

<h1>BRIEFING</h1>	TO:	Health and Wellbeing Board
	DATE:	26 th June 2024
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	TITLE:	Better Care Fund (BCF) Planning Template 2024/25

Background

1.1	The purpose of this report is to provide an overview of the Better Care Fund Planning Template including capacity and demand for intermediate care for 2024-25.
1.2	The BCF planning template is in line with the Addendum to the 2023 to 2025 Better Care Fund (BCF) Policy Framework and Planning Requirements

Key Issues

2.1	<p>The Addendum to the 2023 to 2025 Better Care Fund (BCF) Policy Framework and Planning Requirements sets out the two core objectives of the BCF over these two years:</p> <ul style="list-style-type: none"> • To enable people to stay well, safe and independent at home for longer • To provide the right care in the right place at the right time
2.2	<p>The BCF is a joint plan for 2023/25 which uses pooled budget arrangements to support integration, governed by an agreement under Section 75 of the NHS Act (2006).</p> <p>The BCF planning and reporting has incorporated the utilisation of the NHS minimum contribution, IBCF, Disabled Facilities Grants, Additional DFG funding and the Discharge Fund.</p>
2.3	<p>BCF Planning Template 2024/25</p> <p>The BCF planning template (Appendix 2) shows that local areas must agree capacity and demand plans for intermediate and short-term care for 2024.</p> <p>Good capacity and demand planning is vital in:</p> <ul style="list-style-type: none"> • understanding projected population needs. • planning services to meet those needs. • identifying any potential gaps between capacity and demand.
2.4	<p>This will help to ensure that individuals have timely access to services, prevent avoidable hospital admissions and receive the right support in the community.</p>
2.5	<p>Income and Expenditure</p> <p>The total Better Care Fund (BCF) for 2024/25 is £54.338m, an increase of £3.384m from 2023/24. This increase is mainly due to additional discharge grant funding for both the Local Authority and ICB plus an increase in the NHS minimum contribution.</p> <p>Spending Plans continue to be allocated to the 6 themes plus Improved Better Care Fund and Discharge grant funding and managed within 2 separate pooled funds, both the South Yorkshire</p>

ICB (Rotherham Place) and RMBC managing one pool fund each. This is in line with previous years and can be summarised in the table below:

Better Care Fund 2024/25 Budget	2024/25 INVESTMENT			2024/25 SPLIT BY POOL	
	SYICB SHARE	RMBC SHARE	Total	Pool 1 RMBC Hosted	Pool 2 SYICB Hosted
	£000	£000	£000	£000	£000
THEME 1 - Mental Health Services	1,505		1,505		1,505
THEME 2 - Rehabilitation & Reablement	12,447	7,194	19,641	19,641	
THEME 3 - Supporting Social Care	5,096		5,096		5,096
THEME 4 - Care Mgt & Integrated Care Planning	5,207		5,207		5,207
THEME 5 - Supporting Carers	791		791		791
THEME 6 - Infrastructure	242		242		242
Risk Pool	500		500		500
Improved Better Care Fund		15,499	15,499	15,499	
Discharge Funding	2,473	3,384	5,857	3,384	2,473
TOTAL BUDGET	28,261	26,077	54,338	38,524	15,814

The budget includes an underspend on the Disabled Facilities grant and iBCF funding carried forward from 2023/24, which is subject to the approval of the 2023/24 BCF Year End report by the BCF Executive Group.

2.6

BCF National Metrics

The Addendum to the 2023 to 2025 Better Care Fund (BCF) Policy Framework and Planning Requirements sets out BCF national metrics which includes stretching ambitions for improving outcomes against the national metrics from the fund. These include:

- (i) **Indirectly standardised rate (ISR) of admissions per 100,000 population –** Performance for 2023/24 was challenged, thought to be linked to system pressures and industrial action. National planning guidance has indicated to plan for no further industrial action. Rotherham has also established a number of key priority areas for 2024/25 including frailty which are expected to impact on avoidable admissions. A slight reduction has therefore been planned, noting the above but accepting this has been a challenging area.
- (ii) **Emergency hospital admissions due to falls in people aged 65 years and over directly age standardised rate per 100,000 –** Performance for 2023/24 was slightly above plan. Frailty and falls have been established as key priority areas for 2024/25. A slight reduction has therefore been planned on 2324, noting there is more work to be done to understand the impact of the priority work as we go through 2024/25.
- (iii) **% of people resident in the HWB who are discharged from acute hospital to their normal place of residence -** Rotherham has performed well against plan in 2023/24 and plans to continue with these levels of performance. Partnership working through BCF has supported this agenda in 2023/24 and is expected to continue in 2024/25.
- (iv) **Long-term support needs of older people (65 years and over) met by admissions to residential and nursing care homes, per 100,000 population -** The 317 target equating to a rate of 563.6 is below the regional benchmark of 643.7, and moves Rotherham more in line with the England value of 560.8. The Council acknowledges that further work is

required to achieve a stepped reduction in placements and BCF, Commissioning and Service joint working and quality plans will be monitored in year to support delivery of improvement.

- (v) **% of older people (65 years and over) who were still at home 91 days later after discharge from hospital into reablement / rehabilitation services** – This metric has now been removed from 2024/25.

2.7 Capacity and Demand Plan 2024/25

We have conducted a capacity and demand actuals exercise in 2023/24, refreshing our previous model, alongside evaluating the impact of the national discharge monies. Assumptions have been agreed through both data collection and service engagement. Throughout the work, data quality issues have been identified and mitigated through service engagement.

The outcomes have informed future allocation of resource, taking into account seasonal variations. This has evidenced a significant gap in IDT, reablement, rapid response and therapy services in meeting the needs of those with complex needs which the BCF has been used to support to increase capacity in the community.

It is anticipated that there will be a continued need for further reablement and urgent care resource, in order to support short term care and increase in out of hospital capacity. In total, 59 intermediate care beds are currently required (based on 85% occupancy) with only 54 beds commissioned available. Growth is likely to continue to increase and it is predicted that 68 beds may be required by 2027/2028.

Demand for intermediate care bed space is highest between October to March. To manage demand 74 intermediate care beds are currently required. Virtual ward beds have been introduced which may reduce the need for additional beds in future. We are also utilising population health data to assess provision against outcomes and value for money, managed through the BCF assurance framework.

We have developed our digital offer including a whole system command centre and performance dashboard to help manage system flow and anticipate and respond to system pressures.

BCF and discharge monies have been invested in supporting care in the community for admission avoidance and discharge. This includes reablement, urgent response and the virtual ward, an increase in social workers for hospital avoidance and discharge and funding for market sustainability in domiciliary care.

Additional intermediate care surge and winter beds have been spot purchased over the winter period to support hospital discharges and prevent admissions to hospital.

The discharge funding has been used to increase capacity due to increased levels of attendance and hospital admissions during Quarter 4 of 2023/24. A Hospital at Home service has been commissioned since November 2023. This has reduced the number of acute bed days where there was no capacity in reablement and has released capacity in the nursing urgent response team by enabling the right level of care to be optimised. Funding has therefore been extended to September 2024.

We will continue to invest in services which support independence and self-management and support more people at home, whilst acknowledging the greater complexity, dependency and acuity of an ageing society.

Key Actions and Relevant Timelines

- 3.1 The BCF planning templates for 2024/25 will go through various stages of the approval process as follows:

Task	Timeline
BCF Operational Group	13 th May 2024
BCF Executive Group (<i>for approval</i>)	20 th May 2024
Optional Draft Planning Submission (<i>highly recommended</i>)	20 th May 2024
Final Planning Submission to NHS England	10 th June 2024
Health and Wellbeing Board (<i>for members to note</i>)	26 th June 2024
Scrutiny of BCF plans by regional assurers, assurance panel meetings and regional moderation	10 th June 2023 to 15 th July 2024
Regionally moderated assurance outcomes sent to BCF team	15 th July 2024
Cross-regional calibration	Mid-July 2024
Commence approval letters issued giving formal permission to spend (NHS minimum)	31 st July 2024
All Section 75 Agreements to be signed and in place	30 th September 2024

The Better Care Fund Executive Group held on 20th May 2024 approved (on behalf of the Health and Wellbeing Board) the:

- (i) Documentation for submission to NHS England (NHSE) on 10th June 2024.**

Implications for Health Inequalities

- 4.1 Addressing health inequalities is integral to the allocation of BCF resource and funded schemes. This includes contributing to achieving the strategic aims of developing healthy lifestyles and prevention pathways, supporting prevention and early diagnosis of chronic conditions and targeting variation.
- BCF funded schemes which reduce health inequalities include social prescribing, Breathing Space and project support for the implementation of Population Health Management (PHM) priorities.

Recommendations

- 5.1 **That the Health and Wellbeing Board notes the:**
- (i) Documentation for submission to NHS England (NHSE) on 10th June 2024.**