

## West Sussex Better Care Income and Expenditure Plan 2020/21

### 1. BCF Allocations and Pooled Fund 2020/21

	<b>Committed Funding</b>
<b>Capital Funding</b>	
Disabled Facilities Grant <sup>1</sup>	£9,414,970
<b>Total Capital Funding</b>	<b>£9,414,970</b>
<b>Revenue Funding</b>	
NHS West Sussex CCG <sup>2</sup>	£60,678,601
West Sussex County Council Additional Contribution <sup>3</sup>	£1,878,300
Improved Better Care Fund <sup>4</sup>	£20,006,674
<b>Total Revenue Funding</b>	<b>£,82,563,575</b>
<b>Total Better Care Fund Budget</b>	<b>£91,978,545</b>

#### Notes:

1. Includes additional allocation of £1,117,309 announced and payable in December 2020.
2. CCG minimum contribution overall uplift of 5.3% based on uplifts to the individual 2019/20 contributions of the 3 former West Sussex CCGs.
3. Additional WSCC contribution to Carers Services.
4. Includes the formerly separate Winter Pressures Grant which is no longer ring-fenced.

## 2. West Sussex Better Care Fund Planned Expenditure 2020/21

Committed Funding Scheme	Scheme Number	West Sussex CCG	West Sussex County Council	TOTAL
Disabled Facilities Grant	1	-	£9,414,971	<b>£9,414,970</b>
Maintaining (Protecting) Social Care	2	£16,521,876	-	<b>£16,521,876</b>
Meeting adult social care needs	3a	-	£8,463,222	<b>£8,463,222</b>
Reducing pressure on the NHS, including supporting more people to be discharged from hospital when ready	3b	-	£5,488,000	<b>£5,488,000</b>
Ensuring that the local social care provider market is supported	3c	-	£2,752,000	<b>£2,752,000</b>
Winter Pressures Grant	3d	-	£3,303,452	<b>£3,303,452</b>
Proactive Care	4	£7,129,457	-	<b>£7,129,457</b>
Communities of Practice	5	£4,253,320	-	<b>£4,253,320</b>
BCF Programme Supt	6	£234,313	-	<b>£234,313</b>
Step Up Step Down	7	£17,625,524	-	<b>£17,625,524</b>
Prevention Initiatives	8	£583,366	-	<b>£583,366</b>
Care Act Initiatives	9	£2,131,600	-	<b>£2,131,600</b>
Carers Services	10	£1,924,600	£1,878,300	<b>£3,802,900</b>
Telecare	11	£860,800	-	<b>£860,800</b>
Community Equipment	12a	£4,085,600	-	<b>£4,085,600</b>
Community Equipment (Health)	12b	£5,328,145	-	<b>£5,328,145</b>
		<b><u>£60,678,601</u></b>	<b><u>£31,299,945</u></b>	<b><u>£91,978,545</u></b>

### Notes:

1. This plan meets the minimum spend requirements of £25,374,176 for social care, and £17,243,138 for CCG-commissioned out of hospital services.

### 3. West Sussex Better Care Fund Scheme Summary Descriptions 2020/21

3.1 **Scheme 1 – Disabled Facilities Grant (WSCC):** To provide for adaptations to a disabled person's property that are both necessary and appropriate for the needs of the disabled person and reasonable and practicable in relation to the property to support individuals across West Sussex to remain independent in their own homes.

- A fundamental aim of a DFG is to assist people to remain independent in their own home for longer and therefore this scheme will have a positive impact on the national BCF outcomes as a preventative measure.
- Home adaptations play a key role in enabling people of all ages with functional or cognitive disabilities and frailty to live safe, healthy, independent living within their own home through helping to reduce the risk of injury preventing hospital admissions, enabling faster hospital discharges, delaying onset of admission to residential care and reducing on-going health and care costs.

3.2 **Scheme 2 – Maintaining (Protecting) Social Care (WSCC):** To ensure adults who have eligible needs, who are at risk of harm, abuse or neglect and/or who want to live independently for as long as possible are able to receive the person centred social care and support they need in the place they wish to receive it. Without protecting social care services, there will be consequences on people's health and wellbeing and increasing pressures on health services.

3.2.1 The social care services that are protected through this funding need to be seen as part of an integrated whole rather than as a series of disparate activities. Being demand-led, expenditure is influenced by factors that will change over time and thus it is subject to inherent variation. As a result, the funding that the Council receives is effectively equivalent to a block contract, where the services delivered will include, but are not limited to:

- Housing Support services
- Reablement services
- Social work teams in hospitals
- Occupational Therapists
- Sensory Services
- Preventative services
- Care Point services
- Support Information and Advice services

3.2.2 The arrangements include both external sourcing / contracting of services and the provision of services through Adult Services.

3.3 **Scheme 3 – Improved Better Care Fund (WSCC):** The Improved Better Care Fund will be spent in accordance with DCLGMHCLG grant conditions that specify the funding is to be used in three areas:

- Meeting adult's social care needs
- Reducing pressure on the NHS, including supporting more people to be discharged from hospital when ready
- Ensuring that the local social care provider market is supported

3.3.1 Proposed schemes and services have been grouped under these areas and include a focus on implementing the High Impact Change Model, development of new prevention services, supporting people with dementia, supporting people with lifelong conditions and workforce development.

3.3.2 For 2020/21, this scheme also includes the previously separate Winter Pressures Grant funding. This comprises a wide range of initiatives designed to manage seasonal pressures on the local health and care system.

3.4 **Scheme 4 – Proactive Care (CCG):** Proactive Care+ is being transformed in order to help ameliorate the strategic challenges faced by health and social care services in Coastal West Sussex. These challenges are being exacerbated by both the growth in the frail elderly population and the limitations of the current model of care within primary and community care services for the frail elderly

3.4.1 These limitations are evidenced by increasing growth in the use of urgent and emergency care services for this patient cohort and the consequent disproportionate use of financial resources.

3.4.2 The limitations are intensified by the lack of integrated working between Primary and community services – a result of both traditional organizational structures and a patchwork of unaligned commissioning incentives.

3.4.3 The aim of this work is to develop and deliver a new model of Proactive Care+ for the frail, elderly population of Coastal West Sussex by commissioning Primary Care and SCFT (and its subcontractors) to integrate around a defined target population of all of those who fall into any of the following:

- Severe frailty
- Dementia
- Residing in a nursing home
- In the last year of life

3.5 **Scheme 5 – Communities of Practice (CCG):** Communities of Practice are central to delivery of a new model of care and are intended to help tackle the challenges in workload and capacity being experienced in general practice and community based services – creating a more coordinated service to improve patient experience and outcomes; and improving the value we get from the investment we make with greater efficiencies and patients seeing the right person first time rather than having multiple assessments and appointments associated with multiple ‘hand-offs’ of care.

3.5.1 Communities of Practice are the core element of a wider system of care working in concert with the two responsive services teams and specialist nursing teams in Crawley and Horsham & Mid Sussex. Communities of Practice are the key ongoing coordinators for patient care for those patients on their caseload, with responsive services providing short term crisis intervention support to both avoid an admission and facilitate early discharge from hospital if admitted.

3.5.2 Specialist nursing provides specialist rapid response working with responsive services when a patient has an exacerbation of their condition to support rapid assessment and treatment with the aim of avoiding a hospital admission. The specialist nursing teams will also work with Community of Practice teams post discharge from hospital to reduce length

of stay and optimize the transition from hospital to home and prevent further readmission to hospital.

3.5.3 Communities of Practice are extended community teams based around groups of general practice, bringing together the care resources of community and mental health services, social care, and increasingly community pharmacy, third sector and paramedics focused around a registered population, the delivery of shared outcomes and care organised around individuals, rather than the current position of uncoordinated and inefficient provision of multiple different services to patients through individual patient contacts.

3.5.4 This funding also includes:

- Integrated Response Teams supporting care homes in the region, improving the quality of care for care homes residents and reducing A&E attendances and unplanned admissions from care homes residents into acute care.
- Programme Management for Care Homes, supporting the funding of a Lead Manager for Care Homes (working across the North Alliance CCGs, liaising closely with other relevant health and social care colleagues, including those at the County Council, Coastal West Sussex and other neighbouring CCGs, Health Education England and Community Trusts.

3.6 **Scheme 6 – BCF Programme Support (WSCC & CCG):** The scheme is jointly commissioned by the Joint Commissioning Strategy Group. This Scheme funds the Better Care Fund (BCF) Coordination Team which includes the BCF Coordinator, BCF Project Officer and BCF Programme Administrator, who shall be deployed on behalf of all the Partners in respect of:

- Coordinating and supporting the development of the West Sussex BCF Plan and its ongoing delivery
- The monitoring and reporting of the BCF plan and the individual BCF schemes
- Provision of the interface with the MHCLG and NHSE Better Care Support Team in respect of BCF planning, metrics trajectories, and quarterly reporting
- Provision of administrative support and reporting to the Joint Commissioning Strategy Group in respect of the Better Care Fund and wider joint commissioning portfolio
- Reporting in respect of the Better Care Fund to the West Sussex Health and Wellbeing Board via the Joint Commissioning Strategy Group

3.7 **Scheme 7 – Step Up Step Down (CCG):** This scheme funds Reablement Services and Responsive Services.

3.7.1 Reablement is about helping people regain the ability to look after themselves following illness or injury. It is different from traditional home care and commissioners and staff need to consider this when commissioning and delivering the service. Reablement funds have been invested by CCGs into Sussex Community NHS Trust to help support services that enable patients to be cared for and lead independent lives, which support and to maximise the effectiveness and value of reablement support to prevent customers from needing to receive additional and/or more intensive health and social care services.

3.7.2 Responsive Services covers the various services provided by Sussex Community NHS Foundation Trust (SCFT). This includes 660 health commissioned beds in 30 locations. These health-commissioned services are coordinated with those provided by the local authority by a joint West Sussex steering group.

3.7.3 This service supports a range of Home First responsive services e.g., admission avoidance teams and early supported discharge working closely with providers including the local authority, acute hospitals with services integrated Primary Care Networks. The target model of care includes admission avoidance and Discharge to Assess (D2A) philosophies focussed on the management of risk, integrated health and social care teams, personalised, person and family centred approaches, and data sharing and single care records. Under this scheme, capacity will be matched to demand 24/7 for 365 days of the year, and step-up (admission avoidance) will be accessed through a Joint Call Centre / Single Point of Access (SPoA).

3.8 **Scheme 8 – Prevention Initiatives (CCG):** Services delivered under this scheme consist of:

- Social Prescribing: Empowering the individuals within the target cohort to improve their health and wellbeing and social welfare by connecting them to non medical and community services. This intervention supports the proactive and rapid response approach across work streams working closely with the voluntary sector. This will reduce direct GP contacts, A&E attendances, emergency admissions and specialist outpatient care. The Link workers providing the service also allow statutory resources to be targeted in a more effective way. The separate provision across the three former West Sussex CCGs will be drawn together as part of the ongoing integration journey.
- Stroke Association: Funding for the Stroke Recovery Service and Six Month Reviews.

3.9 **Scheme 9 – Care Act Initiatives (WSCC):** Demographic demand coupled with increasing numbers and complexity of customers is placing increased pressures on Adult Social Care services. The financial consequences of this for the Council have been considerable with the result that the proportion of its budget which is spent on adult social care has increased from less than 32% in 2015/16 to around 36% in 2019/20. That has occurred during a period when its general grant funding from Government has fallen from £148m per year to nil. This has required difficult choices to be made, from which adult social care could not be exempted. As a result, and despite the growth which has been directed towards it, the budget is almost totally consumed by the cost of meeting the needs of people who have been assessed as meeting the eligibility criteria laid down in the Care Act.

3.9.1 The funding will be used by the Council to fund the implementation of the new duties for Local Authorities brought in under The Care Act 2014. These include:

- Wellbeing principle for all citizens of West Sussex
- The provision of services to support Prevention
- National eligibility criteria
- Information and advice to enable people to access and plan care, including the right to advocacy
- Enhanced rights for carers, e.g. the legal right for assessment and support
- Stabilising, strengthening and growing the social care market
- Integration and Co-operation with other public bodies
- Making Safeguarding Personal
- Providing social care services in the prison

3.10 **Scheme 10 – Carers Services (WSCC):** This scheme is comprised of the following services:

- Carers Information, Support, and Advice: Empowering Carers, increasing their resilience, supporting their wellbeing, and delivering statutory carers assessments in accordance with the Care Act 2014 and relevant regulations, guidance and policies.
- Carers Support in Hospitals: To provide immediate support to people in a hospital setting, who as a result of a hospital admission of a family member can suddenly find themselves in a caring role or with increased caring responsibilities, and to refer onward to community base carer support services at the point of discharge.
- Carers Health Team: To ensure carers feel less isolated, stay mentally and physically fit and maintain their wellbeing and life outside their carer role.

3.10.1 There is clear evidence that investing in Carers Services improves health and wellbeing outcomes for patients and recipients of care and improves health and wellbeing outcomes for carers, who suffer disproportionately high levels of ill-health.

3.11 **Scheme 11 – Telecare (WSCC):** Technology Enabled Lives services include the use of convenient, accessible and cost-effective products or services that allow people of all ages to monitor their own (or someone else's) health and wellbeing, so they may better manage long term conditions, maintain their independence through performing tasks they would otherwise be unable to do, or increase the ease or safety with which tasks can be performed so that they can stay in their own home in their own community. Technology Enabled Lives services are also used as a valuable proactive tool in preventing people from entering the health and social care system.

3.12 **Scheme 12 – Community Equipment (WSCC):** Community equipment enables people with a wide range of needs, including those with increasingly complex needs to remain in their own home and to support new models of community based health care.

3.12.1 Community equipment services are provided as a fundamental part of the health and social care system. Effective equipment provision results in good clinical and financial outcomes, and is vital in supporting policies and strategies for keeping more people safe, independent and able to self-care in their own home.

3.12.2 Note that the budget includes the Health (SCFT) funding element paid by the Clinical Commission Group.

**Contact:** Paul Keough, Better Care Fund Manager, West Sussex Clinical Commissioning Group and West Sussex County Council, 07920 817577, [paul.keough@nhs.net](mailto:paul.keough@nhs.net)