

Title of report: Herefordshire's Better Care Fund (BCF) Integration plan 2024-25

Meeting: Health and Wellbeing Board

Meeting date: Monday 16 September 2024

Report by: Service Director, All Age Commissioning

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose

To update Health and Wellbeing Board members on Herefordshire's Better Care Fund (BCF) Integration Plan 2023-25 and seek formal Health and Wellbeing Board approval.

Recommendation(s)

That:

- a) The Herefordshire Better Care Fund 2023-25 planning template (Appendix 1) and the ICB Discharge template (Appendix 2), submitted to NHS England, be reviewed and retrospectively approved; and**
- b) the ongoing work to support integrated health and care provision that is funded via the BCF is noted by the board.**

Alternative options

1. The board could decline to sign off the submission. It is a national requirement that the BCF Plan is signed off by the Health and Wellbeing Board (HWBB). The content of the return has

already been approved by Hilary Hall, Corporate Director for Community Wellbeing by way of delegated authority and submitted prior to the meeting of the board, in accordance with national deadlines.

2. The BCF Plan was signed off by Simon Trickett, Chief Executive of Herefordshire & Worcestershire Integrated Care Board (HWICB).
3. The HWBB does not always align with national deadlines, however this gives the board an opportunity to review and provide feedback.

Key considerations

4. An Addendum to the BCF Policy Framework (**Appendix 3**) was published on 28 March 2024 and detailed the requirements and changes for 2024-25, which include submitting an updated Planning Template detailing:
 - ambitions against the existing metrics, except for the reablement target which has now been removed;
 - updated demand and capacity plans;
 - plans for use of the Improved BCF (iBCF).
5. 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).
6. 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.
7. A plan for 2023-25 was approved on 25 September 2023 by the Health and Wellbeing Board (**Appendix 4**) and this submission allows local areas to revise the second year of the 2-year plan to set metrics, update discharge plans, review capacity and demand estimates and to confirm BCF spending plans based on final 2024/25 allocations.
8. For 2024/25 submissions consist of:
 - i BCF planning template including planned expenditure, confirmation that national conditions are met, ambitions for national metrics and additional contributions to BCF section 75 agreements. (**Appendix 1**);
 - ii ICB Discharge Funding 2024-25 template, showing the ICB to HWB funding allocation to support discharge from hospital. (**Appendix 2**)
9. Please note in relation to Appendix 1, there is reference to 'incomplete fields' on page 6 and page 11 re: expenditure. The National Team are aware of the template fields showing this error.

10. The BCF Plan 2024-25 meets national conditions in respect to minimum contributions, improved Better Care Fund (iBCF) and the Disabled Facilities Grant as well as the national condition to invest in NHS commissioned out-of-hospital services.
11. The BCF Plan 2024-25 provides details of how the second year of a two-year plan will be spent in line with the principles of the BCF.
12. The BCF policy framework sets out the national metrics for the BCF 2024-25, as follows:

Avoidable admissions to hospital	Unplanned admissions for chronic ambulatory care sensitive conditions
Falls	Emergency Hospital Admissions due to falls in people over 65.
Discharge to usual place of residence	Improving the proportion of people discharged home, based on data on discharge to their usual place of residence
Admissions to residential / nursing care homes	Older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population

13. The two metrics currently derived from the adult social care Short and Long Term (SALT) return will be discontinued following the cessation of the SALT return.
14. It has been advised local areas should set an ambition for the existing BCF metric on long term admissions to residential care for people aged 65 and over, based on available data.
15. The previous metric on percentage of people aged 65 and over still at home 91 days after discharge from hospital to reablement or rehabilitation, has been discontinued, and no data is required to be collected.
16. There is a proposal to introduce a new metric based on the proportion of people discharged from hospital who are still at home after 91 days. This metric is currently in development and further guidance and advice will be provided later in 2024-25.
17. Overall, the 2024/25 BCF spend remains in line with the regional two-year plan.
18. There is no requirement for a separate narrative plan submission, as the 2023-25 narrative plan detailed at **Appendix 4** will still apply.
19. The Better Care Fund (BCF) policy framework and planning requirements for 2023 to 2025 set out the two core objectives for the BCF over these two years:
 - to enable people to stay well, safe and independent at home for longer
 - to provide people with the right care in the right place at the right time
20. The policy framework and planning requirements remain the primary documents. This addendum provides the information needed to finalise BCF plans for 2024 to 2025. It also confirms the overarching approach to the Discharge Fund for 2024 to 2025.
21. Capacity and Demand reporting remains, including some changes to the reporting template. Notable changes to the approach for 2024 to 2025 include:

- local areas to include estimates around spot purchasing
- merging reablement and rehabilitation pathways to improve accuracy of reporting
- providing greater clarity on pathway definitions and available data sources

22. Ahead of winter (in quarter two – 24/25 reporting), local areas will be required to provide capacity and demand actuals and to indicate any resulting changes in capacity and demand plans.

23. NHSE Timetable for Assurance

Assurance Milestone	Date
Scrutiny of BCF Plans by regional assurers, assurance panel meetings and regional moderation	10 June 2024 to 15 July 2024
Regionally moderated assurance outcomes sent to BCF team	15 July 2024
Cross-regional calibration	Mid-July 2024
Commence issuing of approvals letters giving formal permission to spend (NHS minimum)	31 July 2024
All section 75 agreements to be signed and in place	30 September 2024

24. On 22 August 2024 notice was received that the West Midlands Assurance Panel recommended Herefordshire's BCF Plan for 2024-2025 for approval, and this recommendation was endorsed by the Regional Director of NHS England (Midlands).

25. Following the recommendations of regional assurance, NHS England approves BCF plans in consultation with the Department of Health and Social Care (DHSC) and the Ministry of Housing, Communities and Local Government (MHCLG). NHS England, as the accountable body for the NHS minimum contribution to the fund.

26. Areas will now be written to confirming that the NHS minimum funding can be released subject to ongoing compliance with the conditions.

27. Quarterly BCF reporting will continue in 2024-25, with requirements to set out progress on delivery of plans. This includes the collection of spend and activity data.

Community impact

28. 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.

29. 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

30. 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.
31. Whilst this is a report 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

32. 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.
33. 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.
 34. 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.
 35. Commissioned services funded by the BCF consider 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

36. Funding for the Better Care Fund has increased by £2.6m 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 Support (LAUEC) funding has been announced for 2024/25.
37. 2024/25 BCF Financial Plan – Summary

Funding Stream	2023/24 Plan Value	Change in Funding	2024/25 Total Funding	2024/25 Plan Value	Balance of Funding Over/(Under) committed
Mandatory Transfer to Adult Social Care	£6,874,214	£389,082	£7,263,296	£7,263,296	(£0)
NHS Commissioned Out of Hospital Services	£9,114,213	£515,862	£9,630,075	£9,630,075	£0
Disabled Facilities Grant	£2,466,616	£7,919	£2,474,535	£2,474,535	£0
Improved Better Care Fund	£6,782,841	£0	£6,782,841	£6,782,841	£0
Adult Social Care Discharge Fund	£1,998,716	£1,681,060	£3,806,849	£3,806,849	(£0)
<i>BCF Underspend Reserve</i>	£1,879,060	(£1,879,060)	£0	£0	£0
<i>Local Authority Urgent & Emergency Care Fund</i>	£413,761	(£413,761)	£0	£0	£0
TOTAL	£29,529,421	£301,776	£29,957,596	£29,957,596	(£0)

38. The net effect of the changes is an increase in funding of £0.4million. This increase in funding is not sufficient to meet inflationary increases in recurrent commitments, so reductions in expenditure are necessary to deliver a balanced plan.
39. Most of the BCF funding is committed recurrently to core services, making disinvestment impossible without longer term planning. Expenditure on discharge services has the most flexibility: c£2.0million is spent on short-term care market placements to facilitate discharge, most of which is spot purchased.
40. There was no increase for 2024/25 for iBCF, causing a cost pressure of £0.36million once inflationary increases to recurrent commitments were funded. This pressure has been met by moving services and the cost pressure from BCF funding to council budgets.
41. One Herefordshire partners have focused on integration of discharge services, improvement in each discharge pathway generates potential for savings through reducing demand and increasing capacity in contracted services.
42. In the short time given for BCF planning a working group of officers from Herefordshire Council, Wye Valley Trust and H&W ICB focused on demand and capacity planning for discharge services to reduce expenditure on spot purchased capacity.
43. Improve capacity in contracted services:
- Increase occupancy levels and reduce average length of stay at Hillside and Ledbury intermediate care centres

- Increase staffing levels and contact time in Home First
- Continue to use Bridging Service
- Contract for bedded care at lower price per week than spot purchase costs
- Reduce length of stay in short-term home care placements

44. Reduce demand for discharge services

- Eliminate delays in discharge from acute beds to Discharge to Assess (D2A) pathways

45. Planned changes to demand and capacity are realistic and achievable but challenging. Failure to reduce spending on discharge capacity is by far the biggest financial risk for BCF in 2024/25.

D2A RESIDENTIAL CARE DEMAND & CAPACITY SUMMARY		
2023/24 Residential Care Demand	10,883	OBDs
Move demand to Home First by reducing discharge delays	-2,543	OBDs
2024/25 Revised demand	8,340	OBDs
Hillside 2023/24 capacity	6,310	OBDs
Increase capacity by increasing occupancy levels	240	OBDs
Increase capacity by reducing average length of stay	614	OBDs
Hillside 2024/25 capacity	7,164	OBDs
Optimum block contracted capacity	462	OBDs
Spot purchase capacity required	715	OBDs
D2A Residential Care Costs	2024/25 Budget	2023/24 Outturn
Budgeted costs of Hillside	£1,311,317.00	£1,384,620.00
Additional costs of increased occupancy at Hillside	£0.00	£0.00
Estimated costs of contracted beds	£54,699.30	£117,958.00
Estimated costs of spot purchase beds	£127,884.66	£526,123.00
Total cost of residential care	£1,493,900.96	£2,028,701.00
Planned Reduction in Costs	-£534,800.04	

D2A NURSING CARE DEMAND & CAPACITY SUMMARY		
2023/24 Nursing Care Demand	8.032	OBDs
LICU 2023/24 capacity	3.026	OBDs
Increase capacity by increasing occupancy levels	300	OBDs
Increase capacity by reducing average length of stay	153	OBDs
LICU 2024/25 capacity	3.479	OBDs
Optimum block contracted capacity	462	OBDs
Spot purchase capacity required	4.091	OBDs
D2A Nursing Care Costs	2024/25 Budget	2023/24 Outturn
Budgeted costs of LICU	£1,320,817.58	£1,255,649.37
Additional costs of increased occupancy at LICU	£0.00	£0.00
Estimated costs of contracted beds	£69,600.06	£223,966.00
Estimated costs of spot purchase beds	£673,673.98	£688,027.00
Total cost of nursing care	£2,064,091.61	£2,167,642.37
Planned Reduction in Costs	-£103,550.76	

D2A HOME FIRST DEMAND & CAPACITY SUMMARY		
2023/24 Home First Demand	73,400	hours
Reduce demand by reducing average length of stay in home care	-2,467	hours
Demand moved to Home First by reducing discharge delays	7,426	hours
2024/25 Revised demand	78,359	hours
Home First 2023/24 capacity	34,397	hours
Increase capacity by reducing staffing vacancies	9,304	hours
Increase capacity by reducing average length of stay	3,129	hours
Home First 2024/25 capacity	46,830	hours
Bridging Service 2023/24 capacity	7,654	hours
Spot purchase capacity required	23,874	hours
D2A Home First Costs	2024/25 Budget	2023/24 Outturn
Budgeted costs of Home First	£2,842,156.28	£2,922,747.00
Additional costs of reduction in Home First vacancies	£0.00	£0.00
Budgeted costs of Bridging Service	£160,042.77	£156,751.00
Estimated costs of spot purchase hours	£542,712.36	£320,840.91
Total cost of Home First	£3,544,911.41	£3,400,338.91
Planned Increase in Costs	-£144,572.50	

Legal implications

46. 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.
47. 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.
48. 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.
49. 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
50. 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.
51. The iBCF is paid directly to the council via a Section 31 grant from the MHCLG. 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

52. Monitoring the delivery of the Herefordshire BCF Plan is undertaken by the council and HWICB. The Transformation and Improvement Lead monitors any risks, which are managed through the community and wellbeing directorate risk register where necessary.
53. The One Herefordshire Integrated Care Executive (ICE) undertakes scrutiny of performance monitoring of BCF by:
- Building consensus between partners and setting objectives beyond the nationally determined outcomes as part of the annual planning of the Better Care Fund, including the BCF Plan.
 - Development and implementation of new and/or revised services or care pathways.
 - Monitoring, delivery and reporting of performance and outcomes.
 - Budget management and ensuring spending lives within the resources allocated, identifying remedial actions where spending is off trajectory.

Risk / Opportunity	Mitigation
Failure to agree a joint plan and meet the national conditions	Plan has been developed in partnership. Delivery and progress to be monitored on an ongoing basis.
Fail regional/national assurance process	The council and HWICB have worked through the national guidance and requirements to ensure a robust response, and a comprehensive, detailed plan is submitted.
Failure to achieve national metric ambitions	A robust process form monitoring activity monthly is in place and will be monitored through the Integrated Care Executive (ICE).
Overspending, 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.
Increasing demand due to the demography of expected older age population.	Several 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.

Consultees

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

Appendices

- Appendix 1 – Herefordshire’s BCF 2024-2025 planning template
- Appendix 2 – HWICB 2024-2025 Discharge Funding Template
- Appendix 3 – Addendum to the 2023-25 BCF policy framework and planning requirements
- Appendix 4 – Herefordshire BCF Plan 2023-25

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	Ben Baugh	Date 27/08/2024
Finance	Wendy Pickering	Date 29/08/2024
Legal	Sam Evans	Date 22/08/2024
Communications	Luenne Featherstone	Date 20/08/2024
Equality Duty	Harriet Yellin	Date 27/08/2024
Procurement	Carrie Christopher	Date 23/08/2024
Risk	Jessica Karia	Date 21/08/2024

Approved by Hilary Hall Date 29/08/2024

	Glossary of terms, abbreviations and acronyms
BCF	Better Care Fund
iBCF	Improved Better Care Fund
HWICB	Herefordshire & Worcestershire Integrated Care Board
HWBB	Health and Wellbeing Board
DFG	Disabled Facilities Grant
D2A	Discharge to Assess
DHSC	Department of Health and Social Care
MHCLG	Ministry of Housing, Communities and Local Government
1HP	One Herefordshire Partnership
ICE	Integrated Care Executive
PCN	Primary Care Network
SALT	Short and Long Term
LICU	Leominster Intermediate Care Unit (Shaw Healthcare)
OBDs	Occupied Bed Days
LAUEC	Local Authority Urgent and Emergency Care