

**DUDLEY HEALTH AND WELLBEING BOARD**

<b>DATE</b>	12 <sup>th</sup> September 2024
<b>TITLE OF REPORT</b>	<b>Better Care Fund (BCF) Plan Performance and NHS England (NHSE) Quarterly Returns Process.</b>
<b>Organisation and Author</b>	Joint report of the Director of Adult Social Care, Dudley MBC, and the Dudley Managing Director, Black Country Integrated Care Board.
<b>Purpose</b>	To consider BCF Plan performance and the Quarterly Returns process
<b>Background</b>	<p>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 two core objectives, to:</p> <ul style="list-style-type: none"> <li>• Enable people to stay well, safe, and independent at home for longer.</li> <li>• Provide people with the right care, at the right place, at the right time.</li> </ul> <p>The BCF achieves this by requiring Integrated Care Boards (ICBs) and local government to agree a joint plan, approved by the Health and Wellbeing Board (HWB), governed by an agreement under Section 75 of the NHS Act (2006).</p>
<b>Key Points</b>	<ul style="list-style-type: none"> <li>• The HWB received a report in June 2024 entitled, “Dudley Better Care Fund refreshed Plan 2024/25 and 2023/24 End of Year return – approval”. This detailed the refreshed policy framework and planning requirements for 2024/25 and set out the proposed updated BCF Plan for 2024/25.</li> <li>• This report provides an update on performance of the agreed BCF Plan.</li> <li>• Further guidance has now been published detailing the requirements for quarterly returns to NHS England on the performance of the agreed plan. This submission requires HWB sign off. The latest submission is enclosed for retrospective approval.</li> </ul>

	<ul style="list-style-type: none"> <li>• Due to the timescales involved for submission, a request is being made to the Board for delegated authority to be given to the Director of Adult Social Care, Dudley MBC, and the Dudley Managing Director, Black Country Integrated Care Board, in conjunction with The Chair of the HWB to approve future submissions on behalf of the HWB.</li> <li>• Further updates on the performance of the Plan will be made to the HWB on a regular basis.</li> </ul>
<p><b>Emerging issues for discussion</b></p>	<p>The submission dates of the quarterly returns do not coincide with the timeline of the HWB meetings, resulting in a lagged assurance process. A request for delegated authority to approve these on behalf of the Board will result in timely and complete submissions.</p>
<p><b>Key asks of the Board/wider system</b></p>	<p>To award delegated authority to the Director of Adult Social Care, Dudley MBC, and the Dudley Managing Director, Black Country Integrated Care Board for approval of the submissions on behalf of the HWB.</p>
<p><b>Contribution to H&amp;WBB key goals:</b></p> <ul style="list-style-type: none"> <li>• Improving school readiness</li> <li>• Reducing circulatory disease deaths</li> <li>• More women screened for breast cancer</li> </ul>	<p>Improved health outcomes and enhanced wellbeing by using this plan to support:</p> <p>Improving the overall quality of life for people, and reducing pressure on UEC, acute and social care services through investing in preventative services.</p>
<p><b>Contribution to Dudley Vision 2030</b></p>	<p>Creating healthy, resilient, and safe communities</p>

## **DUDLEY HEALTH AND WELLBEING BOARD**

**DATE** 12<sup>th</sup> September 2024

**REPORT OF:** Joint report by the Director of Adult Social Care, DMBC and the Dudley Managing Director, Black Country Integrated Care Board

**TITLE:** Better Care Fund (BCF) Plan 2023/25 – Addendum to the 2023/22025 Better care Fund Policy Framework and Planning Requirements Update.

### **PURPOSE OF REPORT:**

1. To provide an update to the Board on current BCF Plan performance and the requirements for the quarterly BCF submissions to NHSE.
2. To award delegated authority to the Director of Adult Social Care, Dudley MBC, and the Dudley Managing Director, Black Country Integrated Care Board for approval of the submissions on behalf of the HWB.

### **BACKGROUND**

3. 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 two 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.

4. The BCF achieves this by requiring Integrated Care Boards (ICBs) and local government to agree a joint plan, owned by the HWB, governed by an agreement under Section 75 of the NHS Act 2006. This provides 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.
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 the White Paper published in 2021, "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.

## QUARTERLY SUBMISSION PROCESS

6. A refreshed plan was approved by Dudley HWB in June 2024 and subsequently submitted to the national team.
7. We are now required to submit quarterly reports to the national team on expenditure and activity.
8. The submission requires HWB approval, and the latest submission made on 29 August 2024 is attached as Appendix 1 for retrospective approval.
9. The quarterly submissions require areas to set out progress on delivering their plans. This will include the collection of spend and activity data, which will be reviewed alongside other local performance data. This process will enable local areas and national BCF partners to identify good practice, identify areas for improvement and, where necessary, arrange improvement support.
10. The submission timetable does not align well to HWB meetings and would result in a lagged submission process. Details in Table 1 below.

Table 1: Submission dates

### Better Care Fund 24/25 Quarterly Reporting

Task/Activity/Milestone description	Start Date	End Date	Submission Dates
Q1 Report Template completion period	29/07/24	29/08/24	
<b>Q1 Report Submission</b>			<b>29/08/24</b>
Q1 National and Regional Assurance Period	01/09/24	30/09/24	
Q2 Reporting Template Completion Period	16/09/24	31/10/24	
<b>Q2 Report Submission</b>			<b>31/10/24</b>
Q2 National and Regional Assurance Period	01/11/24	30/11/24	
Q3 Reporting Template Completion Period	16/12/24	31/01/25	
<b>Q3 Report Submission</b>			<b>31/01/25</b>
Q3 National and Regional Assurance Period	01/02/25	28/02/25	
Q4 EOY Return Completion Period	13/03/25	30/05/25	
<b>Q4 EOY Submission</b>			<b>31/05/25</b>
Q4 National and Regional EOY Assurance Period	02/06/25	30/06/25	

## CURRENT PERFORMANCE

11. Appendix 2 shows sets out the current performance of key elements of the BCF  
The report was generated in June 2024 (Reporting April 2024 for Secondary care

Data and Urgent Community Response Data, June 2024 Intermediate Care Data and Clinical Hub data, Crisis response and Falls data).

## 12. Key Highlights from the report

- **Additional performance metrics** have been added to the reporting programme beyond the five core Better Care Fund national metrics. This will give a good oversight of the performance of services contributing to the BCF Plan. This includes performance related to the Dudley Clinical Hub, Pathway 2 (rehabilitation) and Virtual ward activity. There are further plans to extend this further.
- Following a steady increase in **emergency admissions for over sixty-fives** since August 2023 with a peak in January 2024, we have over recent months seen a decrease. We hope that this trend will continue over the coming months. This may in part be due to the work around Call before you Convey with the West Midlands Ambulance Service (WMAS), and the work the clinical hub is doing with care homes and primary care to ensure they are called to provide support in the person's own home.
- The trend for **falls admissions** seems to be quite chaotic without any clear reason. We hope over the next few months we can explore why this is the case, and whether this is a data issue, or whether there are clear reasons for extreme changes in numbers.
- **Conveyances for over sixty-fives** has seen a generalised decrease since a peak in November of 2022. This again may be due to the proactive work being done around Call before you Convey and the relationships built between the clinical hub and primary care and care homes, particularly with the 2-hour response service giving assurance to GPs and Care Homes that someone from the clinical hub, will where required visit the person with 2 hours of making the referral.
- We have seen a marked decrease in both **younger and older people being admitted to care homes**. We are developing a culture of 'Home First,' to give people an opportunity to return home with support in place, and we hope that this is reducing the number of people required to enter a permanent bed-based service as opposed to returning home with support.
- Our **Clinical Hub** activity has continued to increase which is really positive. Primary care usage of the clinical hub has been excellent, with care home calls also increasing but with more work to do. An increase in referrals has meant that the teams can review people at home and try and avoid inappropriate hospital admissions.
- Further work is required around **virtual wards** both in terms of increasing overall occupancy rate and the bed numbers per 100,000 population. There are working groups in place to progress and the HWB have previously been advised of a 'Get it Right First Time' (GIRFT) review which took place earlier this year giving advice on how developments can be made, which we hope will increase the performance of our virtual ward programme.
- Quarter 1 of 25/25 saw the highest number of **people remaining at home after 91 days**. Again, this is testament to the support programmes we have in place and ensuring the discharges are robust and safe.

## **RECOMMENDATIONS**

13. That the current performance of the BCF Plan be noted and further reports received in due course.
14. That the Quarter 1 submission to NHSE be approved.
15. That authority be delegated to the Director of Adult Social Care, DMBC and the Dudley Managing Director, Black Country ICB, in conjunction with the HWB Chair to approve future quarterly submissions on behalf of the Board.

## Appendix 1

### Quarterly report submitted 29<sup>th</sup> August 2024

Better Care Fund 2024-25 Quarter 1 Reporting Template											
3. Spend and activity (Discharge Fund only) <a href="#">Add new schemes</a> <a href="#">existing schemes</a>											
Selected Health and Wellbeing Board:		Dudley									
Checklist								Yes	Yes	Yes	
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Source of Funding	Planned Expenditure	Actual Expenditure to date	Planned outputs	Outputs delivered to date (estimate if unsure)	Unit of Measure	Have there been any implementation issues?
5001	Discharge to Assess	Enhance the discharge to Assess model and increase capacity	Home Care or Domiciliary Care	Domiciliary care packages	Local Authority Discharge Funding	£2,838,656	£736,655	190,518	49440	Hours of care (Unless short-term in which case it is packages)	No
5003	Additional equipment	To reduce the number of resource for pathway 1 we require additional	Assistive Technologies and Equipment	Community based equipment	Local Authority Discharge Funding	£200,000	£34,103	2,544	478	Number of beneficiaries	No
5004	Additional social work capacity for mental health and LD colleagues	Dedicated SW support for this cohort, recruitment commenced for 2 WTE	Integrated Care Planning and Navigation	Care navigation and planning	Local Authority Discharge Funding	£136,296	£9,620		NA		No
232507	Additional Pathway 2 Beds capacity (ASCDF - Line 1 and 2)	Additional bed based capacity to support acute discharges and maintain	Residential Placements	Short-term residential/nursing care for someone likely to require a	ICB Discharge Funding	£614,573	£145,184	11	11	Number of beds	No
232513	Additional Social Work Capacity (ASCDF Line 3)	To underpin ongoing work and to support discharges from community beds	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as	ICB Discharge Funding	£150,000	£37,600		NA		No
232514	Extra Intermediate Care Nurse capacity to support Pathway 2 (Line 16 ASCDF)	To meet demand within the acute setting and to expedite discharge from P2	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as	ICB Discharge Funding	£40,000	£10,000		NA		No
232522	Support for discharge	To provide increased capacity in discharge pathways.	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as	ICB Discharge Funding	£1,684,589	£283,775	35	34		No
232529	Handy Person	Handy Person services to aid discharges from hospital back to own home	Personalised Care at Home	Physical health/wellbeing	ICB Discharge Funding	£5,000	£1,250	-	NA		No
232530	High Intensity Service Users	Mental Health input into High Intensity Service Users to prevent admission	Urgent Community Response	0	ICB Discharge Funding	£65,978	£16,495	-	NA		No
232531	Community based Support	Additional support to aid timely discharge from hospital e.g. change locks,	Personalised Care at Home	Physical health/wellbeing	ICB Discharge Funding	£15,000	£3,750	-	NA		No
232532	Community Based MH Support	Mental Health support for discharge based in community	Other	0	ICB Discharge Funding	£205,000	£51,250	-	NA		No
5005	LIT Duty increased TA support	2FTE TA's supporting LIT Duty/Hospital Discharge	Integrated Care Planning and Navigation	Care navigation and planning	Local Authority Discharge Funding	£70,300	£16,495	-	NA		No
5002	Assessment beds	To support discharge to assess to ensure that patients are transferred	Residential Placements	Short term residential care (without rehabilitation or reablement input)	Local Authority Discharge Funding	£224,000	£45,694	43	4	Number of beds	No
5006	Discharge to Assess - other acute hospitals	Increased capacity to aid 1 discharge per day from other hospitals	Home-based intermediate care services	Reablement at home (accepting step up and step down users)	Local Authority Discharge Funding	£416,045	£0	260	0	Packages	No