



HEALTH AND WELLBEING BOARD

14 MARCH 2024

REPORT TITLE:	BCF QUARTER 3 AND END OF YEAR REPORTS
REPORT OF:	DIRECTOR OF ADULT CARE AND HEALTH

REPORT SUMMARY

This report summarises the mandatory Quarter 3 (Q3) report submitted to National Health Service England (NHSE) on 7 February 2024. It provides data to demonstrate that 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 demonstrates continued compliance with the requirements of the BCF fund and that the NHSE outcomes for 2023/25 have been met and recommends, based on the financial forecast position for 2024/2025, that the mandatory year-end report is also approved.

The report supports the Council Plan: Wirral Working Together 2023-27, specifically the 'promoting independence and healthier lives' theme.

This is not a key decision.

RECOMMENDATION/S

The Health and Wellbeing Board is recommended to:

1. Note continued compliance with the requirements of the BCF fund and that (NHSE) outcomes for 2023/25 have been met.
2. Note there are no changes to the capacity and demand assumptions included in the 2023/25 BCF plan.
3. Approve the mandatory joint (with NHS Wirral Integrated Care Board (ICB)) Q3 BCF submission.
4. Approve this report as the year-end BCF report based on the forecast position for 2023/24.
5. 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.
6. 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 Approval of quarterly and end of year reports by Health and Wellbeing Boards is mandatory prior to submission to the National Health Service England (NHSE). In 2023/24 a Q1 report was not required and the Q2 report was approved by the Health and Wellbeing Board on 7 December 2023. Each report 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 3 report must demonstrate the capacity and demand assumptions, as set out in the 2023/25 BCF Plan, have been met. The end of year report must set out actual expenditure and performance. The intention of the report is to provide assurance of the continued compliance with the principles (vision) of the BCF and demonstrate that performance against the (NHSE) outcomes for 2023/25 have been achieved within the allocated BCF budget.
- 1.2 The municipal year and recurrence of this Board make it difficult to submit for approval, the NHSE mandated year-end report in a timely way. It is therefore recommended that this is accepted as the Q3 report, and the end of year report and approved at this meeting. The forecast for the end of year budget, based on the spending profile for quarters 1, 2 and 3, suggests a balanced budget will be achieved.

2 OTHER OPTIONS CONSIDERED

- 2.1 No other options were considered as the submission of a Q3, and year-end report are mandatory.
- 2.2 Submit the end of year report to the Health and Wellbeing Board on 18 July 2024. Whilst this approach has been considered, delaying approval until the July Board would not be recommended as it would coincide with approval from the Health and Wellbeing Board of the Q1 return for 2024/25.

3 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.

- 3.2 The BCF Policy Framework sets out the Government's priorities for 2023-25. These include improving hospital discharges, reducing the pressure on Urgent and Emergency Care health and social care, supporting intermediate care, supporting unpaid carers, and housing adaptations.
- 3.3 The vision for the BCF over 2023-25:
- Delivering the Right Care in the Right Place at the Right Time.
 - Managing demand and reduces the cost of care.
 - Has clear accountability and governance arrangements.
 - Has resilience and flexibility to emerging issues in service delivery.
- 3.4 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 and October 2023 as set out in the 2023/25 BCF Plan (approved by H&WB on 7 December 2023).
 - Quarter 3 - confirm activity to date.
 - Quarter 4 - an end of year report on actual income and expenditure in BCF plans.
- 3.5 Analysis of the last 9 months suggests that whilst capacity across place has increased, more work is needed to ensure there is sufficient capacity within the system to ensure more people are discharged from hospital and assessed at home (this is referred to as Pathway 1 (P1)).
- 3.6 The Integrated Care Board and the Council are developing a model, which will include an analysis of core NHS and Local Authority provision, BCF commissioned services and services funded by the Adult Social care Discharge Fund. The model will help us to understand if current services meet demand, that there is no duplication, and opportunities for people to receive the right care at the right time and in the right place are optimised. The intelligence will inform commissioning and enable us to populate the NHSE required data sets (background papers).
- 3.7 In May 2023, there were over 200 people with no criteria to reside (NCTR) in hospital beds. In January 2023, and since the inception of the hospital based Rapid Discharge Hub, that number has reduced to 99. This position has been maintained with a slight adverse variation during the winter months. More people have been discharged onto the right pathway, avoiding unnecessary discharges to residential care where there is a risk of deconditioning. Set out below are some examples that have contributed to this or have reduced hospital admissions enabling more people to stay at home. More detail is included in the Quarter 3 return (background papers).

- 3.8 Between 1 August 2023 and 31 January 2024, the discharge hub made 400 referrals to the Care Home Placement Officer. The interventions have led to increased support for families when choosing a care home, a reduction in long length of stay and numbers of people who do not meet the National Criteria to Reside (NCTR). Liaison with NHS and community-based providers and direct contact with patients and their families has led to an improved lived experience and a seamless transition from hospital to residential services.
- 3.9 Trusted Assessors undertake assessments of people on P2 (residential and intermediate care) and P3 (nursing care) to ensure expedited discharges and provide support to the homes to ensure the placement is sustainable. The discharge Hub made 19 referrals in July 2023. Due to unavoidable absence, this figure remained static in December 2023. This number is projected to double from January onwards when the full complement of staff is in place.
- 3.10 The NHS Community Foundation Trust's Home First service, offers a multi-disciplinary team approach to assessment of people in their own homes post hospital discharge. The Home First service has supported reductions in community packages with an evidence base of fewer people needing ongoing care post assessment at home, and people also requiring smaller ongoing packages of care. The target was 150 referrals per month in 23/24, from December, the target was revised as it performed above the anticipated trajectory, accepting 180 referrals in December. It is expected as the service matures, the level of referrals will be maintained if not exceeded. Performance is monitored at the Home First Board Meeting.
- 3.11 The hospital based Single Point of Access (Age UK) became operational in Q3. There is a direct referral route from the discharge hub which connects people to services in the Community Voluntary and Faith Sector before discharge, as an alternative to commissioned services. Once home, practical support with, as examples, benefits and home maintenance are provided to prevent future admissions. This is complemented by the Going Home Service which provides transport from hospital and ensures readmissions are avoided and people are supported to return home safely.
- 3.12 In 2023, 102 intermediate beds were commissioned, 71 ward based at Clatterbridge Intermediate Care Centre (CICC) and 31 in the community care market. Following a review of these services and increased capacity in other parts of the system, the community care market beds will be decommissioned at the end of March 2024. An integrated review of the ward-based beds has been completed with recommendations to follow.
- 3.13 10 beds were commissioned within a residential home at the height of system pressures, providing interim support whilst a package of care was sourced. Demand for the beds reduced because of increased capacity in at home services and the Home First service. Following a review, the beds were decommissioned on 9 January 2024.

- 3.14 There is sufficiency of supply for standard residential and nursing care. There is, however, a high demand for people with dementia (residential and nursing EMI) beds. Assumptions in 2023 indicated a deficit in provision however, due to an increase in capacity in other services, the bed vacancy rate has increased circa 12.39% with circa 8.9% of beds immediately available.
- 3.15 Increased capacity in the care at home market has seen the numbers of people with no criteria to reside (NCTR) or a long length of stay (LLOS) in hospital reduce from circa 70 people in February 2022, to between 0 and 3 in January 2024.
- 3.16 Since April 2023, BCF investment has enabled an additional 1,260 hours of care and support at home during the night. This has enabled more people with higher acuity needs to remain at home or their discharges expedited. It also provides an essential support to carers.
- 3.17 Wirral MIND supports people with mental health conditions and those at risk of suicide to reduce the demand for mental health beds and placements. 339 hours of early intervention support were delivered to between June and August 2023 and 608.5 hours between September 2023 and 31 December 2023.
- 3.18 The Council is developing a Reablement service (AbleMe) to support increased independence in the community. AbleMe will support people before they reach a crisis and potential admission to a hospital or care home setting. 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. Capacity within the new service offer will be accurately calculated when the service is fully mobilised, from Spring 2024.
- 3.19 Due to vacancies, the number of Disabled Facilities Grant funded adaptations saw a slight overall negative variance in Q2. The recent recruitment of staff has seen increases in Q3, with a notable increase in minor works. Based on the increase in capacity, it can be assumed based on the current profile, that this improved position will be maintained if not improved in Q4 and Q1 (2024/25). The performance report for Disabled Facilities Grant (DFG) can be seen in Appendix 1.
- 3.20 The Council has a statutory duty (Care Act 2014), to provide equipment and Technology Enabled Care to support people to live independently in their own homes, reduce readmissions and support timely discharges. The service is performing well, and the contract has recently been retendered and extended for a further 5 years with options for a 3 year, plus a 2-year extension.
- 3.21 Service Reviews
Reviews of some BCF services have been completed. The reviews have focused on performance against BCF outcomes only and do not interrupt the commissioning cycle. Outcome reviews to date are:
- NCompass (providers of the statutory advocacy services) contract have raised no concerns.
 - The review of the mobile nights service has resulted in increased investment.
 - The review of the 10 temporary step down beds resulted in a de-commission from 9 January 2024.

- The CICC 71 bed based intermediate care service delivered from the hospital have been more complex and have greater implications for how capacity is increased as a system. The recommendations, following the review, will inform the capacity and demand model currently being developed.
- The summary return for BCF Quarter 3 can be seen in Appendix 2.

3.22 Governance

- All reviews are completed jointly with the ICB and the Council as equal partners, others are led by the Lead Commissioner.
- Recommendations following reviews of smaller services are approved at the Joint Health and Care Commissioning Executive Group (JHCCEG).
- Recommendations from reviews of larger services are considered by JHCCEG and recommendations are ratified at the Wirral Place Based Partnership Board (WPBPB).
- The Health and Wellbeing Board are advised of any adjustments via the quarterly and end of year reports and assured that the realisation of the BCF 2023/25 plan objectives have not been compromised.
- The Section 75 financial arrangements are ratified by the Adult Social Care and Public Health Committee.

4 FINANCIAL IMPLICATIONS

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

4.2 The NHS financial return for 2023/2024 quarter 3 BCF was as follows:

Better Care Fund	2023/24 Budget	Forecast Outturn	Variance
Integrated Services	£28.1m	£28.5m	£0.4m
Adult Social Care Services	£23.9m	£23.7m	-£0.3m
CCG Services	£2.1m	£2.1m	£0.0m
DFG	£5.1m	£5.1m	£0.0m
Other	£0.6m	£0.5m	-£0.1m
Total	£59.9m	£59.9m	0.0m

5 LEGAL IMPLICATIONS

5.1 A Section 75 agreement is in place between the Council and NHS Cheshire and Merseyside ICB.

6 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 Can be managed within existing resources.

7 RELEVANT RISKS

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

- 7.2 There is a risk of overspend in year that has been mitigated by careful monitoring and confirmation of committed expenditure up to the end of the financial year 2023/2024.
- 7.3 There is a risk that performance of BCF schemes may drop. This is kept under review by the commissioning team, and decisions taken by Lead Commissioners mitigate these risks and decommission where appropriate inefficient services.
- 7.4 There is a risk that the BCF schemes are not reviewed for performance and efficiency. This is mitigated by an established review framework and the outcomes of the review are monitored via JHCCEG.

8 ENGAGEMENT/CONSULTATION

- 8.1 Engagement with a range of stakeholders and service providers is ongoing.

9 EQUALITY IMPLICATIONS

- 9.1 There are no direct equality impacts from this report.

10 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.

11 COMMUNITY WEALTH IMPLICATIONS

- 11.1 Funded services primarily recruit local people, and community care providers are offered an enhanced rate to pay the Real Living Wage which becomes a contractual obligation if accepted. NHS and Community Care Market providers are both large employers of people who work in Health and Care in Wirral.

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BACKGROUND PAPERS

BCF Q2 Return Capacity and Demand Guidance Assumptions

APPENDICES

- Appendix 1 Disabled Facilities Grant Performance Report
Appendix 2 BCF Return Quarter 3 Financial Year 2023/2024

TERMS OF REFERENCE

This report is being considered by the Health and Wellbeing Board in accordance with Section 'J' of its Terms of Reference: to ensure the Better Care Fund plan is monitored regarding its progress and performance and ensure the health and social care partners effectively plan regarding the implications of this work.

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
Health and Wellbeing Board	7 December 2023