

Health and Wellbeing Board

20 November 2024

Better Care Fund 2023-2025: Quarter 2 2024/25 Reporting Template

For Decision

Cabinet Member and Portfolio:

Cllr S Robinson, Cabinet Member for Adult Social Care

Local Councillor(s):

All

Executive Director:

Jonathan Price, Executive Director of People - Adults

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Report Status: Public

Recommendation:

1. To endorse the Better Care Fund (BCF) Reporting Template for:
- Quarter 2 2024/25 approved under delegated authority.

Reason for Recommendation:

1. NHS England (NHSE) require the Health and Wellbeing Board (HWB) to approve all BCF plans, this is one of the national conditions within the Policy Framework. This includes planning documents at the beginning of a funding period, and template returns reporting progress against the plans mid-year, and at the end of the year.
2. There is usually a relatively short window of time between NHSE publishing the reporting templates and the submission date. NHSE allow areas to submit their plans under delegated authority, pending HWB approval. At the HWB meeting on 12 January 2022 delegated authority to approve BCF plans, if a HWB meeting could not be convened within the NHSE sign off period, was granted to the Executive Director for People – Adults, following consultation with the HWB

Chair.

3. The template was shared with HWB Members by email on 29 October 2024 in advance of submission to NHSE to provide advance oversight and offer opportunity to comment. The template was submitted to NHSE on 31 October 2024 on behalf of Dorset Council and Dorset NHS in line with delegated approvals. Retrospective endorsement is now sought from the Board at its meeting on 20 November 2024.

1. Introduction

- 1.1 The Quarter 2 2024-2025 Report is at Appendix A and outlines mid-year progress against the original plan for 2024-25. The template reports on a wide range of BCF elements in line with previous template formats, we are required to provide:
 - 1.1.1 Confirmation that National Conditions are being implemented
 - 1.1.2 Reporting of local performance against the BCF Metrics, and narrative about challenges and achievements
 - 1.1.3 Details of BCF expenditure and outputs achieved compared to our initial forecast
 - 1.1.4 Demand and Capacity of resources to meet hospital discharge and community need, along with narrative describing any changes, challenges and learning in the last 6 months.

2. Performance Metrics across our Plans

2.1 Our performance is measured against the following BCF metrics:

- 2.1.1 Avoidable Admissions
- 2.1.2 Discharge to Normal Place of Residence
- 2.1.3 Falls
- 2.1.4 Rate of Permanent Admissions to Residential Care

2.2 Our performance is on track to meet all targets, which is a notable improvement from previous periods, where demand has limited our ability to meet targets for Avoidable Admissions and Permanent Admission to Residential Care. As outlined in section 4 of Appendix A, in relation to Avoidable Admissions, a focused system workstream in 2024/25 centred on reducing preventable admissions with the key objective to drive up utilisation and impact of key services e.g. step-up frailty virtual wards, is providing assurance that the target is achievable for 2024/25. For Residential Admissions, we continue to consistently reduce the overall number

month on month and remain cautiously optimistic that our target can be achieved through Q3 and Q4.

3. Demand and Capacity Reporting

3.1 The template required updated information on actual demand and capacity to support hospital discharge and community need against the forecast submitted at the beginning of the financial year. Sections 5.1 and 5.2 of Appendix A detail the actual demand and provide narrative for activity during Q2 of 2024/25.

3.2 Overall demand was higher across hospital and community pathway 1 (support at home) and 2 (support in an interim care setting) during the first 4 months of 2024/25. This is reflective of higher levels of Urgent Emergency Care (UEC) demand across the county. August and September activity has been more in line with our anticipated plan. The data can be summarised into the following headlines for hospital discharge activity:

3.2.1 For pathway 1 and 2, we supported between 14%-17% more people than anticipated, although estimated timescales from referral to discharge remained on target

3.2.2 We utilised pathway 1 and 2 resources more effectively than anticipated, whilst also closing 11 discharge to assess beds due to affordability and overall performance.

3.2.3 There was less demand for pathway 3 (long term care home placements) than planned, which is in line with our strategy to ensure the majority of people are supported in a core intermediate care offer via Pathway 1 and Pathway 2. On average people waited 2 days longer for care to be arranged than we forecast, this is an area of focus for the next period.

3.3 Data headlines for community activity are as follows, where trends broadly mirror hospital discharge activity, although increased demand for community support continued in August and September, expect for in Urgent Community Response services:

3.3.1 There was approx. 13% higher demand for social support than expected.

3.3.2 Higher demand was also experienced for support at home and in bedded settings to avoid admission – an increase of between 14% - 17%.

3.3.3 The demand for Urgent Community Response was notably less than forecast for July, August and September. This is an area we need to monitor and also re-check our data quality.

- 3.4 We remain challenged by the volume of people who are not suitable for our core intermediate care services due to higher level and more complex needs (linked often to delirium and/or dementia). Some of this is due to current approach to decision-making at the point of referrals, but there is also a genuine gap in current commissioned offers that we need to address going forward. We are currently testing some new models of care with our virtual wards to establish whether this offers a safe alternative.
- 3.5 The key risk we have reported for winter is that demand continues to operate at a higher level than planned for. To mitigate for this we are looking at admission prevention offers, including VSCE support, to see how we can better connect and utilise them as part of our winter response. In addition we have work in train to continue to strengthen our Transfer of Care approach with an on-site Multi Disciplinary Team who are working together to make the best use of resources available to support discharge. This provides a more proactive approach with wards and acute teams to support more people home. This is also enabling earlier identification and escalation of issues that cause delays in discharge, allowing more effective and collaborative discharge planning, ultimately better outcome for people who are ready to leave hospital.
- 3.6 As previously reported to HWB, we have recently completed a diagnostics of our UEC and intermediate care pathway supported by Newton. This built on the BCF support programme diagnostic that was completed in Q1 and has validated and provided additional depth to the work we have been doing and is helping to shape our next stage improvement plan. There is further work to do in this space and this will be a key discussion in the next round of BCF planning.

4. Expenditure

- 4.1 Section 6b details each scheme, and the spend to date, which is on track, reporting 49 % of 2024/25 funding has been spent (c£75m of the £154m total). Here we are also required to report on 'outputs' to date, which refers to a range of measures from the number of individuals supported via specific lines to the number of care beds, care hours or equipment purchased. Most of the Q2 data is in line with the forecast, but there is some further work needed on data quality for a small number of schemes, e.g. volume of equipment for Community Equipment Schemes
- 4.2 In time for next years plan we hope to be able to complete some detailed review work that will enable us to refine and combine schemes in order to reduce the number of schemes and improve the description of each.

5. Financial Implications

- 5.1 The Council and Dorset NHS are required to work within the financial envelope and to Plan, hence continuous monitoring is required. Joint commissioning activity and close working with System partners, including Acute Trusts, allow these funds to be invested to support collective priorities for Dorset.
- 5.2 The Joint Commissioning Board of the Council and Dorset NHS continue to monitor BCF budgets and activity for 2024-25 Plan.

6. Environmental Implications

- 6.1 All partner agencies are mindful in their strategic and operational planning of the commitments, which they have taken on to address the impact of climate change.

7. Well-being and Health Implications

- 7.1 Allocation of the BCF supports individuals with health and social care needs, as well as enabling preventative measures and promoting independence.
- 7.2 Dorset, like many other areas across the South West and nationally, is continuing to experience many challenges in providing and supporting the delivery of health and social care. For Dorset, as referenced above, the highest risks continue to be the increasing acuity of health, care and support needs of those being supported both in the community and in hospital. In addition the lack of therapy led care and support to promote the regaining and maintaining of longer term independence continues to challenge us.

8. Other Implications

- 8.1 Dorset Council and Dorset NHS officers will continue to work closely with Dorset System Partners to plan measures to protect local NHS services, particularly around admission avoidance and hospital discharge to ensure flow is maintained to support and respond to additional demand.

9. Risk Assessment

- 9.1 Dorset Council and Dorset NHS officers are confident Appendix A provides appropriate assurance and confirms spending is compliant with conditions.
- 9.2 The funds provide mitigation of risks by securing continuation of essential service provision and provides preventative measures to reduce, delay and avoid demand.
- 9.3 Dorset is actively working to alter approaches that enable enhancement of provision to mitigate risks, and promote recovery, regaining and maintaining of independence.

10. Impact Assessment

- 10.1 It is important that all partners ensure that the individual needs and rights of every person accessing health and social care services are respected, including people with protected characteristics so the requirements of the Equalities Act 2010 are met by all partners.

11. Appendices

A: Dorset's Better Care Fund 2024-2025 Q2 Template

14. Background Papers

[2023 to 2025 Better Care Fund policy framework - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/policies/better-care-fund)

[Addendum to the 2023 to 2025 Better Care Fund policy framework and planning requirements - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/policies/better-care-fund)

Health & Wellbeing Board, 18th September 2024, Item 6 [Better Care Fund Q1 Discharge Fund Template.pdf](#)

Health & Wellbeing Board, 26th June 2024, Item 9 [HWB BCF Report.pdf](#)

Health & Wellbeing Board, 20th March 2024, Item 7 : [BCF Q3 Reporting Template.pdf \(dorsetcouncil.gov.uk\) & Home First Accelerator Case Study](#)