

Title of report: Better Care Fund (BCF) Quarter 2 and Quarter 3 reports 2023- 2024

Meeting: Health and Wellbeing Board

Meeting date: Monday 11 March 2024

Report by: Transformation and Improvement Lead

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose

To review the better care fund (BCF) 2023/24 quarter two and quarter three reports, as per the requirements of the Better Care Fund (BCF) programme.

Recommendation(s)

That:

- a) **The better care fund quarter two and quarter three reports for 2023/24, at appendix 1 and 2, as submitted to NHS England, be reviewed; and**
- b) **The board determine any actions it wishes to recommend to secure improvement in efficiency or performance.**

Alternative options

1. The board could decline to sign off the submission. It is a national condition that quarterly reports are signed off by the Health and Wellbeing Board (HWBB). The content of the returns have already been approved by the council's corporate director for community wellbeing and the Herefordshire and Worcestershire Integrated Care Board (HWICB) accountable officer and submitted prior to the

meeting of the board, in accordance with national deadlines. The HWBB does not always align with national deadlines, however this gives the board an opportunity to review and provide feedback.

Key considerations

1. The better care fund provides a mechanism for joint health, housing and social care planning and commissioning. It brings together ring-fenced budgets from Herefordshire and Worcestershire Integrated Care Board (HWICB) allocations, and funding paid directly to local government, including the Disabled Facilities Grant (DFG), the improved Better Care Fund (iBCF) and the Adult Social Care Discharge Fund (ASCDF).
2. Quarterly reports must be submitted to NHS England (NHSE) and Health and Wellbeing Boards. There was no requirement in 2023/2024 to submit a quarter one report.
3. The quarter two report provides a summary of any changes to the capacity and demand plans between April and October 2023 and updates against metric ambitions. The Quarter three report collects information on metric ambitions and updates on spend and activity against certain schemes.
4. The national submission deadlines for the quarter two and three performance returns have already passed and therefore the board is requested to note the completed data, at appendix one and two, following its submission to NHS England.

Quarter two (Q2)

5. The quarter 2 data reports that achieving the target rate for avoidable admissions (non-elective), continues to pose a challenge to all partners. A number of key schemes continue to be delivered to assist in supporting individuals at home and avoiding admissions and to reduce demand, where possible. Q2 shows 176 against a target of 141.
6. As detailed in the Q2 report, the percentage of people who are discharged from acute hospital to their normal place of residence was 95% against a target of 91.9%. Work to improve and integrate discharge services remains the priority for One Herefordshire Partnership. The transformation encompasses multiple services and disciplines and, as might be expected, progress is incremental but improvements continue to be realised.
7. Emergency hospital admissions due to falls in people aged 65+ was on track to meet the target in Q2 (342).
8. As reflected in the Q2 report, performance indicates that Herefordshire was on track to meet the target for the national metric of reducing the rate of permanent admissions into residential care (292.6/484).
9. Given the number of people that enter into residential care (and nursing) in receipt of Discharge to Assess (D2A) pathways 2 and 3 this figure is considered positive. We remain mindful of the limited capacity in the care market for complex cases, such as people with more challenging behaviours and we continue to work with our system partners to address these gaps. The introduction of the Care Act Assessment Team (CAAST) has been instrumental in assessing people into the right services following discharge.
10. Data in Q2 shows 67.60% of service users 65+ discharged from hospital into reablement/rehabilitation services were still at home 91 days later against a target of 80%. There is an overstay element requiring Home First support while they wait for long term care to support.

11. The Q2 report provides data to demonstrate there have been no changes to the capacity and demand assumptions as set out in Herefordshire's 2023/25 Better Care Fund Plan. Bed occupancy is high at Wye Valley Trust throughout the year, so there are not extreme peaks and troughs of activity.
12. Herefordshire has for a number of years followed a model of spot purchasing the majority of care in care homes and home care. There are some capacity and location challenges for home care providers on the councils framework agreements but care can be sourced outside these arrangements in the short term where necessary.
13. Herefordshire has a framework agreement in place for the provision of home care across the county from which individual placement agreements are made to deliver care specific to an individual's needs. A secondary framework agreement for home care was introduced in November 2022 to supplement the existing provision. This has addressed much of the previous capacity challenge within the market, and where specific location challenges remain, mechanisms have been introduced to enable care to be sourced outside these framework arrangements on a spot basis in the short term where necessary.
14. The impact of planned interventions has not yet embedded to the extent of delivering a statistically significant change to the modelled figures.
15. Data quality and completeness can be an issue, with multiple partners and different systems that are not always compatible. Some work is being undertaken on improving both the accuracy and timeliness of data and developing a more automated method of recording and reporting discharge data; therefore a data analyst post has been recruited to for twelve months, hosted by Taurus Healthcare.
16. Our spot purchasing model, which is via a framework agreement, means that demand does not exceed capacity in anything but the very short term. Issues remain around the affordability of care rather than the availability of capacity.

Quarter three (Q3)

17. Quarter 3 data reports that achieving the target rate for avoidable admissions (non-elective) was not on track to meet the target showing 197 against a target of 154. Long term condition support continues to deliver good outcomes to prevent unplanned admissions and further work is in progress to strengthen pathways within Primary Care Networks (PCN).
18. As detailed in the Q3 report, the percentage of people who are discharged from acute hospital to their normal place of residence was on track to meet the target reporting 90.60% against a target of 91.7%.
19. There is some improvement work taking place on D2A to ensure all reablement opportunities are maximised with partners working together.
20. Emergency hospital admissions due to falls in people aged 65+ is reported as on track to meet the target in Q3 showing a year to date total of 1105 against a target of 1372. Good links between the urgent care response team (UCR) and the falls team enables support to avoid emergency hospital admissions with therapist attending people in their own homes to ensure urgent and preventative support.
21. As reflected in the Q3 report, performance indicates that Herefordshire was on track to meet the target for the national metric of reducing the rate of permanent admissions into residential care Performance at Q3 is 399.2 against a target of 484. Partners across the health and social care system continue to support individuals to remain independent and living in their own homes and communities as long as possible.

22. A recommendation is currently being put forward for agreement by Cabinet to commence the commissioning of 20-30 block beds over a 5 year period in order for the Council to have a clearer picture of the capacity and cost of residential and nursing care across the County.
23. Data in Q3 for reablement services is showing not on track with 68.90% of service users 65+ discharged from hospital into reablement/rehabilitation services were still at home 91 days later against a target of 80%.
24. Reporting in Q3 on spend and activity of certain schemes is a national requirement. This section of the return is to provide summary information for the Department of Health and Social Care (DHSC) and is not performance-managed regionally or nationally. Pre-populated by NHSE, the worksheet collects year to date spend and activity to the end of Q3 2023/24. Most of the services selected by reporting are demand-driven and activity and cost is variable: some lines are over-performing and some are under-performing: any areas of local concern are picked up by partners and overseen by Integrated Care Executive.

Community impact

25. The BCF plan is set within the context of the national programme of transformation and integration of health and social care. The council and HWICB continue to work together to deliver on the key priorities within the plan to achieve savings and improve the delivery of services in order to achieve the priorities of the health and wellbeing strategy in the most cost effective way.
26. Talk Community brings together community, third sector and statutory services to connect with peers and share ideas and experiences within the local Primary Care Network (PCN) areas; working with communities to identify and address issues that affect them, increase sustainability of communities by facilitating the development of partnerships and collaborative approaches and helping identify any gaps in provision.

Environmental Impact

27. Herefordshire Council provides and purchases a wide range of services for the people of Herefordshire. Together with partner organisations in the private, public and voluntary sectors we share a strong commitment to improving our environmental sustainability, achieving carbon neutrality and to protect and enhance Herefordshire's outstanding natural environment.
28. Whilst this is a decision on programme delivery and will have minimal environmental impacts, consideration has been made to minimise waste and resource use in line with the Council's Environmental Policy.







Equality duty

29. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:
A public authority must, in the exercise of its functions, have due regard to the need to –
 - a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

- b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
28. The council and HWICB are committed to equality and diversity using the public sector equality duty (Equality Act 2010) to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Equality considerations have been taken into account.
29. The BCF programme aims to deliver better outcomes for older and disabled people and supports the council in proactively delivering its equality duty under the act. This is through improving the health and wellbeing of people in Herefordshire by enabling them to take greater control over their own homes and communities. There are no negative impacts for looked after children or with respect to the council's corporate parenting role.

Resource implications

30. Each element of the Better Care Fund is funded by allocations from DHSC or Department for Levelling Up, Housing and Communities (DLUHC). The Better Care Fund plan for 2023/25 includes no additional voluntary contributions from the core funding of either partner.
31. The National Health Service (Expenditure on Service Integration) Directions 2023 under section 223B of the NHS Act ring-fences £5.059 billion nationally to form the NHS mandatory contribution to the BCF for 2023/24. That figure includes £300 million additional funding for discharge allocated to ICBs. Under section 223B of the NHS Act 2006 NHS England directs ICBs to pool their allocations into the BCF in line with the planning requirements. This condition is met in the BCF plan.
32. The finance position of the better care fund represents the forecast outturn at the end of quarter 3 2023/24. Overall, the BCF is forecast to outturn within 0.5% of planned expenditure.

Better Care Fund Expenditure Summary 2023/24						
2023/24 POOLED BUDGET FINANCIAL PLAN		FORECAST OUTTURN				
MANDATORY BETTER CARE FUND	2023/24 Plan Value	Month 9 (December)			Month 8 (November)	
		Forecast Outturn	Variance to Plan		Forecast Outturn	Change from previous month
Mandatory Transfer to Adult Social Care	£6,874,214	£6,863,135	(£11,079)	(0.16%)	£6,896,635	(£33,500) 
NHS Commissioned Out of Hospital Services	£9,114,213	£9,114,213	£0	0.00%	£9,113,646	£567 
Disabled Facilities Grant	£2,268,653	£2,268,653	£0	0.00%	£2,268,653	£0 
Improved Better Care Fund	£6,782,841	£6,645,075	(£137,766)	(2.03%)	£6,653,523	(£8,448) 
Adult Social Care Discharge Fund	£1,998,716	£2,058,381	£59,665	2.99%	£2,119,544	(£61,162) 
TOTAL BETTER CARE FUND	£27,038,637	£26,949,458	(£89,179)	(0.33%)	£27,052,001	(£102,543) 

Legal implications

33. The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the BCF. It allows for the Mandate to NHS England to include specific requirements to instruct NHS England over the BCF, and NHS England to direct Integrated Care Boards to pool the necessary funding. The council is legally obliged to comply with grant conditions, which have been complied with.

34. Health and wellbeing boards are responsible for encouraging integrated working between health and social care commissioners, including partnership arrangements such as pooled budgets, lead commissioning and integrated provision.
35. Their purpose is to establish collaborative decision making, planning and commissioning across councils and the NHS, informed by the views of patients, people who use services and other partners.
36. Overseeing the deployment of BCF resources locally is a key part of their remit. BCF plans have to be signed off by the health and wellbeing board as well as the HWICB, which represents the NHS side of the equation
37. Section 75 of the National Health Service Act 2006 contains powers enabling NHS bodies (as defined in section 275 and 276 of the NHS Act 2006) to exercise certain local authority functions and for local authorities to exercise various NHS functions. The parties entered into a section 75 agreement in exercise of those powers under and pursuant of the NHS Regulations 2000.
38. The iBCF is paid directly to the council via a Section 31 grant from the Department of Levelling Up, Housing and Communities (DLUHC). The Government has attached a set of conditions to the Section 31 grant to ensure it is included in the BCF at local level and will be spent on adult social care. The council are legally obliged to comply with the grant conditions set.

Risk management

39. The board is invited to review the content of the performance templates, which are based on statistical and financial information and therefore the risk is minimal.

Risk / Opportunity	Mitigation
Failure to achieve national metrics ambitions.	A robust process form monitoring activity on a monthly basis is in place and will be monitored through the Integrated Care Executive (ICE).
Increasing demand due to the demography of expected older age population.	A number of the schemes include both areas that support prevention and the urgent care parts of the system to spread the risk. In addition, the local authority continues to lead on development with communities.
Overspend, particularly on discharge capacity.	The council and HWICB are working with One Herefordshire Partnership to revise and improve the service model for Discharge to Assess to be recurrently sustainable.

Consultees

40. The content of the quarterly reports has been provided by partners within HWICB, WVT, Hoople Ltd and appropriate internal Herefordshire Council staff.

Appendices

Appendix 1 – better care fund quarter two 2023/24 report

Appendix 2 – better care fund quarter three 2023/24 report

Background papers

None identified

Report Reviewers Used for appraising this report:

Please note this section must be completed before the report can be published

Governance	Henry Merricks-Murgatroyd	Date 27/02/2024
Finance	Wendy Pickering	Date 27/02/2024
Legal	Sean O'Connor	Date 26/02/2024
Communications	Luenne Featherstone	Date 26/02/2024
Equality Duty	Harriet Yellin	Date 26/02/2024
Procurement	Lee Robertson	Date 26/02/2024
Risk	Jo Needs	Date 26/02/2024

Approved by Hilary Hall Date 28/02/2024

	Glossary of terms, abbreviations and acronyms
BCF	Better Care Fund
iBCF	Improved Better Care Fund
DFG	Disabled Facilities Grant
D2A	Discharge to Assess
DHSC	Department of Health and Social Care
DLUHC	Department for Levelling Up, Housing and Communities
HWICB	Herefordshire & Worcestershire Integrated Care Board
HICM	High Impact Change Model
HWBB	Health and Wellbeing Board
1HP	One Herefordshire Partnership
ICE	Integrated Care Executive
NHSE	NHS England
PCN	Primary Care Network