

# HEALTH AND WELLBEING BOARD



<b>TO:</b>	Health and Wellbeing Board
<b>FROM:</b>	Katherine White, Deputy Director, Adults and Health, Adult Social Care, BwD Local Authority Sam Proffitt, Chief Finance Officer, LSC Integrated Care Board. Care Board
<b>DATE:</b>	20 <sup>th</sup> June 2023

**SUBJECT: Better Care Fund 2022/23 Quarter 4 End of Year position and Quarter 1 2023-24 Budget Update**

## 1. PURPOSE

The purpose of this report is to:

- Provide Health and Wellbeing Board (HWBB) members with a Better Care Fund update on the end of year position for 2022/23.
- Provide HWBB members with the Better Care Fund (BCF & iBCF) Pooled budget update for 2023/24.

## 2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

Health and Wellbeing Board members are recommended to:

- Note the Blackburn with Darwen Better Care Fund 2022/23 end of year position in relation to delivery and performance against targets.
- Note the Better Care Fund (BCF) Q1 2023/24 delivery and financial position.

## 3. BACKGROUND

As outlined in previous reports, the Health and Wellbeing Board is accountable for the delivery of the Better Care Fund Plan and managing performance against the required metrics and schedule of mandatory reporting. The management of the plan is undertaken through Blackburn with Darwen's joint commissioning arrangements and governance structures.

This report provides an account of the progress made against each of the performance metrics, scheme priorities and financial expenditure throughout the year.

All of the statutory planning and reporting requirements have been met throughout 2022/23

The formal Section 75 agreement, detailing the pooled budget arrangements between the Local Authority and CCG (now ICB) was updated for 2022/23. No substantial changes were made to the agreement.

The Better Care Fund Policy Framework and Planning Requirements for 2023/25 have now been published with a submission deadline of 28<sup>th</sup> June 2023. This will be a 2 year plan. As part of the review process, a workshop was undertaken on 25<sup>th</sup> May 2023, which was well attended by colleagues from across the partnership. The outputs from the workshop will support priority setting and the development of the schemes going forward.

## 4. RATIONALE

The Better Care Fund was established by Central Government to provide funds to local areas to support the integration of health and social care services and models of delivery. Section 75 of the National Health Service Act (2006) gives powers to local authorities and health bodies to establish and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise of prescribed local authority functions and prescribed National Health Service (NHS) functions. All BCF monitoring and progress reports are required to be reported to the Health and Wellbeing Board on an ongoing basis.

## 5. KEY ISSUES

### 5.1 Better Care Fund Planning Requirements and Performance position for Quarter 4 2022/23

The national BCF reporting requirements for quarter 4 of 2022/23 were released in March 2023. The set template has sections relating to data and narrative which provide a summary of performance against metric targets, finances, and schemes. It is important to note that for some of the nationally set targets, data was not available in a timely manner to provide a full year position however narrative updating on progress has been provided. The deadline for submission of the BCF 22/23 year-end report was 23<sup>rd</sup> May and this received sign off via the Council's Executive Member for Adult Health and Social Care, on behalf of the HWBB, in the absence of a timely meeting.

The development and commissioning of the Better Care Fund schemes focuses around a collaborative approach to delivering integrated, person-centred services across health, care, housing, and wider public services, with strong governance processes in place. The overarching aim is to support people to remain living well and independently at home, to improve outcomes for people in our neighbourhoods, including those discharged from hospital, and to reduce health inequalities.

The four national metric targets (below) were set for 2022/23 and the performance against the targets monitored throughout the year via regular BCF governance and finance meetings and quarterly reports to the HWBB. A summary of the metric targets and the end of year position is provided in the table below:

**Table 5.1a Metric targets**

National BCF Targets	Performance & narrative
<p><b>Metric 1: Avoidable Admissions</b> -Unplanned hospitalisation for chronic ambulatory care sensitive conditions</p>	<p>On Track: The target for Q4 was 418 ACS admissions. Currently the Jan and early Feb data is reporting 226 admissions therefore we are reporting on plan to meet target. Unplanned ASC admissions remain high compared to the rest of the country therefore there is further opportunity for improvement. A total of 1405 ACS admissions have been reported against a plan of 1414, and a position in the previous year of 1452. Therefore this measure is on track to be achieved.</p>
<p><b>Metric 2: Discharge to normal place of residence</b> – percentage of people who are discharged from acute hospital to their normal place of residence</p>	<p>Not On Track: Based on a full year's data, we are currently reporting 89.7% of people are discharged to their normal place of residence. The target of 90.9% represents a stretch target therefore reaching 89.7% is a good</p>

	foundation to build on and will continue to strive towards meeting this target.
<b>Metric 3: Residential Admissions –</b> Rate of permanent admissions to residential care per 100,000 population (65+)	Not On Track: The target is 687 admission per 100,000 population which equates to 150 admissions per annum. We achieved 155 admissions for 2022-23 therefore missed the target. Admission numbers for people aged 65+ have remained steady at 155 for the past 2 years, and although we would have hoped to see a reduction, positively we have not seen an increase.
<b>Metric 4: Reablement -</b> Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	On Track: The target was (80%). The end of year result was 89%. This is due to the excellent range of alternatives services available in Blackburn with Darwen which support rehabilitation goals allowing individuals to return home safely. The target has been achieved consistently each quarter despite an obvious increase in the level of complexity and need of service users.

In addition to the above, we have reported 2 key successes for this year:

1. Key partners from across a range of neighbourhood services have been involved in a range of initiatives in BwD. These include: Development of an integrated neighbourhood induction for staff to cultivate a one team approach which promotes the importance of engaging with our communities and building trusted relationships through a strength based approach. Ongoing monthly development meeting with the Social Prescribing Alliance (a network of over 150 front line staff from all sectors) to develop relationships, share awareness about local services and develop pathways for local people. Mental Health Neighbourhood Network meetings which supports develops and aligns pathways across the primary care footprint to address health inequalities and social determinant of ill health at an early stage.
2. Additional funding provided by the discharge fund allocation enabled BwD to put schemes in place during the critical winter period. These additional schemes were successful and resulted in no delayed discharges, enabling people to return home sooner or recover in a bed based facility whilst being supported with rehabilitation services. Additional funding further enabled health, social care and independent providers to work collaboratively to meet the needs of the local population at pace.

## 5.2 Disabled Facilities Grant

The Disabled Facilities Grant (DFG) is used specifically to support those who are most in need; including older people and people with disabilities who require adaptations and support to remain in their own home. Full service delivery was achieved for 22/23 following the lifting of Covid restrictions across all sectors.

The allocated DFG budget for 22/23 has been fully utilised however an overall underspend remains, due to un-utilised carry forward from the last 2 years. The remaining budget brought forward from 20/21 and 21/22 will be utilised by the continuation and expansion of discretionary funding. It will also be used to financially support the national switchover from analogue to a digital telecoms infrastructure.

Forthcoming priorities include further development of the application of the discretionary funding arrangements in place with a third sector partner and looking at further creative opportunities to support

people who have eligible needs.

The remainder of this section of the report provides a financial summary at Q4 2022/23 and an overview of the budgets for 2023/24.

#### **Q4 2022/23 Finance Update**

The CCG minimum pooled budget requirement for 2022/23 was £14,074,664 which is included in the total BCF budget of £16,204,407 for 2022/23. The outturn on BCF was £16,308,870 and after adjusting for resources carried forward from previous financial year, there was an overall under spend for the year of £2,598,701. Of which, £1,139,100 relates to a planned carry over for the ordinary BCF for full utilisation in 2023-24. The remaining balance of £1,459,601 is in respect of Disabled Facilities Grant (DFG). Closure of the Local Authority accounts, as host of the pooled budget, is based on currently anticipated aforementioned BCF year-end position and subject to approval at the Council's Executive Board.

The underspend has been carried forward to be spent in 2023/24 under the pooled budget arrangements which allows planned carry-over of resources from one year to the next to facilitate maximisation of service needs and requirements. Spend on DFG is demand led and take up rate can fluctuate impacting on timing of completion of works and discharge of expenditure, and activity on DFG has seen an increasingly positive financial impact following disruption of the Covid-19 pandemic. The capital programme of the Authority allows for carry forward of resources from one year to next and plans are being developed to ensure DFG funds are fully utilised in 2023/24.

In 2023/24 the iBCF allocation of £8,349,082 and Discharge Fund award of £951,855 has been fully utilised.

The final 2023/24 budget for the BCF and iBCF pool was £27,256,654 (including carry forwards from previous year) and the final outturn was £24,657,953 an underspend of £2,598,701 which is detailed above and was reported in the Better Care Fund Q4 template submitted on behalf of the Health and Wellbeing Board on 23rd May 2023.

#### **Q1 2023/24 Finance Update**

The below financial summary highlights the plans for the BCF financial budget for Quarter 1 2023/24. There is a continuation of the schemes and services funded through the Better Care Fund for 2023/24 with estimated inflation uplifts and some minor adjustments made which have been reported and approved via the Joint Commissioning Group as part of the joint commissioning governance structures and meetings in Blackburn with Darwen. The aforementioned planned carry forward of £1,139,100 for the ordinary BCF into 2023-24 is included in the figures.

- The CCG minimum BCF pooled budget requirement for 2023/24 is £14,871,290 (the CCG Minimum BCF includes a 5.66% inflation uplift).
- The DFG capital allocation for 2023/24 is £2,129,743 (same value as 2022/23).
- The iBCF allocation for 2023/24 is £8,349,082 (same value as 2022/23).
- The Discharge Fund allocation for 2023/24 is £1,170,528 (increase of £218,673 from 2022/23).
- 2023/24 budget for the BCF and iBCF pool including Discharge Fund is £29,119,344 including carry forwards from 2022/23.

The 2023/24 BCF allocations as above plus carry forward amounts from 2022/23 are analysed as:

- Spend on Social Care - £4,705,568 (29%)
- Spend on Health Care - £5,237,848 (33%)
- Spend on Integration - £4,727,874 (30%)
- Contingency - £200,000 (1%)
- Resources still to be allocated - £1,139,100 (7%)

## **6. POLICY IMPLICATIONS**

The key policy drivers are outlined within the main body of this report and within previous BCF papers presented to HWBB members. Local areas are expected to fulfil these requirements. New Policy and guidance for 2023/24 is expected to be released in the autumn. The impact and implications will be reported at Health and Wellbeing Board at the earliest opportunity.

## **7. FINANCIAL IMPLICATIONS**

### **7.1 BCF Pooled Budget Qtr. 4 Position 2022-23**

The final 2022/23 budget for the BCF and iBCF pool was £27,256,654 (including carry forwards from previous year) and the final outturn was £24,657,953 an underspend of £2,598,701 which is detailed above and was reported in the Better Care Fund Q4 template submitted on behalf of the Health and Wellbeing Board on 23rd May 2023.

The overall under spend for 2022/23 carried forward into 2023/24 includes £1,139,100 relating to BCF revenue pool and £1,459,601 in respect of DFG capital funds.

### **7.2 BCF Pooled Budget Qtr.1 Position 2023-24**

The Qtr. 1 2023/24 budget for BCF and iBCF financial plans have been approved at JCRG. A new financial budget within the total allocation of £29,119,344 has been agreed and will continue to be developed further, and ratified through the joint commissioning governance as we progress through the year.

## **8. LEGAL IMPLICATIONS**

Legal implications associated with the Better Care Fund governance and delivery have been presented to Health and Wellbeing Board members in previous reports. Section 75 of the National Health Service Act 2006 contains powers enabling NHS bodies and local authorities to pool funding into a pooled fund. The Section 75 Agreement, which was agreed in March 2022, provides details of the pooled budget arrangements, including governance, risk sharing arrangements and other funding streams aligned to integrated delivery locally which enables the management of BCF schemes in accordance with the national conditions.

## **9. RESOURCE IMPLICATIONS**

Resource implications relating to the Better Care Fund plan have been considered and reported to Health and Wellbeing Board members within the main body of this report and have been outlined in the updated Section 75.

## **10. EQUALITY AND HEALTH IMPLICATIONS**

Equality Impact Assessments are ongoing as part of the development of all BCF and integrated care schemes, including new business cases, and are integral to service transformation plans. An updated EIA will be completed as part of the new national planning requirements for 2023/24 once they are issued.

## **11. CONSULTATIONS**

The details of engagement with service providers, patients, service users and the public have been reported to Health and Wellbeing Board members throughout development of the local BCF 2022/23 plan and will continue in the review and planning process for 2023/24.

<b>VERSION:</b>	<b>0.1</b>
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<b>DATE:</b>	1 <sup>st</sup> June 2023
<b>BACKGROUND PAPER:</b>	