BCF financial breakdown for Gateshead for 2019/20 is set out below:

<b>BCF Contribution</b>	<b>2019-20 (£)</b>
Minimum NHS (CCG) Contribution	£16,235,688 *
Disabled Facilities Grant (capital funding for adaptations to houses)	£ 1,860,611

Improved Better Care Fund	£ 9,918,556
Winter Pressures Grant	£ 1,133,285
<b>Total</b>	<b>£29,148,140</b>

\* i.e. an uplift of 4.3% on the CCG's Minimum Contribution for 2018/19

20. The Improved BCF grant (which originally arose from the 2015 spending review) will be pooled into the BCF, similar to 2017-19. In addition, there is a new requirement that winter pressures funding is also pooled into the BCF from 2019-20. The BCF Plan sets out an agreed approach to the use of the grant, including how the funding will be used to ensure capacity is available in Winter to support safe discharge and admissions avoidance.
21. The BCF submission template includes details of scheme level expenditure plans, the metrics that schemes are intended to influence and indicative outputs.

### **Plan Delivery and Governance**

22. The delivery of the plan will be governed by a Section 75 agreement which will set out respective responsibilities of the Council and CCG. Delivery will continue to be overseen by the Integrated Commissioning Group, including senior officers from the Council and CCG. Updates will also be reported regularly to the Health & Wellbeing Board.

### **Sign-off Arrangements**

23. Similar to previous years, there is a requirement that the BCF Plan submission is signed off by the Health & Wellbeing Board, the local authority and Clinical Commissioning Group.

### **Approval of BCF Plans**

24. BCF plans will be approved by NHS England subject to and following a joint NHS and local government assurance process at regional level. In addition to the national conditions and the requirement to set the four national metrics, NHS England is also placing the following requirements for approval of BCF plans:
  - That all funding agreed as part of the BCF plan must be transferred into one or more pooled funds.
  - That all plans are approved by NHS England in consultation with the Department of Health & Social Care (DHSC) and Ministry of Housing, Communities & Local Government (MHCLG).
25. NHS England will approve plans for spend from the CCG minimum contribution in consultation with DHSC and MHCLG as part of overall approval of BCF plans.

## Consultation

26. The submission is due to be considered by the Health & Wellbeing Board at its meeting on 18<sup>th</sup> October 2019 and by the Joint Adult Social Care and Health & Wellbeing Joint Portfolio meeting on 14<sup>th</sup> October 2019. The HWB has previously received a report on setting out the BCF submission requirements for 2019-20, arrangements for developing the Gateshead submission and an update on progress.

## Alternative Options

27. An alternative option would have been not to have submitted a Better Care Plan for 2019-20 for Gateshead. However, this would not be consistent with government guidance to secure approval to access resources linked to the BCF and it would have represented a missed opportunity in taking forward our health and care integration plans for the benefit of local people.

## Implications of Recommended Option

### 28. Resources:

- a) **Financial Implications** – the Strategic Director, Corporate Resources confirms that provision has been made within the Council's budget for the Better Care Fund in 2019-20 which includes the additional Improved Better Care Fund funding and the Winter Pressures Grant. The additional Better Care Fund funding of £0.263m for 2019/20 from the Minimum CCG allocations for Adult Social Care Services will be considered as part of the Q2 Revenue Monitoring Report to Cabinet on 19 November 2019.
- b) **Human Resources Implications** – there are no human resources implications arising directly from this report, although implementation of the BCF plan as part of longer-term plans will have workforce implications across the local health and care economy.
- c) **Property Implications** – there are no property implications arising directly from this report.
8. **Risk Management Implications** – in order to mitigate the risk of our BCF submission not being approved, we have worked closely with key partners in developing the submission as well as the NHS England BCF manager to ensure that key lines of enquiry have been addressed. In order to ensure we meet the planning requirement to have a S75 agreement in place by 15<sup>th</sup> December, we will work with CCG colleagues, building upon the successful S75 agreement that was put in place for 2017-19.
9. **Equality and Diversity Implications** – there are no equality and diversity implications arising directly from this report.
10. **Crime and Disorder Implications** – there are no crime and disorder implications arising directly from this report.

11. **Health Implications** – the Better Care Fund plan for Gateshead is aimed at supporting health and social care services to provide more care in out-of-hospital settings, closer to peoples’ homes for the health and wellbeing benefit of local people and in ways that are sustainable for the local health and care economy.
12. **Sustainability Implications** – there are no sustainability implications arising directly from this report.
13. **Human Rights Implications** – there are no human rights implications arising directly from this report.
14. **Area and Ward Implications** – all wards will be affected. The models of care set out in the BCF submission provides for health and social care to be wrapped around local populations.

**Background Information**

15. The following documents were used in the preparation of this report:
  - (i) The 2017-19 Better Care Fund submission for Gateshead.
  - (ii) Better Care Fund quarterly planning returns to NHS England for 2018/19.
  - (iii) NHS England Planning Guidance for the BCF submission for 2019/20.