

DECISION-MAKER:	Health & Care Partnership Board
SUBJECT:	Better Care Fund 2023-2025 Update
DATE OF DECISION:	19 October 2023
REPORT OF:	COUNCILLOR LORNA FIELKER CABINET MEMBER FOR ADULTS, HEALTH AND HOUSING

<u>CONTACT DETAILS</u>			
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STATEMENT OF CONFIDENTIALITY	
Not applicable.	
BRIEF SUMMARY	
The report provides an update on the Better Care Fund plan for 2023/25, in particular: <ul style="list-style-type: none"> • Approval of plan by NHS England and expected future requirements • Southampton's Better Care Fund performance for 2023/24 Quarter 1&2 	
RECOMMENDATIONS:	
(i)	For Southampton Health and Care Partnership to note the content of this report.
REASONS FOR REPORT RECOMMENDATIONS	
1.	The Southampton Health & Care Partnership Board (SHCPB) is responsible for oversight of the Better Care pooled fund. This responsibility has been delegated to SHCPB from the Health and Wellbeing Board (HWBB).
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	N/a
DETAIL (Including consultation carried out)	
3.	Background The Better Care Fund (BCF) Plan for Southampton has its basis in our 5 year Health and Care Strategy (2020 – 2025). This strategy was formed through a partnership of health, care and community and voluntary sector

	<p>representation and based on the Southampton Joint Strategic Needs Assessment (JSNA).</p> <p>The plans address the priorities of supporting people to live healthy, independent, and dignified lives, through joining up health, social care, and housing services seamlessly around the person, supporting the delivery of Next Steps to People at the Heart of Care. The vision is underpinned by 2 core objectives and delivered through the four core programmes.</p> <p>Objectives:</p> <ul style="list-style-type: none"> • 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 <p>Delivery programmes</p> <ul style="list-style-type: none"> • Start well • Live well • Age well • Die well <p>BCF local reporting and oversight</p> <p>The BCF Finance and Performance Group provide the oversight of the Better Care Fund S75 agreements and assurance to the Boards that the funding and performance are being appropriately and effectively managed and Southampton is compliant with the national conditions. The latest highlight report from the September meeting for previous two months is Appendix 1 for information.</p>
4.	<p>Policy Framework</p> <p>The Department of Health and Social Care published the BCF Policy Framework and Planning Guidance for 2023-25 on 5 April 2023. In summary, the BCF remains the government’s vehicle for driving health and social care integration.</p> <ul style="list-style-type: none"> • Integrated Care Boards and local government are required to agree a joint plan which is owned and held to account by the Health and Wellbeing Board – agreed and signed off June 23. • These plans use pooled budget arrangements to support integration, governed under Section 75 of the NHS Act (2006) to be signed off by 31 Oct 23. <p>The schemes within the Section 75 agreement support the delivery of Southampton’s 5 year Health and Care Strategy whilst embracing the ethos of the BCF through the identified priorities.</p> <p>Priorities for 23/24 BCF Plan</p> <p>Priority 1 Delivering on Avoidable Admissions to enable people to stay well, safe, and independent at home for longer</p>

	<p>Strong focus on prevention, admission avoidance through our Urgent Response Service, proactive care at home (reducing preventable admission to long term care), carers services and Enhanced Health in Care Homes (EHCH) arrangements.</p> <p>Priority 2 Further developing the discharge model to promote right care in the right place at the right time</p> <ul style="list-style-type: none"> • Recovery and Assessment and Home First • Hospital Discharge process and out of hospital capacity • Recovery and assessment, promoting a home first approach • Focus on discharge capacity for those with the most complex needs <p>Priority 3 Supporting unpaid carers</p> <p>Priority 4 Effective utilisation of the Disability Facilities Grant promoting independence and personalised care/strength-based approaches</p> <p>Priority 5 Health and Health Inequalities reducing health inequalities and disparities for local population, taking account of people with protected characteristics</p> <p>Southampton's Better Care Narrative and Planning submission for 2023-25 has been formally approved by NHS England (Appendix 2). Southampton is now in the process of finalising the Section 75 agreement for sign off before 31 October 2023. The Health and Care Partnership Board are asked to note the NHS England letter.</p>
5.	<p>BCF future national requirements</p> <p>Quarterly reporting will be recommencing from Q2 this year, due 31 October 2023. Q2 will require a review of the intermediate capacity and demand plan submitted in June 23 to ensure alignment with the Integrated Care Board's Winter plan and urgent and emergency care recovery plans.</p> <p>From Q3, areas will be required to set ambitions for a new metric that measures timely discharge. This metric will measure the time from the discharge ready date to the actual date of discharge. Within the development of this metric, consideration will include the clinically ready for discharge metric for mental health, learning disability and autism services.</p>
6.	<p>2023/24 Quarter 1&2 performance</p> <p>Financial Performance – to end of Month 5 (Month 6 currently unavailable)</p>

BCF Funding 2023/4	Planned £'000	Forecast £'000	Variance £'000
ICB	£98,088	£98,853	£766
SCC	£58,096	£58,980	£883
BCF Discharge Fund (ASCDF)	£3,130	£3,130	£0
Disabled Facility Grant (DFG) inc c/f from previous years	£8,084	£4,837	£(3,246)
Total	£167,398	£165,800	£(1,598)

Variation from plan

There are two main areas which are primarily impacting on the planned budget:

- **Changes in Learning Disability packages** causes fluctuations in overall budget. Due to the complexity of these individuals, a change in one person's care has a significant impact, positively or negatively, on the budget. In addition service provision which had increased due to uplifts have recently been agreed with providers and backdated to 1 April 2023.
 - ICB: Current forecast overspend of £526k
 - SCC: Current forecast for this service is £643k overspend
- **Joint Equipment (JES).** Across each of the prescribing organisations, numbers of orders have increased in August compared to last year along with repair costs increasing. Further work is underway to better understand where these increases are, whether they will persist for the remainder of 2023/24 and what mitigations can be put in place.
 - ICB: Current forecast overspend of £193k
 - SCC: Current forecast overspend of £195k

Disability Facility Grant (DFG)

- The DFG is forecasting an underspend of £3,247k and steps have been put into place to expedite client backlog.

Market and Sustainability Fund

The Market Sustainability Grant of £1,687k was added at month 4.

7.

Q2 Metrics position

BCF National Metrics	Q1		Q2	
	Planned	Actual	Planned	Actual
Avoidable Admissions Unplanned hospitalisation for chronic ambulatory care sensitive condition rate of admissions per 100,000 population	218.41	244.00	200.45	186.85*
Falls Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000	596.45	589.82	596.45	570.24*
Discharge to normal place of residence Percentage of people who are discharged from acute hospital to their normal place of residence	95.00%	95.34%	95.00%	93.71%*
Residential Admission Rate of permanent admissions to residential care per 100,000 population (65+)	140.47	189.00	140.47	TBC
Reablement Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	75.00%			**

*Q2 data to be validated as not complete

**Data currently manually collected between Oct- Dec, reporting provided Jan-Mar 24 in line with national reporting timeframes). Systems underway to see if this data can be reported digitally locally to enable more frequent reporting.

Metric narrativeAdmission Avoidance

Performance has improved from quarter 1 to quarter 2. Key areas underpinning the performance of this metric are:

- The development of Proactive Case Management, Urgent Community Response (URS) and Virtual Wards will have an impact on responsivity.
- URS are working with South Central Ambulance Service (SCAS) to restart the arrangement where URS received referrals directly from the SCAS Urgent Care Desk. This was viewed as being successful in terms of hospital avoidance as URS can attend quickly as an Urgent Community Response function assessing the patient within 2 hours and putting in place support wherever possible keeping the patient in their home.

Falls

An increase in over 65s is leading to an increase in demand. Plans to improve performance are aligned with the Admission Avoidance work but specific work in relation to falls includes:

- Continued Focus on Falls through the Falls Link Meeting that brings together a range of professionals from across the City.
- Audit programme in place looking at a range of falls related issues e.g. medication, follow ups etc.
- URS and Community Independence Service (CIS) also undertake the Comprehensive Falls Assessments (RAG rated) which can then be undertaken rapidly through internal referral when URS picks up a falls referral from SCAS (as mentioned above)

- The Saints Foundation who provide Falls Recovery Classes increasing the workforce expertise in relation to Falls.
- CIS have started to roll out vestibular work (balance exercises) as there is evidence that there is an increase in the incidences of vertigo in older patients

Discharge to normal place of residence

We have based our ambition on consistently achieving 95% throughout 23/24 based on the national expectations. We continue to strengthen our focus on home first through:

- Increasing community health and social care presence on the hospital site to be part of early discharge discussions with staff and families, promoting the home first messages and culture;
- Strengthening our reablement offer to support more people on Pathway1;
- Increased partnership working with the VCSE through our BCSE hospital discharge navigation pilot which will go live in November to connect people with the support available in their own communities to keep them well and prevent social isolation.

Residential Admissions

Southampton has seen a steady improvement in performance over the last 4 years however, particularly given the increased complexity across the system and the capacity within our teams to ensure timely assessment and reviews, sustaining this area of work is challenging. We will be looking to further improve on this metric through:

- Continued focus on strengths based practice across the system, promoting the home first message
- Expanding our reablement offer to focus on community referrals as well as hospital discharge
- Strengthening reablement through increasing therapy oversight to assessment and review process to ensure goals are realistic and met
- A stronger focus on Home First for hospital discharge
- Greater use of technology and equipment to support people in their own homes, ensuring that this is central to the assessment process

Reablement

Data for this metric has historically been reported annually in line with the Adult Social Care Outcomes Framework (ASCOF) reporting requirements; however work is underway to find a way of reporting the metric more frequently locally, in addition to establishing a monthly reablement dashboard of local metrics to measure performance. This will include data on the effectiveness of reablement – during August 2023 which was the first month of reporting on the local dashboard showed that of the 109 people who completed reablement in August 2023, 70% were independent at the end of their support (national expectation is 60%).

We are aiming to expand capacity (for community referrals) and increase therapy oversight. A reablement service transformation is in place to support this work.

8.

Disability Facility Grant (DFG)

There have been some significant challenges facilitating the DFG which has led to a backlog of clients. A plan has been put into place to clear this backlog.

Following on from a key recommendation that was made in the Foundations independent review of the Council’s DFG delivery, in June this year the Council published a revised Housing Assistance Policy, which builds on and refreshes the previous policy that was published in 2019. The new policy will enable the DFG team to deliver home adaptations for the city’s residents in a more flexible way.

We are recruiting for two new DFG case workers. These posts will focus on proactive DFG client engagement as well as the administrative work that is vital to swiftly processing DFGs. The additional resource provided by the caseworker posts will free up more time for the team’s Housing Technical Officers to focus on client home visits and day-to-day DFG delivery. We are also recruiting two Housing Technical Officers to help bolster existing resource. Subject to a successful recruitment process we expect to have these posts in place as soon as possible.

Fast-tracking DFG Delivery and increasing contractor availability. This should enable the team to clear the client backlog by approximately 55 cases in the next quarter from an overall cohort of 350 clients who require home adaptations. The remainder of the client backlog require level access shower works. An existing barrier to DFG delivery has been a lack of available contractors to carry out the works. The service is working with SCC Procurement and Trading Standards to increase the number of contractors available to the DFG Team on the council’s “Buy-With-Confidence” (BWC) list. To address the longer-term contractor availability issue, the service is working with Procurement on a business case to support an open tender exercise for a framework agreement /call-off contract that local contractors would bid for.

RESOURCE IMPLICATIONS

Capital/Revenue

9.

The overall pooled fund for 2023/2024 as at month 5 is £167,398,000, split as follows:

BCF Funding 2023/4	Planned £'000
ICB	£98,088
SCC (including the iBCF allocation)	£58,096
BCF Discharge Fund (ASCDF)	£3,130
Disabled Facility Grant (DFG) inc c/f from previous years	£8,084
Total	£167,398

<u>Property/Other</u>	
10.	Not applicable
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
11.	Not applicable – briefing only
<u>Other Legal Implications:</u>	
12.	Not applicable
RISK MANAGEMENT IMPLICATIONS	
13.	<p>The risks are as follows –</p> <p>There is a risk of overspend against a small number of schemes within the pooled fund. Each scheme is under close scrutiny and where possible the overspend is mitigated, but will be notified when mitigation is at risk</p> <p>Specific risks are provided in the current highlight report attached at Appendix 1.</p>
POLICY FRAMEWORK IMPLICATIONS	
14.	<p>The BCF planning and narrative plan for 2023-24 were submitted on 28 June 2023 and they have been approved by NHS England.</p> <p>The Better Care Finance and Performance Group will be providing the assurance to Southampton Health and Care Partnership Board on the delivery of the Better Care Fund against the plan. Areas of concern will be escalated as appropriate and in line with the governance and assurance process.</p> <p>New reporting and oversight is being required by NHS England starting from Q2 as outlined in this briefing. Reporting processes and mechanisms are required locally to ensure monitoring of performance and metrics, as required by the national team, may be provided, also informing the year end return.</p>

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	All
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Southampton BCF Finance and Performance Highlight Report Sept 23
2.	NHS England BCF approval letter.
Documents In Members' Rooms	
1.	
2.	
Equality Impact Assessment	

Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.		No
Data Protection Impact Assessment		
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.		No
Other Background Documents		
Other Background documents available for inspection at:		
Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)	
1.		
2.		