BRIEFING	TO:	Health and Wellbeing Board
	DATE:	26th June 2024
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	TITLE:	Better Care Fund (BCF) Year End Template 2023/24

Background

1.1 The purpose of this report is to confirm the content of the BCF Year End Template report to NHS England regarding the performance of Rotherham's Better Care Fund, Improved Better Care Fund, Disabled Facilities Grant and Discharge Fund in 2023/24.

1.2 The overall delivery of the Better Care Fund continues to have a positive impact and improves joint working between health and social care in Rotherham.

Key Issues

2.1 The BCF Year End template (Appendix 1) covers reporting on: national conditions, metrics, income and expenditure, spend and activity, activity hospital discharge, activity community and year end feedback.

2.2 Below is a summary of information included within the BCF submission.

2.3 **Section 75 Agreement**

There is a commitment for Section 75 agreements to be agreed and signed off to meet BCF planning requirements for 2023 / 2024. This was signed off by RMBC and SYICB (Rotherham Place) on 27th September 2023.

2.4 **Confirmation of National Conditions**

There is a total of 4 national conditions for 2023/24 which continue to be met through the delivery of the plan as follows:

- That a plan has been jointly agreed in 2023/24.
- Implementation of BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer.
- Implementation of BCF Policy Objective 2: Providing the right care in the right place at the right time.
- Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services.

2.5 **BCF Metrics**

There is a total of five BCF metrics within the BCF Year End Template for 2023/24 which measures the impact of the plan as follows:

- **Avoidable Admissions - Unplanned hospitalisation for chronic ambulatory care sensitive conditions –** Not on track to meet target**. Challenges** - Performance in 2023/24

has remained challenged, potentially linked to system pressures and industrial action. **Achievements** - We have seen increased use of the virtual ward and urgent community response pathways remain above target. Plans for 2024/25 include continued prioritisation of virtual ward and community service capacity.

- **Discharge to normal place of residence - Percentage of people who are discharged from acute hospital to their normal place of residence –** On track to meet target. **Challenges -** Performance has been strong throughout 2023/24 **/ Achievements** - On track supported by continued partnership working.

- **Falls – Emergency hospital admission due to falls in people aged 65 years and over directly age standardised rate per 100,000 –** Not on track to meet target. **Challenges -** Slightly higher than expected number of falls seen based on nationally published data (976 actual, planned level expected would be closer to 900). **Achievements** - Continued partnership working on falls in 2023/24 and frailty and falls identified as one of the Place's high priority areas for 2024-25.

- **Residential Care Admissions – Rate of permanent admissions to residential care per 100,000 population (65+) –** On track to meet target. **Challenges** - The Council continues to closely monitor the rates of admission with a focus on home first and residential care being only considered where there are no other appropriate alternatives to meeting needs. **Achievements** - The total number of admissions at 301 equates to a population rate of 542.85, 5.05% below target (571.71).

- **Reablement – Proportion of Older People (65 years and over) who are still at home 91 days after discharge from hospital into reablement / rehabilitation services –** On track to meet target. **Challenges** - All services have seen an increase in the number of people still at home 91 days following discharge from hospital. **Achievements** - The output for 2023-24 is 6% above target at 81.4%, and 8.9% higher than the 2022-23 figure of 72.5%.

2.6 **Income and Expenditure**

The total BCF planned expenditure for 2023/24 was £50.954m (including ICB and LA Discharge funding) compared with the actual expenditure of £49.014m, resulting in an overall underspend of £1.940m. This is mainly due to slippage in delivery of approved schemes under the Disabled Facilities Grant and planned activity within the iBCF funding. The underspend will be carried forward into 2024/25 to meet the continued pressures facing both health and adult social care. Further analysis of the outturn position for 2023/24 is contained within the separate Finance and Risk Monitoring report.

2.7 **Year End Feedback**

The overall delivery of BCF has improved joint working between health and social care in Rotherham. Place partners continue to work closely together to support a system wide approach. The Integrated Health and Social Care Place Plan and BCF Plan is closely aligned with shared key priorities including prevention and admission avoidance, discharge and whole system flow, all with the ambition of improving the patient experience / outcomes and meeting the 4 hour standard. The IBCF is used at Place to support system priorities including winter planning and surge planning. There are transformational joint posts in place, funded through the IBCF, to support implementation of ICP priorities. A joint approach to the allocation of discharge monies has enabled key system issues to be targeted including resource for home first support and addressed and new ways of working trialled. This includes 7 day cover for a care home trusted assessor role, personal health budgets to support discharge and an urgent and emergency care social prescriber. This continues to increase collaboration between providers forged through commissioning relationships, ensuring the right level of care, at the right time to meet individual's needs. Examples include a home from hospital service to bridge if reablement resource is not available and additional therapy, reablement, nursing resource and support for our pendent service to support the PUSH model to reduce avoidable conveyances.

Our BCF schemes were implemented as planned in 2023/24. Our BCF Operational and Executive Groups oversaw the allocation of monies according to health and social care priorities and monitoring throughout the year. Where there were delays in expenditure, for example due to the inability to recruit to some roles, monies were re-prioritised to other areas. Our BCF schemes were, therefore, implemented according to agreed plans and prioritisation in 2023/24. Work is ongoing to achieve the key priorities within the BCF and Integrated Health and Social Care Place Plan.

The delivery of the BCF Plan in 2023-24 has had a positive impact on the integration of health and social care in Rotherham. BCF monies have been used to support integrated working across Place partners in physical health, mental health primary and secondary services, social care and the voluntary and community sector. Priority areas for 2023-24 have included support for urgent and emergency care transformation and system flow, the development of our Transfer of Care Hub and support for out of hospital pathways including the virtual ward, urgent community response, enablement and community bed base. This has enabled more people to be cared for at home, health and social care to work together in the Emergency Department to deflect avoidable admissions and reduce length of stay both in the acute and community bed base. However industrial action and high levels of presentations and acuity has meant performance has fluctuated particularly in the post-Christmas period.

Key success through joint commissioning of health and social care has been achieved. Rotherham has developed an integrated health and social care Transfer of Care hub with nursing, therapy, social workers, wellbeing officers and hybrid support workers co-locate to triage, refer and assess people to either remain at home, avoiding any unnecessary admission or support discharge to the correct pathway. Assessment now takes place in the community with 400 therapy assessments conducted at home this year and over 2,000 patients supported on the virtual ward. The hub also receives referrals from YAS for category 3 and 4 patients who have had a fall with a minor injury, avoiding unnecessary conveyances.

Key success through integrated electronic records and sharing across the system with service users has been achieved. The fund has been used to develop our Place community escalation wheel, which together with the Trust's escalation wheel provides a whole system view of pressure points, mapped to the Opel escalation framework and action cards, from ambulances arriving through to all the discharge pathways. This enables real time operational decisions to be made to reduce pressure points and informs strategic planning. In addition, new dashboards have been developed to monitor performance, providing a single version of the truth and reducing duplication. The Trust dashboard can be drilled into further to provide patient data. Initial scoping has been completed to develop this for community pathways which will be progressed in 2024-25. Self-referrals processes have been put in place this year including the wheelchair, falls and therapy services which saved 110 GP appointments between November 2023 to February 2024.

Challenges - Adult Social Care faces an increase in demand for services with an ageing population. Data from Census 2021 shows that the number of people aged over 80 years has increased by 16%. 25.8% of people are aged 60 years and over, an increase of 11.5% in the last 10 years. 23.2% confirmed they are disabled, 8% of people confirmed they are in bad or very bad health, 13.3% of older people are living on their own and 13% of people are providing unpaid care. We are seeing people with higher levels of acuity, dependency and complexity and more people are presenting at A&E than ever before. People are leaving hospital at a lower base line. Rising demand and the cost of living crisis is placing additional pressure on existing budgets, in particular domiciliary and residential care homes. The increased cost of living and recruitment challenges is having an impact on the sustainability of both the domiciliary care and residential and nursing care market, particularly nursing EMI. In 2023-24 Rotherham supported a significant uplift to domiciliary care which has helped stabilise the market. This bought us more into line with neighbouring Places and the care market now offers the Real Living Wage to carers. A 15% increase has been agreed for nursing EMI care homes for 2024-25 where a market sustainability exercise indicated there was the highest level of risk.
Challenges – The Adult Social Care Discharge Fund has provided additional funding to support discharge home though a hospital at home model of provision. A local cost of care exercise has been carried out in 2023/24 to provide a sustainable market. Nursing and Nursing EMI fee rates

	have been uplifted by 15% and 7.78% for other adult social care providers. The Provider Assessment and Market Management Solution (PAMMS) which is an on-line commissioning toolkit to support market shaping and oversight responsibilities and assesses the quality of care delivered by providers is now well embedded. This ensures better data collection, analysis and reporting to increase care quality and mitigate risks of provider failure. Adult social care providers have completed their QA self-assessments during 2023/24.
Key Actions and Relevant Timelines	
3.1	**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 23rd May 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:** **(ii) Documentation for submission to NHS England (NHSE) on 23rd May 2024.**