



Title of report: Better Care Fund (BCF) reporting 2024-2025

Meeting: Health and Wellbeing Board

Meeting date: Monday 9 June 2025

Report by: Service Director, All Age Commissioning

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards)

Purpose

To review and approve the Better Care Fund (BCF) reporting for 2024/2025.

Recommendation(s)

That:

- a) the Better Care Fund (BCF) 2024/25 quarterly reports at Appendices 1, 2, 3 and 4, submitted to NHS England, be reviewed and approved by the board; and
- b) the ongoing work to support integrated health and care provision that is funded via the BCF is noted by the board.

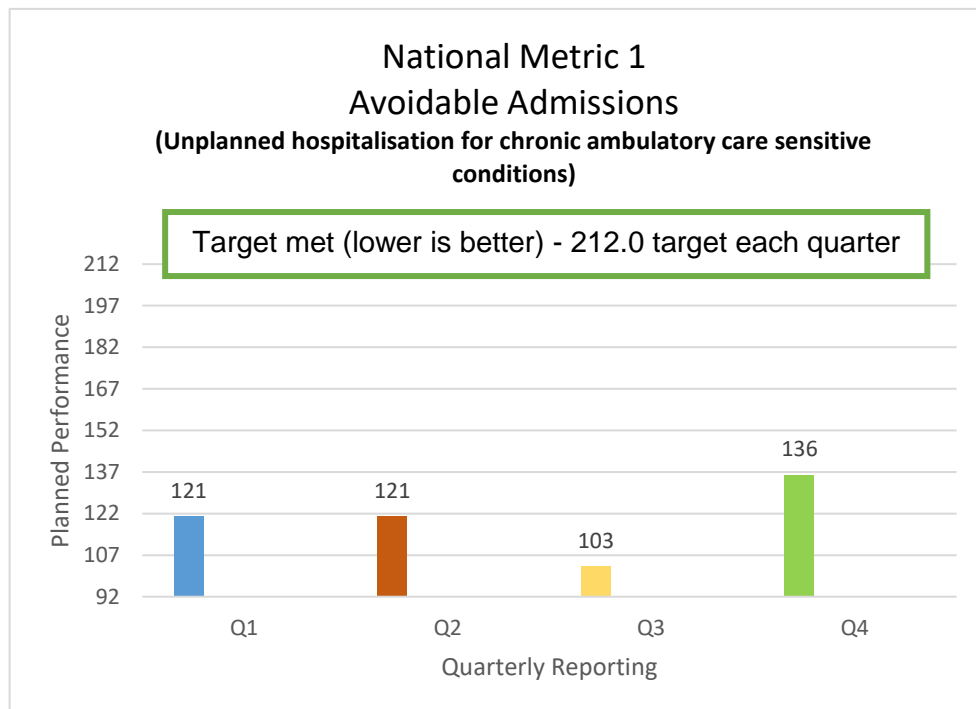
Alternative options

- 1. The board could decline to sign off the submission. It is a national requirement that quarterly reports are signed off by the Health and Wellbeing Board (HWB). The content of the returns has already been approved by the council's Corporate Director for Community Wellbeing and Herefordshire and Worcestershire Integrated Care Board (HWICB) accountable officer and submitted prior to the meeting of the board.
- 2. The HWB does not always align with national deadlines, however this gives the board an opportunity to review and provide feedback.

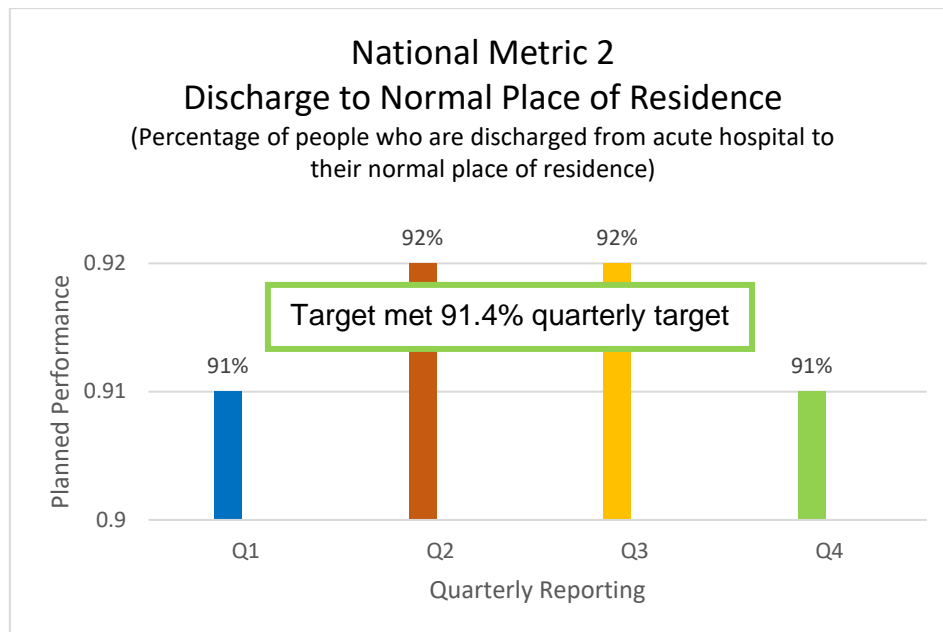
Key considerations

3. 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).
4. 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.
5. 2024/25 reporting templates require 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 2024/25 (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 dates.
6. Due to timelines not aligning throughout the year, a full year report has been prepared covering all quarters for 2024/25. It is anticipated that future quarterly reports will be presented to the nearest HWB in line with national deadlines and submission.
7. Herefordshire has reported in each quarter 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.
8. The Quarter 1 2024/25 submission (**Appendix 1**) only required provision of information regarding spend and activity relating to the use of the Local Authority and ICB Discharge Funds, the total for which was £1.096 million.
9. Quarters 2, 3 and end of year reports (**Appendices 2, 3, and 4**) required more detail on metrics, performance and finance. Performance metrics reported are taken from outturn data for the full year 2024/25 as follows:

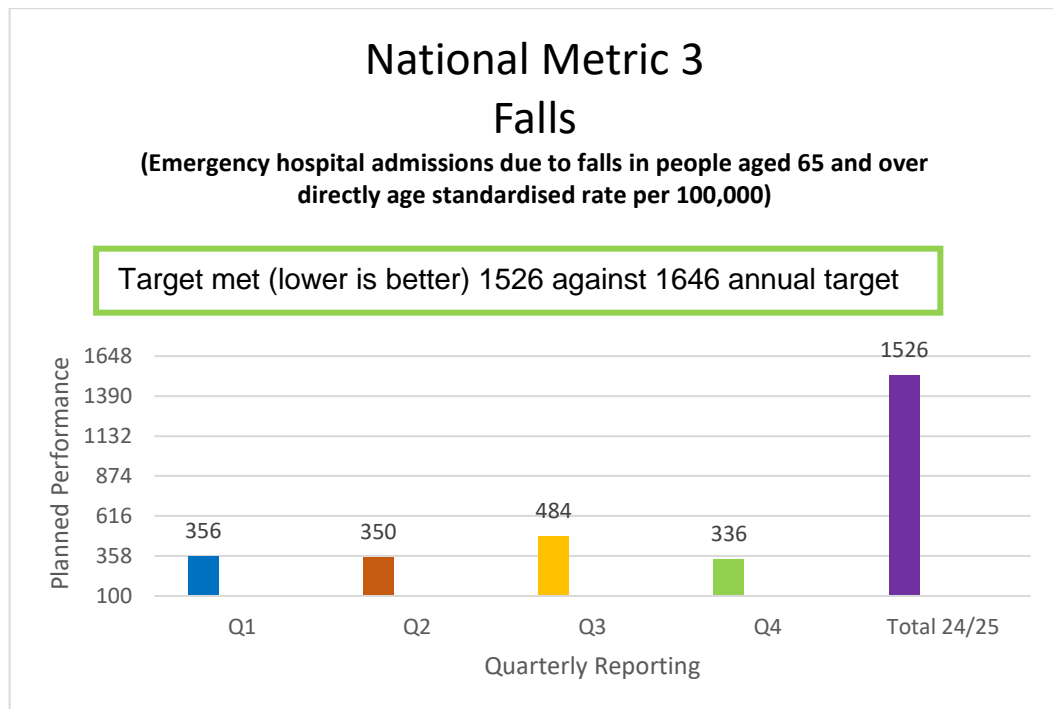
Performance



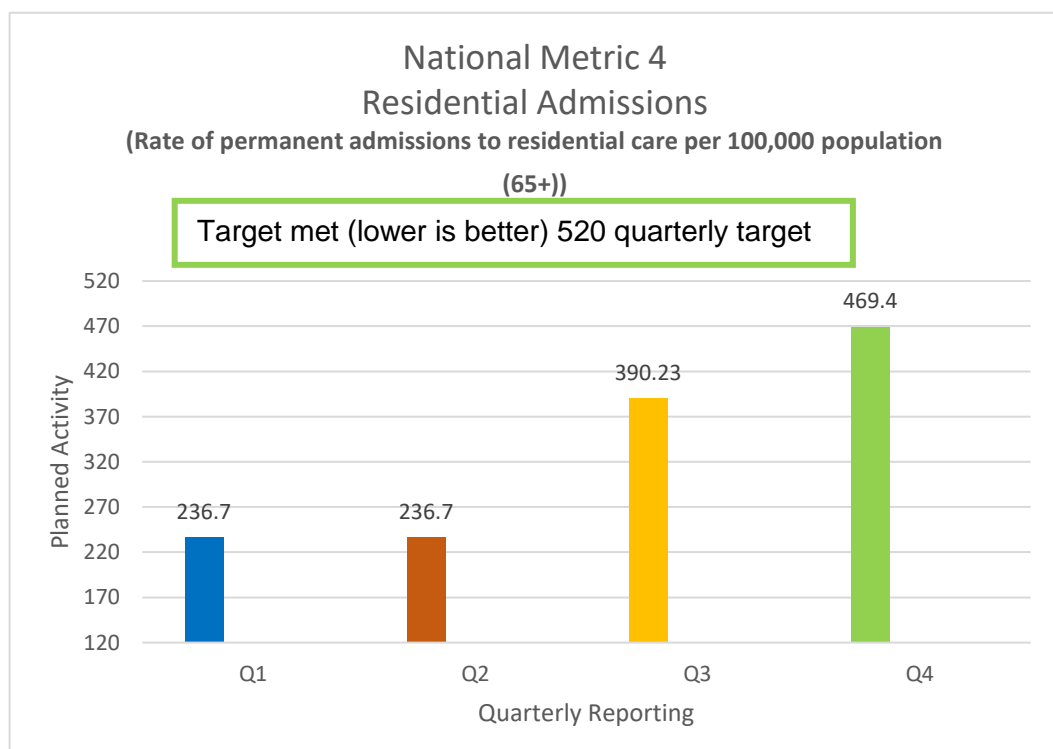
10. The graph for National Metric 1 – Avoidable admissions show the overall target of 212.0 each quarter was met. A lower number is better.
11. Care Home Practitioners have continued to work closely with providers and links between Wye Valley Trust long term condition ACP's via discharge and single point of access continued to develop and improve.
12. Step up virtual ward beds supporting patients with long term care to remain receiving care at home have been introduced utilising the existing Bridging Team Frailty Same Day Emergency Care (FSDEC) to support these beds.
13. Teams continue to work together to achieve the target with specific focus on care home unplanned admissions. A significant improvement has been seen utilising the FSDEC Bridging Team function providing a same day response to those patients seen in FSDEC and able to return home, thus avoiding admission to an acute bed; community support is then planned to enable the person to remain at home. The community referral hub continues to work across the system to support the opportunities for admission avoidance, although there has been an increase in referrals from West Midlands Ambulance Service lately.
14. Access to data to highlight variances can be a challenge across care homes and recruitment continues to be an issue.



15. The graph for National Metric 2 – Discharge to Normal Place of Residence shows the overall target of 91.4% each quarter was met. With Q2 and Q3 exceeding the target.
16. The bridging team is supporting the improvements related to patients discharged to their usual place of residence on the day that they no longer meet the criteria to reside. The team continue to provide an efficient function with high levels of activity and working seamlessly with reablement provider. Reablement service improvements are having a positive impact on hospital delays for Pathway 1.
17. The availability of capacity in Pathway 1 service to enable discharge to usual place of residence requires daily focus although this has significantly improved recently following system focus. Further work to maximise occupancy of D2A services and reduce LOS in all pathways continues.
18. A full review of therapy resource to ensure reablement offer available will be taking place.
19. Increasing occupancy in D2A bed provision has been a challenge, although improvements continue in pathway 2 beds, commissioned by the council. ICB commissioned D2A beds are currently being reviewed by commissioners to improve occupancy levels.



20. The graph for National Metric 3 – Falls shows the overall target for the year was met with data showing 1526 against the annual target of 1646.
21. Therapy recruitment in Q2 continued to be a challenge to enable capacity for timely access to falls clinics. Q3 saw an improvement with therapy resource for FSDEC to reduce need for inpatient admissions.
22. The service continues to deliver both a timely response and a navigation element to ensure frequent fallers receive appropriate support at year end. The overall target (1646) was met showing 1526 emergency hospital admissions due to falls.



23. The graph for National Metric 4 – Residential Admissions shows the quarterly target of 520 was met in each quarter.
24. The care home market in Herefordshire remains vibrant however this proves challenging in relation to the ability of the council to commission care at or near its standard fee rates. 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 which has a localised impact on number of providers who actively work with the Council.
25. Data in Q3 highlighted high numbers of people being discharged from hospital into bedded care.
26. Despite some challenges, activity in 2024/25 has significantly improved, with levels of permanent admissions each month being lower than in 2023/24. The system continues to work together to address any challenges.
27. A D2A system wide review during 2023/24, increased capacity in the home care market and improvements in delivery of home based D2A support are evidencing improvements in system flow, supporting more people to return home following a hospital episode.
28. Improvements within the Home First service have been made increasing the capacity and improvements in system flow are starting to be realised, supporting more people to return home.
29. Growth in acuity of needs of individuals requiring admissions to care and costs for residential and nursing provision continue to increase and rise. Further work is underway to review pathways and continuously improve commissioned services to support flow.
30. A requirement of the BCF return is to report on intermediate care capacity and demand. Capacity and demand areas are required to reflect on changes to understanding of demand and available capacity for admissions avoidance and hospital discharge since the completion of the original BCF plans. There are four questions seeking to address the assumptions used in the calculations, changes in the first six months of the year, and any support needs particularly for winter and ongoing data issues.

Question 1 - How have your estimates for capacity and demand changed since the last reporting period?

31. Q1 and Q2 estimates remained unchanged, with efforts focused on reducing demand for Pathway 3 and increasing hospital admission avoidance. In Q3, Pathway 1 grew slightly while Pathways 2 and 3 decreased. The system reviewed data to inform future planning.
32. End of Year (EOY) data shows the productivity of the main D2A providers throughout 2024/25 has progressed and there is further productivity improvements planned for 2025/26. While these enhancements will decrease the need to 'spot-purchase' care provision, they will not eliminate it entirely. The commissioning approach will be reviewed for this winter and consider 'block purchasing' Pathway 2 capacity.
33. Improved data collection has enhanced the understanding of the current position compared to 12 months ago. This knowledge has facilitated the development of a practical plan and will help manage any variations in demand.

Question 2 - How have system wide discussions around winter readiness influenced any changes in capacity and demand as part of proactive management of winter surge capacity?

34. There are workstreams for operations and process, pathway 3 discharges, data, commissioning, and communications, each reporting to an integrated system discharge board.

Focus is on hospital admission avoidance in an attempt to reduce demand of D2A once admitted to hospital. Overall capacity is relatively stable.

Question 3 - Do you have any capacity concerns or specific support needs to raise for the winter ahead or for 25/26?

35. System working in Herefordshire means that any actual capacity issues are dealt with as a system and resolved as a priority by using spot purchase for packages of care and care home D2A.
36. On the whole demand does not exceed capacity but the reliance on 'spot-purchase' is a concern. As a system we are working with our main providers to improve productivity (improved length of stay and occupancy). Achieving the desired improvement will materially reduce the need to spot purchase - which potentially could be further reduced by the use of effective 'block-purchasing'.

Question 4 - Where actual demand exceeds capacity for a service type, what is your approach to ensuring that people are supported to avoid admission to hospital or to enable discharge?

37. A system approach to solving any blocks to discharge with local processes in place to support escalation to ensure senior manager involvement of all providers at the right time to prevent longer length of stay (LOS). Use of the Community Response Hub (CRH) to access community urgent response helps with to prevent admissions.

Community impact

38. 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.
39. 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

40. 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.
41. 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

42. Due to the potential impact of this plan being low, a full Equality Impact Assessment is not required. However, the following equality considerations should be taken into account when making a decision about this plan:
 - a. 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.

- b. 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.
- c. 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

43. In 2024/25 the BCF provided Herefordshire with total funding of £29.508 million.

44. **Better Care Fund – Summary Financial Position 2024/25**

Funding Stream	Approved Plan	Forecast Expenditure	Forecast Variance to Approved Plan
Mandatory Transfer to Adult Social Care	£7,263,296	£7,303,070	£39,774
NHS Commissioned Out of Hospital Services	£9,630,075	£9,654,696	£24,621
Disabled Facilities Grant	£2,024,535	£1,947,167	(£77,368)
Improved Better Care Fund	£6,782,841	£6,042,249	(£740,592)
Additional Discharge Funding	£3,806,849	£4,532,308	£725,459
TOTAL	£29,507,596	£29,479,491	(28,105)

45. 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 on services that support discharge from hospital.
46. Despite considerable variances in some of the individual funding streams, the BCF ended the financial year with a small underspend. The partners agreed to manage the financial outturn through netting-off overspending and underspending between pools, before managing any residual overspend or underspend.
47. The underspending on the Improved Better Care Fund (iBCF) was primarily due to staffing vacancies in operational social work teams and Talk Community, primarily due to an ongoing restructure of the Community Wellbeing directorate. The overspending on Additional Discharge Funding is due to planned improvements in length of stay and occupancy not being realised.

Legal implications

48. 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.
49. 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.
50. 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.
51. 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.
52. 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.
53. The iBCF is paid directly to the council via a Section 31 grant from the Ministry of Housing, Communities and Local Government (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

54. The board is invited to review the content of the performance templates, which is based on statistical and financial information and therefore the risk is minimal.
55. 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.

56. Assurance Statement:

The risks associated with the delivery of the Better Care Fund Plan 2025–2026 have been identified and are being managed in accordance with the council's Risk Management Strategy. Risks will be monitored through the Community and Wellbeing Directorate risk register and overseen by the Integrated Care Executive (ICE), ensuring appropriate escalation and mitigation throughout the programme.

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).

Risk / Opportunity	Mitigation
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 capacity.	The council and HWICB work with One Herefordshire Partnership to revise and improve the service model for Discharge to Assess to be recurrently sustainable.

Consultees

57. The content of the quarterly reports 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 quarter 1 2024/25 template

Appendix 2 Better care fund quarter 2 2024/25 template

Appendix 3 Better care fund quarter 3 2024/25 template

Appendix 4 Better care fund year-end 2024/25 template

Background papers

None identified

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
EIA	Equality Impact Assessment
EOY	End of Year
FSDEC	Frailty Same Day Emergency Care
D2A	Discharge to Assess
DHSC	The Department of Health and Social Care
DFG	Disabled Facilities Grant

Acronym	Description
ICE	Integrated Care Executive
LOS	Length of Stay
MHCLG	Ministry of Housing, Communities and Local Government