

# HEALTH AND WELLBEING BOARD



<b>TO:</b>	Health and Wellbeing Board
<b>FROM:</b>	Katherine White
<b>DATE:</b>	Wednesday, 4 December 2024

## **SUBJECT: Better Care Fund Update**

### **1. PURPOSE**

The purpose of this report is to:

- Provide assurance to Health and Wellbeing Board (HWBB) members by way of a Better Care Fund update on the local plans submitted for 2023/25
- Provide HWBB members with the Better Care Fund (BCF and iBCF) pooled budget update for Quarter 2 of 2024/25
- Seek approval from HWBB to utilise allocated resources within the BCF for a 1 year extension of the Voluntary, Community, Faith and Social Enterprise (VCFSE) contract Keeping Happy, Healthy and Well.

### **2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD**

Health and Wellbeing Board members are recommended to:

- Note the Blackburn with Darwen Better Care Fund (BCF) Plans submitted for 2023/25 in relation to delivery and performance targets
- Note the BCF Quarter 2 2024/25 delivery and financial position and approve the utilisation of non-recurring resources within the BCF to bridge the gap of £109,000 in funding for extending the VCFSE Keeping Happy, Healthy and Well contract by 1 year.

### **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 (as at Quarter 2) and an update on scheme priorities and financial expenditure. It also provides an update on the BCF review which is currently being undertaken across Lancashire and South Cumbria.

The formal Section 75 agreement which details the pooled budget arrangements between the Local Authority and the Integrated Care Board (ICB) has been updated and signed by both parties for 2024/25. No substantial changes were made to the agreement.

An update to the BCF plan for 2023/25 was requested by the Government and NHS England as an addendum to the BCF Policy Framework and Planning Regulations for 2023-25. An update to the BCF plan for 2024/25 was submitted in accordance with the timeframe of 10<sup>th</sup> June 2024. The BCF plan for Blackburn with Darwen was approved by NHS England on 21<sup>st</sup> August 2024.

A series of internal workshops have taken place to review the BwD BCF. The outputs from these workshops has enabled opportunities to be explored which will support the development of the BCF schemes moving forward.

Furthermore, a BCF review is being carried out across the Lancashire and South Cumbria footprint. The purpose of the review project is to maximise joint funding across the ICB and Local Authorities by undertaking a comprehensive system-wide review of the BCF across the four places and the six Health and Wellbeing Boards within Lancashire and South Cumbria. An external consultancy has been appointed to lead the review and a time limited working group has been established to support and steer the project. Shared learning and shared principles have been considered by the group alongside identifying areas which we could work on collectively across the ICB, for example business intelligence and performance information. Regular updates on the review have been provided via the Blackburn with Darwen Joint Commissioning and Recommendations Group (JCRG) and further updates will be provided to the Health and Wellbeing Board.

#### **4. RATIONALE**

The Better Care Fund (BCF) was launched in 2015 and established pooled budgets between Local Authorities and the NHS, with the aim of reducing the barriers often created by separate funding streams. The BCF supports local systems to deliver the integration of health and social care in a way that supports person centred care, sustainability and better outcomes for people and carers.

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 Plan 2023/25**

The BwD BCF Plan continues to be delivered through a true collaborative partnership approach, with joint leadership by the Integrated Care Board (ICB) Health representatives in place and the Local Authority. There remains a focus on driving integration and improved outcomes through the delivery of effective, efficient, high quality and safe integrated care. The ultimate ambition is to enable the people of Blackburn with Darwen to live longer and live better.

A quarterly BCF reporting schedule has been set by NHS England for 2024/25. The national BCF reporting template includes data and narrative sections which provide an overview of performance against metric targets, finance and schemes.

In 2023/24, five national BCF metric targets were set and monitored throughout the year. In 2024/25, the metrics have been reduced to four and are detailed in table 5.1a (below).

In Quarter 1, the focus was solely on spend and activity in relation to the Discharge Fund. The

reporting was completed and submitted to NHS England in accordance with the timeframe of 29<sup>th</sup> August 2024.

In previous reports, some data reporting issues were highlighted regarding performance metrics which rely on health data. This issue was due to the main provider across the BwD area, East Lancashire Hospitals Trust (ELHT), implementing a new Electronic Patient Record system which impacted on data submissions and generated a backlog of clinical coding. There is still a backlog of clinical coding within ELHT which is currently being addressed in a managed way.

Additionally, there has been a national mandate for NHS Hospital Trusts to move activity from admissions to same day emergency care. This activity will no longer be recorded as an admission and will not be clinically coded. This change has a significant impact on the reported admission activity against metric 1 (see table 5.1a below) and has been raised with the national BCF team for consideration.

Performance against the metric targets are monitored throughout the year via regular performance and finance meetings and quarterly reports to the Health and Wellbeing Board. A summary of the metric targets for submission in the Quarter 2 reporting 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><b>On track to meet target</b> <b>Actual performance for Q1: 149.6 per 100,000</b> <b>(against a Q1 target of 325.5 per 100,000)</b></p> <p>At the time of this report, the national BCF reporting datasets at a Health and Wellbeing Board level are incomplete for Q2 as they only include final data for July (data for August and September is incomplete). As such, there is currently insufficient data to make an informed view on Q2 progress against this metric. However, Q1 data is showing positive progress, and therefore achievement against target is assumed to be on track. Any changes to this will be reflected in future updates once complete data for Q2 is available.</p> <p>Additionally, there has been a national mandate for NHS Hospital Trusts to move activity from admissions to same day emergency care (SDEC). This activity will no longer be recorded as an admission and will not be clinically coded. ELHT is submitting SDEC activity, which will impact on the performance against this metric as ambulatory care sensitive conditions are more likely to be the type of condition that become SDEC.</p> <p>The change in reporting of activity data from admissions to SDEC will impact directly on the Q1 target, as it was based on previous collations of this data. As more NHS Hospital Trusts move to recording activity in this way, the target is expected to be adjusted accordingly. Clarification has been requested from the BCF national team on how this this shift in activity recording will be managed.</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><b>On track to meet target</b>  <b>Actual performance for Q1: 92.25%</b>  <b>(against a Q1 target of 89.8%)</b></p> <p>Current monthly activity reported in the period April – July is consistently above 91% and therefore above the 2024/25 quarterly plans.</p>
<p><b>Metric 3: Falls</b> - Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.</p> <p>Target for 2024/25: 1,983 per 100,000 (equates to 436 per year admissions due to falls, averaging 109 per quarter)</p>	<p><b>On track to meet target</b>  <b>Actual performance for Q1: 349.3</b>  <b>(which equates to 75 admissions due to falls)</b></p> <p>At the time of this report, the national BCF reporting datasets at a Health and Wellbeing Board level are incomplete for Q2 as they only include final data for July (data for August and September is incomplete). As such, there is currently insufficient data to make an informed view on Q2 progress against this metric. However, at the end of Q1 there were fewer falls reported than in our original plan and therefore achievement against target is assumed to be on track. Any changes to this will be reflected in future updates once complete data for Q2 is available.</p> <p>It is important to be mindful of the SDEC activity reporting (as described above) which may impact on the reporting against this metric.</p>
<p><b>Metric 4: Residential Admissions</b> - Rate of permanent admissions to residential care per 100,000 population (65 and over)</p> <p>Target equates to 165 admissions for 24/25 (718 per 100,000 population)</p>	<p><b>On track to meet target:</b></p> <p>Number of admissions for people aged 65+:  Q1 - 40 admissions  Q2 - 35 admissions  Total admissions at Q2 - 75 (327 per 100,000 pop)</p> <p>Our target for this year has been set at 165 admissions (718 per 100,000 pop).</p> <p>At the end of Qtr 2 we have recorded 75 admissions so we are currently on track to meet target. However, the number of admissions tends to increase due to an increase in Discharge to Assess placements from hospital discharge and an increase in the use of short term placements during the winter months. In previous years our target has not been achieved due to the complexity of need within our population and at the point of discharge from hospital. However we continue to work closely with this metric and continually develop our intermediate care offer as we aim to work towards improving our position and reducing the number of people being admitted into long term residential care.</p>

## 5.2 Q2 2024/25 Finance Update

The below financial summary highlights the plans for the BCF budget for Quarter 2 2024/25. There is a continuation of the schemes and services funded through the Better Care Fund for 2024/25 with estimated inflation uplifts and some minor adjustments made which have been reported and approved via the Better Care Fund plans submitted to Better Care England in June 2024. Further review is an ongoing part of the joint commissioning structures and meetings between partners. The planned carry forward of £1,078,714 from 2023/24 for the ordinary BCF into 2024-25 is included in the figures.

- The ICB minimum BCF pooled budget requirement for 2024/25 is £15,713,006 (the ICB Minimum BCF includes a 5.66% inflation uplift).
- The DFG capital allocation for 2024/25 is £2,323,019 (an increase of £193,276 from 2023/24).
- The iBCF allocation for 2024/25 is £8,349,082 (same value as 2023/24).
- The Local Authority Discharge Fund allocation for 2024/25 is £1,950,881 (an increase of £780,353 from 2023/24). The ICB Discharge Fund allocation for 2024/25 is £1,153,343 (an increase of £799,456 from 2023/24). Detailed plans for utilisation of Discharge Funds for 2024/25 have been submitted to Better Care England as required for the Quarter 1 return.
- 2024/25 budget for the BCF and iBCF pool including Discharge Fund, totals £33,173,799 including carry forwards from 2023/24.

The 2024/25 BCF allocations as above plus carry forward amounts from 2023/24 are analysed as:

- Spend on Social Care - £4,800,299 (26.3%)
- Spend on Health Care - £5,326,076 (29.2%)
- Spend on Integration - £5,707,485 (31.3%)
- Contingency - £200,000 (1.1%)
- Non-recurring & Recurring resources - Earmarked for new schemes and the ongoing costs of Albion Mill for 25/26 which are still to be determined - £2,195,860 (12.0%)

All BCF schemes across the Lancashire and South Cumbria ICB footprint are subject to a full review during the course of 2024/25. Further updates will be provided to HWBB as the review progresses.

Within the detailed budget plan for 2023/25 there are a variety of commissions for delivery of services including commissions with the Voluntary, Community, Faith and Social Enterprise (VCFSE) Sector.

One such commission is a collaborative VCFSE commission known as Keeping Happy, Healthy and Well. This commissioning arrangement brings together 5 key VCFSE sector partners who provide proactive support, information and advice for carers, older people, people with a Learning Disability, Autistic people and those who are struggling to access employment. This was established in 2019 within the BCF and is an integrated offer which is jointly commissioned by Adult Social Care, Children's & Families, Public Health and the Integrated Care Board. As lead commissioner the LA have reviewed and extended the contracting arrangement for the collaborative commission whilst work is progressed to review and redesign the offer in line with the delivery of the Adults and Health Target Operating Model. This 1 year contract extension has been progressed through the Council's Executive Board. The total annual value of the 5 contracts is £949,900 and there is a gap in funding within the BCF of £109,000. It is proposed that the funding gap for this contract is bridged from non-recurring resources identified within the BCF pooled budget at Qtr 2 and detailed above.

## **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. The impact and implications of any newly published policy and guidance will be reported at Health and Wellbeing Board at the earliest opportunity.

## **7. FINANCIAL IMPLICATIONS**

### **7.1 BCF Pooled Budget Qtr.1 Position 2024-25**

The Qtr. 2 2024/25 budget for BCF and iBCF financial plans have been reviewed at JCRG and approved by HWBB as part of the 2023/25 plan returned to Better Care England on 10<sup>th</sup> June 2024. A new financial budget within the total allocation of £33,173,799 has been agreed and will continue to be further developed, and ratified through HWBB governance as we progress through the year.

Within the overall allocation of Better Care Fund detailed above there are Non-recurring & Recurring resources of £2,195,860. This is earmarked for new schemes and the ongoing costs of Albion Mill for 25/26 which are still to be determined. It is requested that HWBB approve the funding of £109,000 from this resource to meet the ongoing cost of the VCFSE Keeping Happy, Healthy and Well commission.

## **8. LEGAL IMPLICATIONS**

To receive Better Care Funding from central government, local authorities and health bodies must comply with national conditions (agree a joint plan to deliver health and social care services which support improved outcomes against the fund's policy objectives and maintain NHS contribution to Adult Social Care) and with other conditions set out in the grant determination. This plan, agreed between local Health and Social Care commissioners, must be signed off by the Health and Wellbeing Board and governed by an agreement between the parties under Section 75 of the National Health Service Act 2006, which empowers NHS bodies and local authorities to have a pooled fund, and agreed commissioning and risk sharing arrangements. The Section 75 Agreement provides the necessary framework and arrangements to bring together the BCF budget and other funding streams aligned to integrated delivery locally which enables the management of BCF schemes in accordance with the national conditions.

Review of the full Section 75 agreement is required to update organisation changes and governance structures, however the Executive Summary S75 agreement which details the key elements of the S75 is reviewed and has been updated and approved for 2024/25 by both parties.

## **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.

## 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 2023/25 plan and will continue in the review and planning process for 2024/25.

<b>VERSION:</b>	<b>0.1</b>
-----------------	------------

<b>CONTACT OFFICER:</b>	Katherine White, <a href="mailto:katherine.white@blackburn.gov.uk">katherine.white@blackburn.gov.uk</a> Zoe Evans, <a href="mailto:zoe.evans@blackburn.gov.uk">zoe.evans@blackburn.gov.uk</a>
-------------------------	--

<b>DATE:</b>	04/11/2024
--------------	------------

<b>BACKGROUND PAPER:</b>	
--------------------------	--