



HEALTH AND WELLBEING BOARD: 23RD MAY 2024
REPORT OF DIRECTOR OF ADULTS AND COMMUNITIES
BETTER CARE FUND YEAR END 2023-24 PERFORMANCE

Purpose of report

1. The purpose of this report is to provide the Health and Wellbeing Board (HWBB) with the year-end performance reporting of the Better Care Fund (BCF) programme for 2023-24. The report also seeks approval for the submission of the year end template which sets out income and expenditure, performance against BCF metrics, successes and challenges and statements as to whether the national conditions have been met.

Recommendation

2. It is recommended that:
 - a) The performance against the BCF outcome metrics, and the positive progress made in transforming health and care pathways in 2023-24 be noted;
 - b) The year-end BCF 2023-24 template, attached as the appendix to the report, be approved for submission to NHS England for the 23rd May 2024 submission deadline.

Policy Framework and Previous Decisions

3. The BCF policy framework was introduced by the Government in 2015, with the first year of BCF plan delivery being 2015/16. The Cabinet in February 2014 authorised the Health and Wellbeing Board to approve the BCF Plan and plans arising from its use.
4. The Board received a report on work to progress the refresh of the BCF Plan for 2023-25 at its meeting on 25th May 2023.
5. The report also confirmed the different funding elements for the BCF in 2023-24, the national conditions that are required to be met, the national metrics and the demand and capacity model required.

6. The Integration Executive, a subgroup of the Health and Wellbeing Board with responsibility for the day to day delivery of the BCF, considered the draft BCF Plan 2023-25 at its meeting on the 6 June 2023. The Executive supported its contents.
7. The Integration Executive also received the quarter 3 BCF return at its meeting of the 6 February 2024, prior to the NHSE requested submission date of 9 February 2024.

Timetable for Decisions

8. The BCF Plan 2023-25 was approved by the Chief Executive of Leicestershire County Council on 27 June 2023 using delegated powers and the Quarter 3 return was approved on the 8 February 2024 using the same delegated powers.
9. The BCF Plan 2023-25 was submitted to NHSE on 27 June 2023 prior to the submission deadline of 28 June 2023 and the Quarter 3 return was submitted on the 8 February 2024 prior to the NHSE submission deadline of the 9 February 2024.

Background

10. The HWBB formally approved the BCF Plan for 2023-24 at its meeting on 29th February 2024, after the Chief Executive of Leicestershire County Council exercising his delegated powers in July 2023 in order to meet submission deadlines.
11. On 24th April 2024 the national BCF team published the year end template for reporting the position for the 2023-24 financial year which requires approval by the HWBB.
12. The aim of the report and template is to inform the HWBB of progress against integration priorities and BCF delivery. BCF quarterly reporting can be used by local areas, alongside any other information to help inform HWBs on progress with 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).
13. The completed year end template is attached as Appendix A to this report. The NHSE submission deadline is the 23rd May 2024.
14. The template consists of tabs that update progress against the following:

- Whether the four national conditions detailed in the BCF 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.
- Confirms the level of income received within the HWBB area against actual expenditure and spend and activity against each of the schemes where known activity can be reported
- Actuals against demand and capacity projections
- Year-end feedback

Update on the BCF National Conditions

15. **National Condition 1: A jointly agreed plan between local health and social care commissioners, signed off by the HWBB.** For National condition 1 the documentation should outline the approach to integrated, person-centred health, social care and housing services, including:
- Joint priorities for 2023-25
 - Approaches to joint / collaborative commissioning
 - How BCF funded services are supporting our approach to continued integration of health and social care. Briefly describe any changes to the services being commissioned 2023-25 and how they will support further improvement of outcomes for people with care and support needs
16. **National Condition 2 – Enabling people to stay well, safe and independent at home for longer.** For national condition 2 the documentation needs to show how areas have agreed how the services they are commissioning will support people to remain independent for longer and where possible to support them to remain in their own home.
17. **National Condition 3 – Provide the right care in the right place at the right time.** Areas should agree how the services they commission will support people to receive the right care in the right place at the right time and BCF Plans should set out how ICB and social care commissioners will continue to do this.
18. **National Condition 4 – Maintaining NHS’s contribution to Adult Social Care and investment in NHS commissioned out of hospital services.** For both years of the Plan, the minimum expected expenditure will be uplifted by 5.66%.

BCF Metrics

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

Metric	Target Q2	Actual Q2	Commentary
Indirectly standardised rate (ISR) of admissions per 100,000 population	163.5	209.8	This metric is currently off target. Intermediate care initiatives, particularly for pathway 1 improvements are moving to step-up modelling to increase avoided admissions. The data for Q4 is not yet available so the overall year end position will change.
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	92.6%	92.2%	The target was almost met during Q2. A difference of 0.4% is noted. This is a forecast position.
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	1628.1.	1810	Currently his metric is off track to meet target. The falls sub-group are looking at proactive models of support in the community for falls reduction pathways. The number of admissions due falls has slightly reduced, however the population data means that this is now off target as a rate of 100,000 population.
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	510.8	Forecast for the full year, is 510.8 admissions per 100,000 population. The new integrated model of locality support between therapy and reablement teams has helped to ensure more people remain in their own home.
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	90%	88.4%	This falls slightly short of the target of 90% for year end. However, this is still top quartile performance amongst Leicestershire's nearest neighbours.

BCF Income and expenditure

20. The BCF Plan for Leicestershire for 2023/24 totals £75.7million. This includes Disabled Facilities Grant funding of £4.4 million which has been passported to District Councils and ICB and LA allocations of the discharge grant. The ICB Discharge Funding template forms part of the BCF return and is attached as Appendix C.
21. Contributions are summarised in the table below:

ICB minimum NHS contribution	£48,748,385
Improved BCF grant	£17,690,614
Disabled Facilities Grant	£4,447,228
LA Discharge funding	£2,480,197
ICB Discharge Funding	£2,368,831
Total	£75,735,254

22. It should be noted that NHSE/I expectation is that all allocations are spent fully in year. Identification of underspends and overspends are for internal decision-making purposes and not external reporting.
23. At the time of publication, the DFG spend amounts for each district had not been confirmed. This will be updated to the board at the meeting.

Demand and Capacity model

24. All systems must submit a high-level overview of expected demand for intermediate care and planned capacity to meet this demand alongside their BCF plans. The content of capacity and demand plans now forms part of the assurance and approval process.
25. For quarter 2 2023-24, it was requested that demand and capacity models be refreshed in line with mid-year figures. The refresh was reported and approved by the Board at its 31 October 2023 meeting.
26. For year end, actuals against the demand and capacity model have been requested. These have been entered into the corresponding tabs on the attached appendix.
27. Actuals against demand for community therapy had not been received at time of report publication. Any amendments will be highlighted to the board at its meeting and in time for submission.

Circulation under the Local Issues Alert Procedure

28. None

Background papers

Better Care Fund Planning Requirements 2022/23:

<https://www.england.nhs.uk/wp-content/uploads/2022/07/B1296-Better-Care-Fund-planning-requirements-2022-23.pdf>

Better Care Fund Policy Framework 2022/23:

<https://www.gov.uk/government/publications/better-care-fund-policy-framework-2022-to-2023/2022-to-2023-better-care-fund-policy-framework>

BCF Report to the Health and Wellbeing Board – 1st December 2022

<https://politics.leics.gov.uk/documents/s172371/Appendix%20A%20%20BCF%20Report%20and%20Appendices.pdf>

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List of Appendices

Appendix A – Year End Template 2023-24

Relevant Impact Assessments

Equality and Human Rights Implications

29. 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.
30. 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.
31. A review of the assessment was undertaken as part of the BCF submission for 2021.

Partnership Working and associated issues

32. 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.

33. 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.
34. 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/>

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