



HEALTH AND WELLBEING BOARD: 31 OCTOBER 2023

REPORT OF DIRECTOR OF ADULTS AND COMMUNITIES

BETTER CARE FUND QUARTER 2, 2023/24 RETURN

Purpose of report

1. The purpose of this report is to provide the Health and Wellbeing Board with the quarter 2, 2023/24 template report of the Better Care Fund (BCF). The report also seeks approval for the submission of the template which sets out performance against BCF metrics, revised demand and capacity modelling and statements as to whether the national conditions continue to be met.

Recommendation

2. It is recommended that:
 - a) The performance against the Better Care Fund (BCF) outcome metrics, and the positive progress made in transforming health and care pathways up to quarter 2 be noted;
 - b) The Quarter 2 BCF 2023-24 template, attached as the appendix to the report, be approved for submission to NHS England.

Policy Framework and Previous Decision

3. Nationally, the BCF plan for 2023/24 for Leicestershire was officially approved by NHS England (NHSE) in September 2023.
4. The Chief Executive of Leicestershire County Council, following consultation with the Chairman of the Health and Wellbeing Board approved the BCF Year 23-25 report for the NHSE submission deadline of 30 June 2023, using his powers of delegation.

3. Background

5. In September 2023, the national BCF team published the Quarter 2 template for reporting the position, which requires approval by the Health and Wellbeing Board.
6. The aim of the report and template is to inform the HWB of progress against BCF delivery. BCF quarterly reporting can be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those

responsible for delivering the BCF plans at a local level (including integrated care boards, local authorities and service providers).

7. The completed DRAFT Quarter 2 template is attached to this report as the Appendix A. The NHSE submission deadline is 31 October 2023.
8. The template consists of tabs that update progress against the following:
 - Whether the four national conditions detailed in the Better Care Fund planning requirements for 2023-24 continue to be met through the delivery of the plan.
 - A confidence assessment on achieving the metric targets for each of the BCF metrics which includes a brief commentary outlining the challenges faced in achieving the target along with any support needs and successes that have been achieved.
 - A refresh of the hospital and community demand and capacity model along with a tab detailing any assumptions taken in regard to the projection of future data.

Update against national conditions for the 2023/24 Plan

National condition 1

9. This national condition was met at plan approval stage and will be met in full at the February 29 2024, meeting of the Health and Wellbeing Board where the full plan and Section 75 will be presented.
10. All other national conditions are being met. These are:
 - National Condition 2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer
 - National Condition 3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time

National Condition 4: Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services

BCF Metrics

11. The below table shows the BCF metrics for this financial year, the targets and outturns for Quarter 1 where available:

Metric	Target Q1	Actual Q1	Commentary
Indirectly standardised rate (ISR) of admissions per 100,000 population	165.1	198.7	The Integrated Care Co-ordination hub continues to reduce community demand on ambulance waits and overall admissions and has been

			recognised nationally as an area of good practice.
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	92.7%	92.37%	System-wide improvements to co-working discharge planning between health and social care partners is beginning to take effect. Multi-Disciplinary Teams (MDTs) happen with patients on wards and early discharge planning is now part of overall Integrated Discharge Team (IDT) working across all Clinical Management Groups (CMGs)
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	1628.1.	412.1	Currently this metric is on track to meet target. The review of current services aims to tie follow-on support for those that have fallen to the developing Intake model to ensure a reduction in repeat fallers and admissions as a result. Long term commissioning options for the falls car service is being produced.
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	515	N/A	The Pathway 2 re-design is on track to meet the timelines for delivery as part of the intermediate care model. Community hospital P2 beds will go live in Sept. With re-purposed high dependency beds to be re-commissioned from Jan 1st.
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	90%	N/A	Reablement success remains high and currently on track to meet the target for this metric. Additional investment to meet demand is being finalised.

Updated demand and capacity modelling

12. This section updates both capacity and demand (C&D) estimates for the period November 2023 to March 2024.
13. At the time of submission of this report, two areas of refreshed data remain draft as further updates may be received prior to submission to NHSE. These

are for community rehabilitation demand and capacity and community urgent response demand and capacity.

14. This section is split into 3 separate tabs:
 - C&D Guidance & Assumptions - Contains guidance notes including how to calculate demand/capacity as well as 6 questions seeking to address the assumptions used in the calculations, changes in the first 6 months of the year, and any support needs and ongoing data issues.
 - C&D Hospital Discharge – This section is used to enter updated demand and capacity related to Hospital Discharge. The table at the top calculates the gap or surplus of capacity using the figures provided. Expected capacity and demand from the original planning template has been populated for reference.
15. In Capacity and Demand plans for 2023-24, areas were advised not to include capacity you would expect to spot purchase. This is in line with guidance on intermediate care, including the new Intermediate Care Framework. However, for this return it also collects the number of packages of intermediate/short term care that are expected to be spot purchased to meet demand for facilitated hospital discharge. This is being collected in a separate set of fields.
16. Spot purchased capacity should be capacity that is additional to the main estimate of commissioned/contracted capacity (i.e. the spot purchased figure should not be included in the commissioned capacity figure). This figure should represent capacity that the local area is confident it can spot-purchase and is affordable, recognising that it is unlikely to be best value for money and local areas will be working to reduce this area of spend in the longer term."
17. For C&D Community, this section is used to enter updated demand and capacity related to referrals from community sources in the bottom two tables. The table at the top then calculates the gap or surplus of capacity using the figures provided. The same period's figures have been extracted from the original planning template for reference.
18. Data from assured BCF plans has been pre-populated in tabs 5.2 and 5.3.

Circulation under the Local Issues Alert Procedure

19. None

Background papers

Better Care Fund Planning Requirements 2023/24: <https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf>

Better Care Fund Policy Framework 2023-25: <https://www.gov.uk/government/publications/better-care-fund-policy-framework-2023-to-2025/2023-to-2025-better-care-fund-policy-framework>

BCF Report to the Health and Wellbeing Board May 2023:

<https://politics.leics.gov.uk/documents/s176283/HWBB%20Cover%20Report%20-%20Leicestershire%20Better%20Care%20Fund%20Planning%202023-25.pdf>

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List of Appendices

Appendix A – BCF Quarter 2 template 23-24

Relevant Impact Assessments

Equality and Human Rights Implications

20. The BCF aims to improve outcomes and wellbeing for the people of Leicestershire, with effective protection of social care and integrated activity to reduce emergency and urgent health demand.
21. An equalities and human rights impact assessment has been undertaken which is provided at <http://www.leicestershire.gov.uk/sites/default/files/field/pdf/2017/1/11/better-care-fund-overview-ehria.pdf>.
This concluded that the BCF will have a neutral impact on equalities and human rights.
22. A review of the assessment was undertaken as part of the BCF submission for 2021.

Partnership Working and associated issues

23. The delivery of the BCF plan and the governance of the associated pooled budget is managed in partnership through the collaboration of commissioners and providers in Leicestershire.
24. Day to day oversight of delivery is via the Integration Executive through the scheme of delegation agreed via the Integration Executive's terms of reference which have been approved by the Health and Wellbeing Board.
25. The delivery of the Leicestershire BCF ensures that several key integrated services are in place and contributing to the system wide changes being

implemented through the five-year plan to transform health and care in Leicestershire, known as the Sustainability and Transformation Partnerships <http://www.bettercareleicester.nhs.uk/>