North Northamptonshire Council

Meeting: Health and Wellbeing Board

Date: Thursday 23rd September, 2021

Time: 2.00 pm

Venue: Council Chamber, Cedar Drive, Thrapston, NN14 4LZ

To members of the North Northamptonshire Health & Wellbeing Board

Cllr Jon Paul Carr - Chair	North Northamptonshire Council
Alan Burns	Chair, KGH and NGH Group
Cllr Scott Edwards	Portfolio Holder Children's, Families, Education and Skills, North Northamptonshire Council
Naomi Eisenstadt	Chair, Northamptonshire Health and Care Partnership
Colin Foster	Chief Executive, Northamptonshire Children's Trust
Cathi Hadley	Director of Children's Services
Shaun Hallam	Northamptonshire Fire and Rescue
Cllr Helen Harrison	Portfolio Holder Adults, Health and Wellbeing, North Northamptonshire Council
Cllr Macaulay Nichol	North Northamptonshire Council
Oliver Newbold	NHS England
Mike Naylor	Director of Finance, East Midlands Ambulance Service
Dr Steve O'Brien	University of Northampton
Professor Will Pope	Chair, Northamptonshire Healthwatch
Toby Sanders	Chief Executive, NHS Northamptonshire CCG
Pauline Sturman	Assistant Chief Constable, Northamptonshire Police
Crishni Waring	Chair, Northamptonshire Healthcare Foundation Trust
David Watts	Director of Adults, Communities and Wellbeing, North Northamptonshire Council
Dr Jo Watt	Chair NHS Northamptonshire
Lucy Wightman	Joint Director of Public Health

Agenda				
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01	Apologies for absence	Chair	14:00	
02	Notifications of requests to address the meeting	Chair	14:02	
03	Members' Declarations of Interest	Chair	14:05	
04	Minutes of the Meeting Held On 17 June 2021	Chair	14:10	5 - 16
05	Action Log	Chair	14:15	17 - 18
Items requiring a decision				
06	Better Care Fund • BCF Plan 2021/2022 • Initiatives within health and social care system to deliver BCF metrics	David Watts	14:20	19 - 30
Updates				
07	Population Health Update	Lucy Wightman	14:35	Presentation
08	COVID-19 Update	Lucy Wightman	14:45	Verbal
09	Subcommittee Structure and Development Sessions	Lucy Wightman	14:55	Verbal
Strategic				
010	Integrated Care Systems • National Guidance Update	Naomi Eisenstadt / Toby Sanders	15:00	*To Follow*
011	Role of Health and Wellbeing Boards in context of the Health and Care Bill	Chair	15:10	Verbal
012	Close of the public meeting		15:15	

Adele Wylie, Monitoring Officer
North Northamptonshire Council

Proper Officer
15 September 2021

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Health and Wellbeing Board
North Northamptonshire Council
Thursday 17th June 2021
At 9:00 am in The Core Theatre, The Cube, George Street, Corby.

Present:

Councillor Jon-Paul Carr (Chair)	North Northamptonshire Council
Councillor Scott Edwards	(Executive Member for Children's Families Education & Skills) North Northamptonshire Council
Councillor Helen Harrison	(Executive Member for Adults, Health & Wellbeing) North Northamptonshire Council
Councillor Macaulay Nichol	North Northamptonshire Council
Alan Burns	Chair, KGH and NGH Group
Naomi Eisenstadt	Chair, Northamptonshire Health & Care Partnership
Colin Foster	Chief Executive, Northamptonshire Children's Trust
Shaun Hallam	Northamptonshire Fire & Rescue
David Maher	Deputy Chief Executive, Northampton Healthcare Foundation Trust
Dr Steve O'Brien	University of Northampton
Professor Will Pope	Chair, Northamptonshire Healthwatch
Toby Sanders	Chief Executive, NHS Northamptonshire CCG
Pauline Sturman	Assistant Chief Constable, Northamptonshire Police
Dr Jo Watt	Chair, NHS Northamptonshire
Lucy Wightman	Joint Director of Public Heath
David Watts	Director of Adults, Communities and Wellbeing, North Northants Council
Colin Smith	Chief Executive, Local Medical Committee

Also in Attendance

Cheryl Bird, Health and Wellbeing Board Business Manager
Jenny Daniels, Democracy Officer, North Northants Council
Sam Fitzgerald, Assistant Director of Adult Social Services
Deborah Mbofana, Public Health Practitioner, Public Health Northamptonshire
Amy Plank, Environmental Protection and Private Sector Housing Officer

01. Apologies

Rob Bridge, Chief Executive, North Northamptonshire Council

Mike Naylor, Director of Finance, East Midlands Ambulance Service
Oliver Newbold, NHS England
Crishni Waring, Northamptonshire Healthcare Foundation Trust

02. Notification of requests from members of the public to address the meeting

None received.

03. Declaration of members' interests

Dr Jo Watt stated she was a landlord of a pharmacy in Corby.

04. Election of Vice-Chair

It was noted Councillor Macaulay Nichol had sent an expression of interest in becoming Vice-Chair. There were no other expressions of interest for the position of Vice Chair.

Statutory Board members then formally co-opted the following members to the Board:

Cllr Helen Harrison (Executive Member for Adults, Health and Wellbeing, North Northamptonshire Council), Cllr Scott Edwards (Executive Member for Children's, Families, Education and Skills, North Northamptonshire Council), Alan Burns (KGH and NGH Group), Naomi Eisenstadt (Northamptonshire Health & Care Partnership), Colin Foster (Northamptonshire Children's Trust), Shaun Hallam (Northamptonshire Fire & Rescue), Mike Naylor (East Midlands Ambulance Service), Oliver Newbold (NHS England), Dr Steve O'Brien (University of Northampton), Pauline Sturman (Northamptonshire Police), Colin Smith (Local Medical Committee), Crishni Waring (Northamptonshire Healthcare Foundation Trust).

RESOLVED that:

(i) Councillor Macaulay Nichol be appointed as the Vice-Chair of the Board; and
(ii) The following be appointed as co-opted members of the Board:

- Cllr Helen Harrison, Executive Member for Adults and Wellbeing, North Northamptonshire Council
- Cllr Scott Edwards, Executive Member for Children's, Families, Education and Skills, North Northamptonshire Council
- Alan Burns, KGH and NGH Group
- Naomi Eisenstadt, Northamptonshire Health & Care Partnership)
- Colin Foster, Northamptonshire Children's Trust
- Shaun Hallam, Northamptonshire Fire & Rescue
- Mike Naylor, East Midlands Ambulance Service
- Oliver Newbold, NHS England
- Dr Steve O'Brien, University of Northampton
- Pauline Sturman, Northamptonshire Police
- Colin Smith, Local Medical Committee
- Crishni Waring, Northamptonshire Healthcare Foundation Trust

05. North Northamptonshire Health and Wellbeing Board Draft Terms of Reference

The Chair informed those present that terms of reference (copies of which had been previously circulated) had been drafted for the North Northamptonshire Health and Wellbeing Board with the purpose of setting the future direction of the Board and ensuring the Board remained compliant with its statutory functions. As a S102 Committee of North Northamptonshire Council it should follow the Health and Wellbeing Board Terms of Reference included in North Northamptonshire Council's Constitution.

Members of the Board discussed the terms of reference noting the following:

- The Board agreed for delegated authority to be granted to the NHS Northamptonshire Clinical Commissioning Group to represent NHS Cambridgeshire and Peterborough Clinical Commissioning Group for all Board business relating to the Board.
- Reviewing the Terms of Reference every six months would ensure appropriate and timely alignment and/or integration with the emergent governance structure of the Integrated Care System (ICS) for Northamptonshire. Reviews will take into account the national direction of travel for ICS legislation, as outlined in *Integration and Innovation: working together to improve health and social care for all (DHSC, February 2021)*, and any subsequent relevant publications and/or legislative change.
- It was noted the terms of reference for the Hertfordshire Health and Wellbeing Board might be used across the country as a benchmark, so it might be useful to review these to ensure Northamptonshire was aligned with the integrated care system.
- There could be an opportunity to review how to strengthen joint commissioning between NHS and local authority partners, using this Board as the Forum to oversee some more detailed work around this.
- It would be useful to have Primary Care Network representation on the Board to link in with place-based agenda.
- The Chief Executive of North Northants Council proposed he be removed as a Board member due to the Director of Public Health and the Director of Adults, Communities and Wellbeing Board members who could therefore act as the Chief Executive's representative.

The Health and Wellbeing Business Manager, Cheryl Bird noted the suggested amendments to the Terms of Reference would be circulated to the Board first for virtual approval before being presented to Full Council.

RESOLVED that:

(i) the Health and Wellbeing Board agreed amendments to the draft Terms of Reference to be circulated to the Board for virtual approval before being submitted for final approval at Full Council.

06. North Northamptonshire Pharmaceutical Needs Assessment

At the Chair's invitation, Public Health Practitioner, Deborah Mbofana introduced the North Northamptonshire Pharmaceutical Needs Assessment highlighting the following:

- Ms Mbofana was part of the Public Health Team and Chaired the Project Advisory Group working on development of the new Pharmacy Needs Assessment.
- The Project Advisory Group had consisted of a good membership spanning across the NHS organisations, Northamptonshire County Council, Public Health

Northamptonshire, Healthwatch Northamptonshire, Local Medical Committee and Local Pharmacy Committee.

- It had been a statutory responsibility of Health and Wellbeing Boards to oversee the production and publication of a Pharmaceutical Needs Assessment for their area every three years.
- The Pharmaceutical Needs Assessment considers the pharmaceutical needs for the area over the next three years, including needs in the community, current provision, and proposed development within the area in terms of housing, roads and infrastructure.
- The information contained within the Pharmaceutical Needs Assessment was currently used by NHS England and NHS Improvement to commission services within the area. From April 2022 commissioning for pharmacies, ophthalmology and dentistry will be the responsibility of the Integrated Care System.
- The COVID19 pandemic had been pivotal in encouraging the local population to use pharmacies as their first port of call when seeking health advice. The aim was for this to continue once COVID19 restrictions were lifted, and health services return to business as usual.
- In the unitary footprint there were 63 pharmacies and 11 dispensing practices with 6 of the practices provided services for 100 hours plus.
- The conclusion from the Needs Assessment was that there was good access to pharmaceutical services for the local population even in the rural areas. It was felt there were services sufficient for the predicted growth that would happen in the county over the next three years which is estimated to be 29,000. A large number of those who responded to the survey who felt they had the capacity or could make adaptations to cope with the predicted growth.
- A new pharmacy had been proposed for Priory Gate in Corby. The original application was turned down, but then went to resolution panel where it was agreed. However, as of 31 May NHS England was still awaiting confirmation of the exact location of the site.

The Director of Public Health thanked the Project Advisory Group and Charlotte Goodson for all their hard work on producing the Pharmaceutical Needs Assessment, and added this assessment provided a huge amount of intelligence and insight into pharmaceutical provision. This was particularly important following creation of the new unitary councils and would provide a key insight for when commissioning of these services transfers over to the Integrated Care System from April 2022. Although service needs were well met, the Director of Public Health would like in the future for community pharmacies to be used in delivering more Public Health prevention services in the community.

Members of the Board discussed the Pharmaceutical Needs Assessment stating the following:

- It was noted that for the last 8 years' responsibility for commissioning and budgets for pharmaceutical services had been with NHS England regional teams. With responsibility and budgets moving to the Integrated Care System from April 2022, this would provide an opportunity to look at wider community teams delivering the role of community pharmacies.
- Community pharmacies would also have a role moving forward in contributing to the various vaccination programmes including COVID19, and recognition of the important part community pharmacies had already played in the vaccination programme was noted. An additional pharmacy vaccination site was due to open next week which would make a difference for the autumn and winter.

- It was confirmed data from the 2011 Census was used in creating the Pharmaceutical Needs Assessment, along with population estimates to ensure the data is as accurate as possible.
- It was also confirmed that when the questions were formulated for the survey they ensured specific questions around the COVID Pandemic were included to provide the opportunity to ask people how they were using pharmacies and whether they were happy with the service.

RESOLVED that:

(i) Deborah Mbofana would amend the mention of Daventry to Wellingborough and that the Quit Smoking service is managed by Public Health Northamptonshire not First for Wellbeing; and
(ii) The Board approved publication of the first North Northamptonshire Health and Wellbeing Board Pharmaceutical Needs Assessment with the caveat that the two amendments are completed.

07. Director of Public Health Annual Report 2020/2021

The Chair informed the meeting that Directors of Public Health across the country had a duty to produce an annual report and it was a statutory duty of Health and Wellbeing Boards to oversee publication of the Director of Public Health Annual Report. He then invited Director of Public Health, Lucy Wightman to provide a verbal update on the progress of the report for 2020/2021. The Director of Public Health advised that due to the Public Health Northamptonshire being crucial in directing the county's response to the COVID19 pandemic, capacity within the team has been limited resulting in a delay in production of the Directors of Public Health Annual Report 2020/2021. She asked the Board for virtual approval to publish the report in July and to bring report being brought back to the next meeting in September.

(Deborah Mbofana left the meeting at 09.30).

RESOLVED that:

(i) the Board agreed to the virtual approval of the Directors of Public Health Annual Report 2020/2021 before being brought back to the next meeting.

08. Disabled Facilities End of Year Report 2020/2021

At the Chair's invitation Environmental Protection and Private Sector Housing Officer, Amy Plank introduced The Disabled Facilities Grant (DFG) end of year report 2020/2021 Quarter 4 Update highlighting the following:

- The report sought the Health and Wellbeing Board's approval to agree their allocation spend as laid out in the appendix A.
- Disabled Facility Grants (DFGs) were mandatory grants that Local Councils were required to provide to disabled children and adults to enable them to remain in their own homes and prevent admission to hospital and residential care.
- Occupational Therapist's completed the initial assessments, a surveyor completed the design and then the scheme of works went out to tender, with costs ranging from £3,000 to £30,000 which was the mandatory limit. There was a new Private Sector Housing Policy for North Northamptonshire which enabled some discretionary measures to be offered to top up the mandatory £30,000 limit to £40,000.

- Work required in a home could be anything from installing a stair lift to providing an extension and could take a number of months to complete.
- During 2020/2021 the DFG service has been heavily impacted by COVID19 but managed to mitigate the effects and continue to deliver DFGs. The main issues had been:

  - During the first lockdown the construction industry initially almost came to a complete halt until the Government clarified how the industry could continue to work with COVID19 secure practices in place.
  - Supply issues for contractors, with many suppliers unable to open during the first lockdown.
  - Householders' reticence to have work done / people coming into their homes, as the client base is essentially people more vulnerable to COVID19 and part of the shielded population.
  - Vulnerable council employees who were unable to go into clients' homes.
  - COVID19 outbreaks for contractors, causing delaying in works and tenders.

- Due to the impact from COVID19 there was now a waiting list consisting of 450 people, either waiting for an occupational therapist's assessment, or for a survey to be completed, as well as dealing with the new referrals coming through.
- For 2021/2022 £2.5 million DFG funding had been allocated to North Northamptonshire Council, during the year the processes for DFGs will be reviewed to deliver these grants in a smarter way and to prioritise the backlog of people on the waiting list.
- It had been evidenced over previous years that the DFGs do keep people out of hospital and residential care providing savings across the health and social care system.

Queries and comments on the report were answered as follows:

- In 2018 there was a nationwide review of the DFG Grant, where it was recognised greater flexibility measures could be used in the spend of the grant. Exploring other possibilities of DFG spend would be helpful, particularly in light of winter pressures and the pressure on the current system. At the time of the review local authorities in North Northamptonshire were hesitant in using the grant more flexibly due to the increased risk of budget overspend.
- The backlog was mainly down to people awaiting assessments, as there were only a small number of occupational therapists and surveyors to undertake the work. Amy Plank was working with Laura Sinclair and Kerry Purnell in the to review the whole delivery of DFGs. However, once the backlog was cleared over the next 12 months they would consider using more innovative ways to speed up delivery of DFGs. Home Improvement Agencies had been used in the past.
- It was noted much was in place regarding new builds in the county, with many new homes including larger rooms and more accessible light switches and were built for longer term dwelling.
- Patients were prioritised depending on the occupational therapist's assessment to either, critical, urgent, or standard.
- Where people were unable to adaptions provided, additional support was provided by social care services, which incurred additional costs for the Council. Also builders and tradespeople could be contacted to provide adaptations in homes from the day they were built. Ongoing Housing needs assessments had previously identified a significant lack of extra care.

- Public Health Northamptonshire were developing an Inequalities Framework which would contain the principles of ensuring the decision-making process has a positive impact on communities.
- The previous Countywide Health and Wellbeing Board had a sub-committee concerned with housing, planning and health, which included funding for a health and housing officer.

RESOLVED that:

(i) The Director of Public Heath would enquire whether there is any funding left from the Health and Planning Officer post and whether the post can be re-instated; and
(ii) The Board noted the Disabled Facilities Grant spend for 2020/2021.

09. Better Care Fund quarter 4 Update 2020/2021

At the Chairman's invitation, Assistant Director of Adult Social Services, Sam Fitzgerald introduced the Better Care Fund Quarter 4 Update 2020/2021 highlighting the following:

- This report provided information of the performance during quarter 4 of the BCF plan 2020/2021 against the four national metrics:
    - Reducing non-elective admissions to hospital
    - Reducing admissions to residential care and care homes;
    - Proportion of older people (65 and over) who were still at home 91 days after discharge from Hospital into enablement/rehabilitation services; and
    - Reducing delayed transfers of care.
- It was noteworthy that these four metrics were related to supporting people to remain independent at home for as long as possible or following a hospital stay were supported to be able to return home.
- There has been a 20% reduction in non-elective admissions which was a positive trend linked mainly to the COVID19 Pandemic.
- A positive trend could be seen in the reduction of permanent admissions to residential or nursing care. A significant amount of work across the system had been undertaken to ensure the primary option is for people to return home following a hospital stay or to remain in their own homes for as long as possible. This reduction was partly due to the National Discharge Guidance and using discharge to assess on upon returning home.
- A slight deterioration could be seen in the figures relating to those over 65 remaining home 91 days after discharge from hospital than in the previous quarter 3. This was mainly due to more people had been seen through the enablement service which has caused a significant upshift in the amount of people that remained in their own home.
- Since March 2020 there is no longer a national requirement to publish data on delay transfers of care.

Queries on the report were answered as follows:

- It was a statutory requirement of this Board to approve the local BCF plan and to scrutinise the BCF performance against the plan.
- It was hoped future reports would include initiatives within the health and social care system that are helping to deliver against the BCF metrics such as the Integrated Care Across Northamptonshire (iCAN) programme and work in developing the Integrated Care System.

- It would be useful for future reports to contain information on how many people in hospital were able to access re-ablement and the number of places available, is this being achieved, how can re-ablement services become more efficient, and add narrative to explain figures. It would also be useful to have benchmarking around re-enablers, to understand how the trend compares with other areas of the country.
- The focus was looking at people's reason to reside in hospital. Stranded was a patient who had been in hospital for 7 days and super stranded was a patient who has been in hospital for over 21 days. There had been a huge amount of work undertaken in improving discharges and outcomes people and the amount of people who could be discharged had been lessened.
- It was also noted the Board were absolutely committed to integrated working and would like a future session to discuss on how to build on the work already completed and manage resources in a more joined up way with joint working models and teams.

RESOLVED that:

(i) the Board noted the BCF quarter 4 update.

10. COVID19 update

At the Chairman's invitation Director of Public Health and Wellbeing, Lucy Wightman provided the following update on the county's response to the COVID19 Pandemic:

- Northamptonshire was fairly stable. As of yesterday's data, the England case rate was 69.1 per 100,000 per population, which is a 57% increase from the previous week. The East Midlands case rate was slightly lower at 58.1 per 100,000 population, with Northamptonshire's rate being 46.4 per 100,000 per 100,000.
- North Northamptonshire had faired more positively with a case rate of 25.8 per 100000 population particularly in Corby where the number of positive cases was reducing.
- West Northamptonshire was not fairing so well with their case rates doubling to 58.5 per 100,000 population.
- The age groups with the highest rate of positivity are 10-19 years and 20-29 years, there are lower rates of positivity in the older age groups due to vaccination programme starting to have an impact.
- The much more transmissible Delta Variant was now widely circulating across the county.

In answer to queries on the report the following was confirmed:

- Many of the cases seen in the Northwest of the county were imported, due to the East Midlands region being very close to hotels used for quarantining travellers from oversees. Some outbreaks of the Delta Variant had been seen in South Northants. Another factor was that the schools had re-opened.
- The rate of the increase across the country had now begun to slow.
- There was a need to understand how the North and West Councils could assist each other.
- Communications Teams had worked hard with Environmental Health Officers, and other agencies to try and understand how well messaging is being received by different age groups both nationally and locally. There was more reluctance and less engagement from the younger age groups to get tested and be vaccinated when invited, so there is a need to ensure messages were fresh and were well received by the younger age groups.

- The delay in the halting of the lockdown procedures had been made to enable more people to receive their second vaccine dose which offered a higher degree of protection against the new Delta variant. As of 14 June 750,000 vaccines have been delivered across the county, with 68% of 30-39 years receiving their first vaccine dose and 35% if 18-29 years receiving their first vaccine dose. Good progress was being made and they were working through other ways of providing the vaccination such as pop-up clinics.
- Due to the vaccination programme a sharp spike in cases wasn't expected. The second vaccination, however, was the factor that made vaccine effectiveness rise.
- They were attempting to understand areas with higher caseloads.
- Board members were asked to promote vaccination messages through all their channels.

RESOLVED that:

(i) the Board noted the update on the county's response to the COVID Pandemic.

11. Northamptonshire Health and Wellbeing Annual Report 2020/2021

At the Chairman's invitation the Director of Health and Wellbeing, Lucy Wightman provided an update summarising the work overseen during April 2020/March 2021 by the previous countywide Health and Wellbeing Board thanking the Health and Wellbeing Board Business Manager for all her hard work in difficult circumstances.

The Health and Wellbeing Board Manager stated the report included sections that described the information on the Board's statutory duties and initiatives overseen by the 3 sub-groups. It also included some of the initiatives overseen by the Health and Wellbeing Forums.

RESOLVED that:

(i) The Board noted the work of the previous countywide Health and Wellbeing Board during 2020/2021.

12. Integrated Care System Update

At the Chairman's invitation, the Chair of the Northamptonshire Health and & Care Partnership provided a verbal update on the Integrated Care System (ICS) as follows:

- The design framework was received the night before and as far as she knew there weren't many surprises in it.
- In February 2020 the Government had announced ICS's would become statutory in April 2022 and would undertake some of the functions currently performed by Clinical Commissioning Groups and commissioning undertaken by NHS England.
- The ICS should provide improved health for everyone and reduce health inequalities, to spend public money well and contribute to the wider social and economic benefits of the community. The NHS was the biggest employer in the country and needed to ensure the proper use of the land it owned.
- How current legislation worked needed to be clear, to be able to design new legalisation to ensure the internal competition within the NHS was loosened. There was a need to understand the complexities within the NHS to ensure the NHS worked more collaboratively with Local Government particularly in social care.

The Chief Executive of the NHS Northamptonshire CCG stated the following:

- The NHS and Local Government had worked well through the COVID19 Pandemic, and this provided the opportunity to continue to work together with the integration agenda to improve outcomes.
- Some things were quite complex, and work was underway to try and simplify and connect with local government and the voluntary sector in a more powerful way. Government and NHS England had set out minimum requirements for an ICS such as having an ICS Board and ICS Health and Care Partnership, with local areas left to design their own ICS arrangements.
- The Northamptonshire Health and Care Partnership were hosting a development session in Kettering that afternoon to discuss how the broad set of ICS arrangements might be across the county.
- A good meeting had been held earlier that week with senior leadership and portfolio holders from North Northants Council to recognise the unique opportunity creation of the new unitary councils provide in designing something different.
- The defining pieces currently within the ICS design phase is to have a strong partnership focusing around the Place footprint, the role of Health and Wellbeing Boards within this footprint.
- There were four big main priorities of work to take forward collaboratively, children and young people, mental health, elective care and the iCAN programme.
- Either a substantive agenda item or development session should take place to work through collectively how this Board can make the most of the opportunities arising from the creation of the statutory ICS in the Place footprint.

Members of the Board noted the following:

- It was felt by some to be an amazing opportunity, with creation of the two new unitaries along with the NGH and KGH Hospital Group. They aimed to work with housing.
- The meeting a few days earlier was considered to be really good especially for those who wished to catch up on where they were. It was fundamental they got it right and did not fall behind in this important piece of work.
- It was considered to be beneficial if NHS structures were simplified as they were currently quite complicated and the public needed to understand them. It was considered a responsibility of the authorities involved to ensure engagement with residents was as good as it could be.
- It was noted the best way to find out how people wanted to use services was to ask them what they wanted and how they would use it, as data sometimes does not always resonate with the lived experience.

RESOLVED that:

(i) the Chair and Vice Chair of the Board, the Director of Public Health, the Executive Member for Adults, Health and Wellbeing and the Health and Wellbeing Board Business Manager would meet to discuss the possible subcommittee structure and development sessions for this Board; and

(ii) the Board noted the verbal update on the Integrated Care System Update.

13. Any Other Business

The Chairman invited members of the Health and Wellbeing Board to notify the Board of any developments they had made:

Assistant Chief Constable, Pauline Sturman reported Northamptonshire Police had an operating model that was now based on public feeling so we are placed to react. Public reaction can often be determined in groups, if any reports come through of gatherings or activity, or indicated an issue, then Northants Police are well placed to respond faster.

The Chief Executive of Northamptonshire Children's Trust, Colin Foster reported that there had been positive feedback to their launch event at which young people had presented. Northamptonshire Children's Trust (NCT) were creating apprenticeship opportunities for care leavers, and he would appreciate any support from others who could also offer apprenticeships or recruitment opportunities for care leavers. Two new apprentices had recently been appointed at NCT, with the experience they brought to any organisation being beneficial.

The Chairman of the Kettering General Hospital and Northampton General Hospital Group informed the Board they were formally launching as the University Hospitals of Northamptonshire NHS Group at the University of Northampton on 1 July 2021. There had been a massive improvement in access to research for the future with lots of people involved.

University of Northampton representative, Professor Steve O'Brien stated the pandemic had been an extremely challenging time for students and staff at the University. Particularly with students having to adapt to a different style of learning. The University was well placed for the flexible approaches required for learning. There had been an increase in numbers of potential students looking to recruit to health and social care courses. Whilst COVID19 was a really awful thing some positive things were coming out from the pandemic.

The Chair of Healthwatch Northamptonshire, Professor Will Pope stated they had continued to engage with the local population during the COVID19 Pandemic. Virtual engagements had been positively attended. There were 1200 responses received to a recent eating disorders amongst school children survey. They were attempting to build on the positives.

The Deputy Chief Executive of the Northamptonshire Healthcare Foundation Trust, David Maher stated people were starting to get to grips with waiting lists. It was suggested a future meeting could discuss a prevention strategy relating to eating disorders within children and young people. There was a Wellbeing Festival taking place at the end of June which was open to everyone.

Northamptonshire Fire and Rescue representative, Shaun Hallam stated their policy was focussed on the COVID19 Pandemic. Numbers in buildings was a huge consideration for them.

Councillor Helen Harrison confirmed North Northamptonshire Council was absolutely committed to community hubs as part of the delivery of the ICS Bringing services together to

provide good joined up care was important. Residents should be monitored throughout their way through the system to ensure they were continuously taken care of.

14. Close of Meeting

The meeting closed at 10:42 am.

North Northamptonshire Health and Wellbeing Board Action Log

Action No	Action Point	Allocated to	Progress	action status
170621/02	The Director of Public Heath would enquire whether there is any funding left from the Health and Planning Officer post and whether the post can be re-instated;	Lucy Wightman		

Actions completed since the 17th June 2021

170621/01	Deborah Mbofana to change the mention of Daventry to Wellingborough and the Stop Smoking Service managed by Public Health in the Pharmaceutical Needs Assessment.	Deborah Mbofana		Completed.
170621/03	The Chair and Vice Chair of the Board, the Director of Public Health, Portfolio for Adults, Health and Wellbeing and the Health and Wellbeing Board Business Manager would meet to discuss the possible subcommittee structure and development sessions for this Board;	Cheryl Bird	This took place on the 19th August.	Completed
170621/04	The Health and Wellbeing Board agreed amendments to the draft Terms of Reference be circulated to the Board for virtual approval before being submitted for final approval at Full Council	Cheryl Bird	It was agreed to wait	on hold

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North Northamptonshire Council

North Northamptonshire Health and Wellbeing Board
23 September 2021

Report Title	**Better Care Fund update**
Report Author	**David Watts, Executive Director for Adults, Communities and Wellbeing, david.watts@northnorthants.gov.uk**

List of Appendices

Appendix 1: Draft of proposed schemes

1. Purpose of Report

1.1. To update the Health and Wellbeing Board on the Better Care Fund (BCF) policy statement for 202 to 2022 published on 19 August 2021 and progress to developing the Better Care Fund plan for 2021 to 2022.

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 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 to 2022. The 2021 to 2022 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 to 2022 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 to 2022.

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 will be 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.

2.10 An iCAN Programme Director, Kim Curry, has been appointed on behalf of the system and took up post from 13 September 2021.

3. Recommendations

3.1 It is recommended that the North 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 each of Northamptonshire Clinical Commissioning Group and North Northamptonshire Council
b) Note that the updated BCF policy statement for 2020 to 2021 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 (para. 8.1, pg.116), allows for working groups to be put in place to action activity in between HWB 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

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 to 2022. The 2021 to 2022 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 to 2022 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 to 2022.

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

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

4.7 The policy framework published on 19 August 2021 confirms the conditions and funding for the BCF in 2021 to 2022. 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%
LA151	Local Authority (upper tier) (151 LAs in 2019)	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)
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:

Organisation-name	iBCF £
North Northamptonshire Council	**11,184,632**
West Northamptonshire Council	**9,772,993**

4.22 **BCF national conditions and metrics for 2021 to 2022**

The national conditions for the BCF in 2021 to 2022 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. Predominantly the previous

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 to 2022, 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 to 2022) 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 to 2022 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 to 2022**

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 to 2021, 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 to 2022.

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 to 2022 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

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 on 02 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 North 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 on 02 December 2021 for noting.

6. Implications (including financial implications)

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.

6.4 Consultation

6.4.1 No consultation was required

6.5 Consideration by Scrutiny

6.5.1 This report has not been considered by scrutiny.

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

7.1 Northamptonshire Health and Wellbeing board 24 September 2020 Better Care Fund and iCAN programme update: Health and Wellbeing Board Front Sheet (northamptonshire.gov.uk)

7.2 Northamptonshire Health and Wellbeing board 24 September 2020, Appendix 1: iCAN programme update: Transformation programme (northamptonshire.gov.uk)

7.3 Northamptonshire Health and Wellbeing board 24 September 2020, BCF Plan 2020/2021 Sign off: Health and Wellbeing Board Front Sheet (northamptonshire.gov.uk)

7.4 Northamptonshire Health and Wellbeing board 24 September 2020, BCF Plan Summary Document: Document.ashx (northamptonshire.gov.uk)

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 NNC 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 (NNC)	Charity / Voluntary Sector	Care Act - Minimum CCG Contribution
High quality & specialist care	Safeguarding (Assurance) Teams	NNC 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 (NNC)	Local Authority	Care Act - Minimum CCG Contribution
Keeping more people well and out of Hospital	Disabled Facilities Grants	NNC - 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: • widen doors and install ramps • improve access to rooms and facilities - e.g. stair lifts or a downstairs bathroom • Provide a heating system to meet needs. These adaptions help to ensure people can	LA (NNC)	Local Authority	DFG
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 indpendent safe living	LA (NNC)	Local Authority	iBCF
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 incraesed demand, discharges and long term costs of care on discharge	LA (NNC)		iBCF
Care closer to home	Domiciliary Care	Council - combined schemes 29 & 14 for Dom Care - underlying pressure and provision for additional Dom care provision covering the increased hours of care and complexity coming from hospital discharges.	LA (NNC)	Private Sector	iBCF
Care closer to home	Integrated Discharge Teams	NNC - all Hospital assessment staff - budget to cover all staff that support discharge processes and in hospital assessments	LA (NNC)	Local Authority	Minimum CCG Contribution
Keeping more people well and out of Hospital	Community Occupational Therapy	NNC - Community Occupational Therapy Teams - The occupational therapy team provide post hospital recovery support, rehabilitation, adaptions 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 (NNC)	Local Authority	Minimum CCG Contribution
Care in a crisis	Acute Psychiatric Liaison	NCC Commissioned service from NHFT - Multi-disciplinary psychiatric liaison - service operating 24/7 at both acute Hospitals providing assessment, early intervention & diversion of patients to mainstream MH services - The acute Liaison service is designed to avoid admissions and the deterioration of mental health conditions in a crisis by providing early support and intervention	LA (NNC)	Local Authority	Minimum CCG Contribution
High quality & specialist care	Commissioning & Intelligence Capacity	NCC - Provision of commissioning capacity and expertise to support accelerated market development, options and services in order to support future need. Also supports the NCC social care intelligence hub that supports evidence based commissioning and data to support service development and monitoring.	LA (NNC)	Local Authority	Minimum CCG Contribution
Care closer to home	Community Reablement Team	Community Reablement Team - managing discharges home with support and short term reablement in the community as well as community based reablement episodes for those recovering from hospital stay or crisis and needing support to return to independence	LA (NNC)	Local Authority	Minimum CCG Contribution

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