

Title of report: Better Care Fund (BCF) year end report 2023-2024

Meeting: Health and Wellbeing Board

Meeting date: Monday 10 June 2024

Report by: Service Director All Ages Commissioning

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose

To review and retrospectively approve the better care fund (BCF) year-end 2023-2024 report, as per the requirements of the programme.

Recommendation(s)

That:

- a) The Better Care Fund (BCF) 2023-2024 year-end template at appendix 1, as submitted to NHS England, be reviewed and retrospectively approved by the board.**

Alternative options

1. The board could decline to sign off the submission. It is a national requirement that quarterly reports are signed off by the Health and Wellbeing Board (HWBB). The content of the return has already been approved by the council's Corporate Director for Community Wellbeing and Herefordshire & 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

2. 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).
3. The National BCF team determines national reporting requirements on the overall BCF programme, with quarterly reports being submitted to NHS England (NHSE) and Health and Wellbeing Boards.
4. The year-end template requires confirmation that the BCF national conditions continued to be met throughout the year, confirmation of actual income and expenditure in BCF section 75 agreements for 2023-24 (covering the whole of the BCF plan including the Adult Social Care Discharge Fund monies), details of significant successes and challenges during the year. There is often a relatively short window of time between NHSE publishing the reporting templates and the national submission date. The deadline for the year end 2023-2024 performance return has already passed (22 May 2024) and therefore the board is requested to note the completed template (**appendix 1**), following its submission to NHS England.
5. The Year-End template (**appendix 1**) consists of several elements:
 - i) Confirmation that National Conditions have been met
 - ii) Metrics and Performance
 - iii) Income and Expenditure Actuals
 - iv) Spend and Activity
 - v) Hospital Discharge Activity
 - vi) Community Activity
 - vii) Feedback on the impact of the BCF
6. Herefordshire has reported that all of the national conditions, as listed below, have been met.
 - i) A jointly agreed plan
 - ii) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer
 - iii) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time
 - iv) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services.
7. Key achievements for 2023-24 included a system agreement to utilise BCF funding to create a Bridging team within the Community Integrated Response Hub (CIRH). Organisations worked together to embed a process where patients could be discharged to their usual place of residence whilst waiting for reablement capacity. This enabled the system to ensure that

patients' needs were being met (including access to therapy and the commitment of a reablement care plan) without delay.

8. 2023/2024 saw our system create a Discharge to Assess (D2A) Board. The board, chaired jointly between health and social care enabled system partners to work together on a jointly agreed improvement plan for D2A.
9. The reduction of the use of spot purchased beds created a challenge in 2023/24, however by working together to ensure better triage at discharge, improvements are starting to be made.
10. 16 D2A block care home beds (6 residential and 10 nursing) were commissioned from the care home market from January to March 2024 to support increased demand for discharges over the winter. The beds were well utilised supporting 29 additional discharges.
11. Herefordshire's performance was below target in relation to Avoidable Admissions (non-elective) at year-end showing 212 against a target of 151 (lower number of admissions required for this target); this was linked to activity growth in urgent and emergency care (UEC) which has contributed to the increase in unplanned admissions.
12. High levels of activity are being supported by community teams to reduce admissions. A care home admissions pathway has been developed including joint working with Primary Care.
13. The percentage of people who are discharged from acute hospital to their normal place of residence was 91% against a target of 91.4%. There was an initial challenge with discharge to Discharge to Assess (D2A) pathways however the position improved over the year with developments with system partners working together to address. Improvements linked to D2A pathway work has supported meeting the target.
14. All Age Commissioning have been working to ensure the care provider market across Herefordshire is able to support discharge from pathways, enabling more patients to be discharged home for reablement support.
15. Emergency hospital admissions due to falls in people aged 65 and over showed a full year figure for 2023-24 of 1696; the target of 1372 therefore was not met. Recruitment into therapy posts across the health and social care system in Herefordshire continues to be difficult; successful recruitment would see a shorter wait time for falls and fall prevention clinics. Plans have been put in place to encourage recruitment. The Community Integrated Response Hub (CIRH) and Urgent Community Response (UCR) services are now linked into the falls responder service to support joint working.
16. Herefordshire reported as being not on track to meet the target of 484 placements with a year-end figure of 521.6 per 100,000 population for the rate of permanent admissions to residential care per 100,000 (65+). The care home market in Herefordshire remains vibrant, with the market significantly geared in relation to self-funders. This proves challenging in relation to the ability of the council to commission care at or near its standard fee rates resulting in average costs of placements being higher than other councils in the West Midlands region. The council is also seeing an increase in the number of self-funders requiring support from the council as a result of their funds having depleted.

17. High numbers of people being discharged from hospital into bedded care, in addition to capacity issues in the home care market to support onward move home has also proved challenging in relation to longer term support requirements.
18. Reablement performance did not meet target in 2023/24, 70.3% of people remained at home after 91 days following hospital discharge support by Reablement, the target was 80%. A high number of people overstaying their initial service period has impacted capacity within the Home First service and high levels of sickness impacted on capacity around hospital discharges. Overstays have started to drop due to new providers on the council framework. It was established that the rota pattern being used was unsuitable and caused capacity to be limited at times with non-digital scheduling relying on geographical knowledge. A new rota system has been implemented to suit service delivery needs.
19. There was no specific oversight for 91 days data recording, which allowed data to be missed or recorded incorrectly. A Scheduling Coordinator post has been recruited, to oversee discharges, referrals and 91 day reviews.
20. The Spend and Activity and Hospital Discharge Activity elements of the BCF return show that levels of activity for hospital discharge were higher than planned, and this is borne out by expenditure compared to plan in the expenditure return. Herefordshire continues to use high amounts of short-term residential and nursing care home beds for discharge to assess.
21. The Community Activity return shows the increasing demand for urgent community response provided by Wye Valley NHS Trust.

Community impact

22. 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.
23. 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

24. 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.
25. Whilst this is a report regarding 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

26. 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.
27. The council and HWICB are committed to equality and compliance with the public sector equality duty. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services.
28. Whilst this paper is not seeking any project specific decisions, the year-end report provides an overview of performance in relation to services funded by the BCF. 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.
29. Commissioned services funded by the BCF take into account arrangements to assess and consult on how functions impact on protected characteristics. Services are undertaken in a manner which respects individuality of service users, patients etc. Where appropriate, an Equality Impact Assessment (EIA) is undertaken for separate schemes and services that are within the BCF.

Resource implications

30. In 2023-24 the BCF provided Herefordshire with total funding of £29.115m.
31. The Better Care Fund provides funding to health and social care services including NHS Community Services, Talk Community, social care provision and integrated discharge services. The largest area of spend is services that support discharge from hospital (£17.4m). This is the first year for which One Herefordshire Partnership has delegated authority for planning and delivery of the Better Care Fund.
32. Prior to application of the risk sharing provisions, the Better Care Fund overspent by £0.220m. The overspending was primarily on services that support hospital discharge, driven by high use of care home beds and home care hours purchased from the market to facilitate discharges from hospital. This spending was offset by underspending in Talk Community and in social care services, particularly staffing vacancies in locality social work teams.

33. The section 75 agreement (s75) between the statutory partners, Herefordshire and Worcestershire ICB and Herefordshire Council, includes provisions for how overspending or underspending in each pooled budget will be managed. In practise, the statutory partners manage the financial outturn through netting-off overspending and underspending between pools, before managing any residual overspend or underspend.

Table 1: BCF Final Outturn

Better Care Fund Expenditure Summary 2023/24						
2023/24 Pooled Budget Financial Plan		Final Outturn Prior to Risk Share Adjustment (Month 12 – March)			Net Additional Contributions to Mitigate Variance	
Pooled Fund	2023/2024 Plan Value	Forecast Outturn	Variance to Plan		Herefordshire Council Community Wellbeing	Herefordshire & Worcestershire ICB
Mandatory Transfer to Adult Social Care	£6,874,214	£6,972,261	£98,047	1.43%	£98,047	
NHS Commissioned Out of Hospital Services	£9,114,213	£9,114,215	£2	0.00%		
Disabled Facilities Grant	£2,466,616	£2,466,616	£0	0.00%		
Improved Better Care Fund	£6,782,841	£6,470,496	(312,345)	(4.60%)	(£312,345)	
Adult Social Care Discharge Fund	£1,998,716	£2,122,196	£123,480	6.18%	£61,740	£61,740
Better Care Fund Reserve	£1,879,060	£2,189,647	£310,587	16.53%	£304,792	£5,795
TOTAL	£29,115,660	£29,335,432	£219,772	0.75%	£152,235	£67,535

Financial Outlook for 2024/25

34. The current BCF plan covers two financial years 2023/24 and 2024/25. A full new BCF plan is not required for 2024/25, but the plan must be refreshed and resubmitted to NHS England for approval, this includes revision of the financial plan and a new capacity and demand plan for community services and hospital discharge services.
35. The deadline for submission is 10 June 2024, a working group of One Herefordshire partners has been convened to draft the refreshed plan and complete the mandated planning template. The report will be presented to the Health and Wellbeing Board at the September meeting.

Table 2: Confirmed Better Care Fund Financial Allocations for 2024/25

Better Care Fund Financial Plan 2024/25 – Summary by Funding Stream				
Better Care Fund Mandatory Contributions	Source of Funding	2023/24 Grant Values £	2024/25 Total Changes in Funding £	2024/25 Total Grant Values £
Mandatory Transfer to Adult Social Care	DHSC	£6,874,214	£389,082	£7,263,296
NHS Commissioned Out of Hospital Services	DHSC	£9,114,213	£515,862	£9,630,075
Disabled Facilities Grant	DLUHC	£2,268,653	£205,882	£2,474,535
Improved Better Care Fund	DLUHC	£6,782,841	£0	£6,782,841
Adult Social Care Discharge Fund - LA	DHSC	£950,944	£633,962	£1,584,906
Adult Social Care Discharge Fund - NHS	DHSC	£1,047,772	£1,174,171	£2,221,943
TOTAL Mandatory Values		£27,038,637	£2,918,959	£29,957,596

36. Funding for the Better Care Fund has increased by £2.9m for 2024/25. However, funding of £2.3m utilised in 2023/24 is not available in 2024/25; the BCF underspend reserve was fully depleted by planned spending in 2023/24, and no Local Authority Urgent and Emergency Care Funding has been announced for 2024/25.
37. The net effect of the changes is an increase of £0.6m in funding. This increase in funding is not sufficient to meet inflationary increases in existing services funded by BCF, so savings plans will

be required along with changes to the composition of the pooled budgets. An initial estimate, based on rolling forward the 2023/24 expenditure plan and adjusting for known changes and known or estimated inflationary increases, indicates that savings of circa £1.1m will be required to produce a balanced financial plan, with system partners working together to achieve this.

Legal implications

38. 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.
39. 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.
40. 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.
41. 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
42. 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.
43. 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

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

Risk / Opportunity	Mitigation
Failure to achieve national metrics ambitions.	A robust process for 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 council continues to lead on development with communities.
Overspend, particularly on discharge	The council and HWICB work with One

Risk / Opportunity	Mitigation
capacity.	Herefordshire Partnership to revise and improve the service model for Discharge to Assess to be recurrently sustainable.

Consultees

45. The content of the year-end report has been provided by partners within One Herefordshire Partnership, HWICB, WVT, Hoople Ltd and appropriate internal Herefordshire Council staff.

Appendices

Appendix 1 – better care fund year-end 2023-24 template

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	John Coleman	Date 23/05/2024
Finance	Wendy Pickering	Date 28/05/2024
Legal	Sam Evans	Date 22/05/2024
Communications	Luenne featherstone	Date 22/05/2024
Equality Duty	Harriet Yellin	Date Click or tap to enter a date.
Procurement	Marie Gallagher on behalf of Procurement (agreed with Governance team due to staff absence in procurement team)	Date 25/05/2024
Risk	Jo Needs	Date 23/05/2024

Approved by	Click or tap here to enter text.	Date Click or tap to enter a date.
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Please include a glossary of terms, abbreviations and acronyms used in this report.

Acronym	Description
BCF	Better Care Fund
iBCF	Improved Better Care Fund
1HP	One Herefordshire Partnership
HWICB	Herefordshire & Worcestershire Integrated Commissioning Board

Acronym	Description
EIA	Equality Impact Assessment
EOY	End of Year
D2A	Discharge to Assess
DHSC	The Department of Health and Social Care
DFG	Disabled Facilities Grant
DLUHC	Department for Levelling Up, Housing and Communities