Classification Open	Item No.

Meeting:	Bury Health and Wellbeing Board
Meeting date:	14th November 2023
Title of report:	Better Care Fund (BCF) Improved Better Care Fund (IBCF) 23/25 Quarter 2 Reporting Template
Report by:	Shirley Allen
Decision Type:	Decision
HWB Lead(s) in this area	Will Blandamer Executive Director Health and Adult Care and Place Based lead Adrian Crook – Director Adult Social Care Lynne Ridsdale, Chief Executive

Executive Summary:

Why is this report being brought to the Board?	To seek Health and Wellbeing Board retrospective sign off for the Bury quarter 2 reporting template for the Better Care Fund 2023/2025. The deadline for submission to the NHSE Better Care fund team was 30th October 2023.
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy)	The Better Care Fund primarily focuses upon:

www.theburydirectory.co.uk/healthandwellbeingboard	• Living Well with a Long-Term Condition • Reducing Length of Stay in hospitals • Improving and supporting Hospital Discharges • Prevention & Early Intervention
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA) http://jsna.theburydirectory.co.uk/kb5/bury/jsna/home.page	• Living Well with a Long-Term Condition • Reducing Length of Stay in hospitals • Improving and supporting Hospital Discharges • Prevention & Early Intervention • Falls
Key Actions for the Health and Wellbeing Board to address – what action is needed from the Board and its members? Please state recommendations for action.	(1) Note the content of the report. (2) Agree the retrospective submission of the Quarter 2 reporting template to BCF 2023/2025 as per the attached full reporting submission
What requirement is there for internal or external communication around this area?	None
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.	The Quarter 2 reporting template has been collaboratively populated by relevant colleagues from within Bury Council and NHS GM Bury ICB.

Recommendation(s)

That:

- That the Health and Wellbeing Board note the content of the quarter 2 reporting submission

- That the Bury Health and Wellbeing Board retrospectively approve the attached Better Care Fund 2023/2025 quarter 2 reporting submission and ratify the decision to submit to the national Better Care Fund team for assessment.

Key considerations:

Introduction/ Background:

Introduction and background

1.1 The final Better Care Fund (BCF) 2023/2025 Policy Framework and Planning Guidance can be found at: BCF https://www.gov.uk/government/publications/bettercarefund-policy-framework-2023-to-2025

This policy framework confirms the conditions and funding for the Better Care Fun (BCF) for 2023 to 2025.

1.2 Since 2015, the BCF has been crucial in supporting people to live healthy, independent, and dignified lives, through joining up health, social care, and housing services seamlessly around the person. This vision is underpinned by 2 core objectives, to:

- enable people to stay well, safe, and independent at home for longer
- provide people with the right care, at the right place, at the right time

1.3 The BCF achieves this by requiring Integrated Care Boards (ICBs) and local government to agree a joint plan of how the funding will be spent to meet the core objectives. Indeed, 94% of local areas agreed that joint working had improved because of the BCF following a survey in 2022.

1.4 The plan is owned by the Health and Wellbeing Board (HWB) and governed by an agreement under section 75 of the NHS Act (2006). This continues to provide an important framework in bringing local NHS services and local government together to tackle pressures faced across the health and social care system and drive better outcomes for people.

1.5 The BCF programme underpins key priorities in the NHS Long Term Plan by joining up services in the community and the government's plan for recovering urgent and emergency care (UEC) services, as well as supporting the delivery of Next steps to put People at the Heart of Care. The BCF facilitates the smooth transition of people out of hospital, reduces the chances of re-admission, and supports people to avoid long term residential care. The BCF is also a vehicle for wider joining up of services across health and local government, such as support for unpaid carers, housing support and public health.

1.6 The delivery of the BCF will support 2 key priorities for the health and care system that align with the 2 existing BCF objectives:

- improving overall quality of life for people, and reducing pressure on urgent and emergency care, the acute sector, and social care services through investing in preventative services

- tackling delayed discharges from hospital and bringing about sustained improvements in discharge outcomes and wider system flow - these are set out in the 'BCF objectives and priorities for 2023 to 2025' section below

1.7 At the same time, NHS England and the LGA published the Planning Requirements for the BCF. These can be found at: BCF planning requirements,

1.8 The framework and guidance establish the key conditions and requirements of the Better Care Fund in 2023/2025.

2 BCF 2023/2025 Vision and Objectives

2.1 The Better Care Fund (BCF) Policy Framework sets out the Government's priorities for 2023-25, including improving discharge, reducing the pressure on Urgent and Emergency Care and social care, supporting intermediate care, unpaid carers and housing adaptations. The vision for the BCF over 2023-25 is to support people to live healthy, independent and dignified lives, through joining up health, social care and housing services seamlessly around the person. This vision is underpinned by the two core BCF objectives:

2.2 The objectives, priorities and performance targets and what data we have to collect to report on are defined very clearly in the guidance: https://www.gov.uk/government/publications/better-care-fund-policy-framework-2023-to-2025.

2.3 **Objective 1: to enable people to stay well, safe and independent at home for longer**

The priorities for health and social care are to improve quality of life and reduce pressure on urgent emergency hospital care, other acute care in the hospitals and adult social care services. This has to be achieved by everybody in the health and care system working together. including: collaborative working with the voluntary, housing and independent provider sectors and by investment in a range of preventative, community health and housing services and by supporting unpaid carers

2.4 **Objective 2: to provide people with the right care, at the right place, at the right time.**

The priorities for health and social care are to tackle immediate pressures in delayed discharges and demand for hospital attendances and admissions, bringing about sustained improvements in outcomes for people discharged from hospital, and wider system flow. This will be achieved by embedding strong joint working between the NHS, local government and the voluntary, housing and independent provider sectors

2.5 BCF metrics for 2023 to 2025

2.6 There are a number of performance targets that we have to achieve in year. They are reported quarterly and annually in the end of year evaluation and if we do not achieve them, we have to provide a reason why.

2.7 The metrics and the targets we will be expected to achieve, or over achieve against are shown in the table below. The current performance against the metrics is indicated in the table and a rationale for the achievement or non-achievement of the metric is provided in the last column.

Metric	Description	23/24 Qtr. 2 target	Actual Q2 achieved	Rationale for non-achievement
Avoidable Admissions	Required to reduce the number of unplanned hospitalisations to be at or below the figures shown in each quarter	237.9	229.5 on track to meet target	8 BCF funded winter schemes operational
Falls	Required to reduce the number of emergency hospital admissions due to falls in people aged 65 or older over the year to at, or below the figure in quarter 4.	91.5%	90.24% Not on track to meet target	Part of the BCF funding is to increase the number of D2A and complex step-down beds. This is resulting in more patients being stepped down from hospital into temporary arrangements. This improves hospital flow but potentially causes a negative impact on this measure. Whilst this measure was not on target for Q1 the number of discharges causing the failure was circa 47 over the 3 month period
Discharge to normal place of residence	To measure the % of people, who are discharged to their normal place of residence, wherever 'home' is for them. Aiming to be at or above the figures shown in each quarter	1851	512.3 Not on track to meet target	Whilst the target has not been met for this quarter a number of schemes have been reviewed and further developed to work towards this target. The Carelink scheme and the falls pick up service has been linked into the Rapid Response service and also into the IMT and currently developing a new referral pathway. Ongoing development of SDEC frailty services who are now able to refer into Rapid Response to support and prevent further falls at home.
Residential Admissions	Aim is to reduce the number of people aged 65 and older having to move into 24 hour care to meet their long term support needs, aiming to be at or below the figure shown in quarter 4 by the end of the year.	605	122 Not on track to meet target	This is increasing as customers are in the main being discharged with multiple issues and complexities. Increase in complex dementia and the shortage of placements across GM. Requires further work to increase mobility and reduce behavioural issues on the hospital side before being admitted into IMC and D2A beds.
Reablement	Requirement to measure the % of people aged 65 and over who remain in their own home 91 days after discharge from hospital into reablement or rehabilitation services and at the end of the year this should be not less than 87.5%	87.5%	88.1% On track to meet target	Reablement are able to take more people if the hospitals discharge at planned time for case opening time and date. When they don't this backs up to next day and reduces what we can open, impacts on our figures and increased LOS between referral to start date. They are given 24 hours + notice. Main issues TTO Transport which could be managed more effectively and people

				becoming NMFFD which in the main cannot be planned for. Full review of reablement function in progress increasing step up from community. Use of Strengths based and Tech to reduce dependency levels once at home and improve quality of life. Reduce cost to customer and LA. LOS has reduced from Average of 28 days to 22 since July with 46% of people completing reablement by week 3 - 10.6 in week 1 - 14.9% week 2 - 21.8% week 3 October 100% of people discharged and remained in community setting.

2.8 Intermediate care capacity and demand plans

2.9 Intermediate care (rehabilitation and reablement) services are provided to individuals, usually older people, after leaving hospital or when they are at risk of being sent to hospital. Intermediate care helps people to avoid going into hospital or residential care unnecessarily, helps them to be as independent as possible after a stay in hospital, and can be provided in different places (for example community hospital, residential home or in people's own homes).

2.10 There is a continued focus on intermediate care as being a key service in achieving the BCF objectives and priorities.

2.11 As in 2022 to 2023, local areas are required to agree and submit a plan showing expected demand for intermediate care services showing:

- services to support this recovery (including rehabilitation and reablement)
- expected capacity in the HWB area to meet this demand

2.12 As part of quarter 2 reporting we have been requested to review all data relating to Intermediate Tier capacity and demand and to submit refreshed data for the rest of the financial year. The refreshed data is embedded in the full quarter 2 reporting submission in the appendices. There are few changes to the data submitted on the planning template.

3.0 Reporting and checkpoints

3.1 It is expected that performance on spend and the outputs aligned to the main BCF programme will be reported on a quarterly basis. The reporting requirements have now been finalised for quarter 2 and have been submitted to NHSE Better Care fund Team.

3.2 There is already a set of reporting requirements in place, Adult Social Care Discharge fund has been reported on every two weeks but this will now move to monthly reporting from November 2023. The hospital demand and the capacity to cover this demand is being reported on a monthly basis and the ICB Discharge Funding is also being reported on a monthly basis. The main BCF quarterly report is in addition to the above reporting requirements and this is putting considerable pressure on a very small reporting team.

4. Links to the Bury Locality Plan

4.1 The Better Care Fund proposals should not be read in isolation but should be seen as a constituent part of the Bury Locality Plan and ''Let's Do It' 2030 Bury Strategy which sets out the entirety of the local approach to Health and Social Care transformation.

Financial Implications:

- *These proposals relate to the use of financial resources*
- *These proposals have been developed in partnership with the Bury Council s.151 Officer and the Bury Joint Director of Finance.*

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Date: 14 November 2023

Background papers:

Bury-BCF 2023-25 Planning Template.xls

Copy of BCF 2023-25 Quarterly Reporting T