



HEALTH AND WELLBEING BOARD

7 DECEMBER 2023

REPORT TITLE:	BETTER CARE FUND (BCF) QUARTER 2 RETURN
REPORT OF:	DIRECTOR OF CARE AND HEALTH

REPORT SUMMARY

This report summarises the mandatory Quarter 2 (Q2) report submitted to National Health Service England (NHSE). It provides data to demonstrate there have been no changes to the capacity and demand assumptions as set out in Wirral's 2023/25 Better Care Fund (BCF) Plan. It also demonstrates continued compliance with the requirements of the BCF fund and that the NHSE outcomes for 2023/25 are being met.

Performance against the objectives of the Wirral Plan is included in the reviews of each BCF funded scheme.

This is not a key decision.

RECOMMENDATION/S

The Health and Wellbeing Board is recommended to:

1. Note the continued compliance with the requirements of the BCF fund and that (NHSE) outcomes for 2023/25 are being met.
2. Note there are no changes to the capacity and demand assumptions included in the 2023/25 Better Care Fund (BCF).
3. Note the information provided will enable the Health and Wellbeing Board to influence the deployment of BCF services within the lifespan of this plan (2023/25) and future plans.
4. Note that the current position does not pose a risk to the Section 75 Agreement.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 Submission of the reports to the NHSE and Health and Wellbeing Boards is mandatory. They must provide evidence that systems have sufficiency within the care market, the NHS, and the Voluntary Community and Faith Sector (VCFS) to avoid admissions, maintain flow and provide intermediate care and reablement services. The Quarter 2 report must demonstrate the capacity and demand assumptions as set out in the 2023/25 BCF Plan were accurate. It is intended to provide assurance of continued compliance with the principles (vision) of the BCF and demonstrate that performance against the National Health Service Executive (NHSE) outcomes for 2023/25 has been achieved.
- 1.2 It provides the Health and Wellbeing Board with information that will enable them to influence the deployment of BCF services within the lifespan of the (2023/25) plan and future plans.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 No other options were considered as the submission of a Q2 report is mandatory.

3.0 BACKGROUND INFORMATION

- 3.1 The BCF was established in 2014 to support integrated working across health and social care, housing and the voluntary community and faith sector to support person-centred care, sustainability, and better outcomes for people. The BCF represents a collaboration between:
 - Department of Health and Social Care (DHSC)
 - NHS England
 - Department for Levelling Up, Housing and Communities (DLUHC)
 - The Local Government Association (LGA)
 - The BCF plan articulates, at a place-based level, how the BCF is used to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers. Enable people to stay well, safe, and independent at home for longer.
 - The provision of care and support at the right time and in the right place.
- 3.3 The Better Care Fund (BCF) Policy Framework sets out the Government's priorities for 2023-25. These include improving discharge, reducing the pressure on Urgent and Emergency Care and social care, supporting intermediate care, unpaid carers, and housing adaptations.
- 3.4 The vision for the BCF over 2023-25:
 - Is delivering the Right Care in the Right Place at the Right Time.
 - Manages demand and reduces the cost of care.
 - Has clear accountability and governance arrangements.
 - Has resilience and flexibility to emerging issues in service delivery.

3.5 Quarterly reports must be submitted to the NHSE and Health and Wellbeing Boards. There was no requirement in 2023 to submit a Q1 report. Each report has a specific function.

- Quarter 1 – not required data included in Q2.
- Quarter 2 – summary of any changes to the capacity and demand plans between April 2023 and October as set out in the 2023/25 BCF Plan.
- Quarter 3 – confirm activity to date.
- Quarter 4 - An End of Year report on actual income and expenditure in BCF plans.

3.6 The report must provide evidence that there is sufficiency at place to meet demand. In Wirral, a Cheshire and Merseyside software model was used to determine demand in the hospital versus capacity (occupancy). This data identified the capacity required in intermediate care and other community services to maintain flow from the hospital, avoid admissions and enable people to be assessed at home. Whilst the demand levels for hospital discharge remains the same, the introduction of different approaches to discharge and increased capacity in the care market, has improved outcomes and the length of stay in hospital has reduced.

3.7 Analysis of the last 6 months suggests that whilst capacity has increased more work is needed to ensure there is sufficient capacity within the system to ensure people are assessed at home this is referred to as Pathway 1 (P1). This reduces the risk of inappropriate discharges on Pathway 2 (residential care), which can cause people to decondition and result in permanent admissions. Some examples are set out below from the Capacity and Demand Guidance Assumptions:

- In May 2023 there were over 200 people who had no criteria to reside (NCTR) in hospital beds. In November 2023, since the inception of the hospital based Rapid Discharge Hub, that number has reduced to 99.
- The Home First service, (a multi-disciplinary team approach to assessment of people in their own homes post hospital discharge) has accepted 150 referrals in November, the target was 170. It is expected as the service matures, in line with trajectories and contract, capacity will continue to be created, and targets achieved. The target date of 170 referrals is monitored at the Home First Board Meeting. It is anticipated that by December 2023 this target will have been achieved and future targets will be confirmed in Q3.
- 102 intermediate beds are commissioned, 71 ward based and 31 in the community. A review of these services is underway focusing on performance against specification and readmissions.
- The 10 beds, commissioned within a residential home providing interim support whilst a package of care was sourced has been reduced by 50% due to increased capacity in at home services as a result of the positive impact of both home first and community care market response.
- Wirral MIND have delivered 339 hours of early intervention support delivered to 21 people between June and August to reduce the demand for Mental Health beds and placements. The service concentrates on people with Mental Health conditions and those at risk of suicide and offers alternatives to a hospital admission.

- The hospital based Single Point of Access (Age UK) will be mobilised in Q3 and will provide 270 discharge assessments and wellbeing packages of support. The intention is to connect people to services in the Community Voluntary and Faith Sector before discharge, as an alternative to commissioned services and to ensure people are supported to return home safely.
- In April 2023, 1376, people received a short term reablement domiciliary care service. In September 2023, this figure increased to 1576. In addition, and since November 2023 funding has enabled a domiciliary care provider to increase their capacity and since November 2022, 220 additional mobile nights have been provided. Whilst capacity has increased in the domiciliary care sector in terms of the numbers of hours delivered, this is being delivered to people with more complex needs who require larger package sizes and therefore the numbers of people in receipt of the service has not grown greatly to the same extent of hours delivered.
- The Council is developing a Reablement service offer to support this system priority. The model (AbleMe) will support people before reaching a crisis and potential admission to a hospital or care home setting. AbleMe will be mobilised in January 2024. This service will provide personal care and connect people to their communities and the voluntary community and faith sector. It will reduce demand for domiciliary care in the community and avoid hospital admissions. Capacity within the new service offer will be accurately calculated when the service is mobilised.

4.0 FINANCIAL IMPLICATIONS

4.1 A risk share arrangement is in place, as part of the Section 75 agreement.

5.0 LEGAL IMPLICATIONS

5.1 A Section 75 agreement is in place between the Council and NHS Cheshire and Merseyside Integrated Care Board (ICB).

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 Can be managed within existing resources.

7.0 RELEVANT RISKS

7.1 There is a risk that demand for services will become greater than the available capacity. Risk is monitored at the Executive Discharge Cell and other system leadership groups. This includes oversight of intelligence and data on the performance of key service areas.

8.0 ENGAGEMENT/CONSULTATION

8.1 Engagement with service providers is ongoing.

9.0 EQUALITY IMPLICATIONS

9.1 Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. An Equality Impact Assessment is a tool to help council services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision, or activity. There are no direct equality impacts from this report.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 Funded services are delivered locally, and community care providers are currently deploying a range of initiatives to support the Council with the climate emergency response, and this includes the use of electronic vehicles and e-bikes.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 Funded services primarily recruit local people, and community care providers are contracted to pay the Real Living Wage with an enhanced payment. NHS and Community Care Market providers are both large employers of people who work in Health and Care in Wirral.

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APPENDICES

N/A

BACKGROUND PAPERS

BCF Q2 Return Capacity and Demand Guidance Assumptions

TERMS OF REFERENCE

It is a National, mandatory requirement that the End of Year Template is approved by the Health and Wellbeing Board.

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Health and Wellbeing Board (S75 Agreement)	29 September 2021
Adult Social Care and Public Health Committee (Pooled Fund Arrangements)	13 October 2021
Health and Wellbeing Board (Better Care Fund)	9 February 2022
Health and Wellbeing Board	23 March 2023