

<b>Report title:</b> Better Care Fund Plan 2023-25 (including Discharge Fund)	
<b>Report to:</b> Essex Health and Wellbeing Board	
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<b>Date:</b> 19 July 2023	<b>For:</b> Decision
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<b>County Divisions affected:</b> All Essex	

## 1 Purpose of Report

- 1.1 This report seeks the formal endorsement of the board of the 2023-25 Better Care Fund Plan. Following its introduction last year, the Discharge Fund Is also included in the 2023-25 plan.

## 2 Recommendations

- 2.1 To endorse the Better Care Fund Plan for 2023-25 and note that partners, including Essex County Council, will need to adopt the strategy via their own decision-making processes.
- 2.2 Note that although the plan covers the period to 31 March 2025, it does not include funding or targets after 31 March 2024. It will therefore be necessary for the HWB to endorse updated funding and targets for 24/25 in spring 2024.

## 3 Background and Proposal

- 3.1 Tens of thousands of Essex residents and their carers rely on health and care services to support them. By local authorities and the NHS working closely and integrating our approaches, we can provide services in the most joined-up way. Doing this well can then lead to better outcomes for residents across Essex
- 3.2 The Better Care Fund (BCF) is a pooled fund between Essex County Council and the three NHS Integrated Care Boards in Essex. The BCF was created by national government in 2013 to promote integration of health and social care services. In 2023/24, the value of the Essex BCF pooled fund is £193.9m, increasing to £209.6m in 2024/25.
- 3.3 Due to the timescales between the publication of the national planning guidance and the deadlines for submission of the plan, and the engagement required to develop this plan with partners across three Integrated Care Systems, it was not possible to bring the completed plan to HWB ahead of the

due submission date of 28 June 2023. The plan has been submitted subject to endorsement from the board.

3.4 The national guidance and planning framework for the Better Care Fund 2023-25 expects systems to work together to:

- a) Reduce the number of permanent admissions into long-term residential and nursing care, in line with the principle of 'Home First'
- b) Invest in reablement services with a focus on ensuring people are still at home 91 days after receiving reablement services
- c) Reduce the length of time people stay within hospital by reducing the proportion of people who are in hospital over 14 days and over 21 days (this is a change to the previous national condition on delayed transfers of care)
- d) Focus on addressing avoidable admissions (this is a change to the previous national condition on reducing non-elective admissions)

3.5 The Essex Better Care Fund (BCF) Plan brings together NHS and local government funding worth £193.9m in 2023/24 to provide vital services that support Essex residents with health and care needs. The Planning Guidance for this fund will run for two years 2023-25 but it is expected that a specific plan for 2024/25 will be developed. The Essex Plan includes expenditure of:

- a) £48.1m NHS contribution to adult social care services, including towards the costs of funding care services in a person's home (domiciliary care); reablement services that enable people to recover their strength, confidence and independence; and support to carers.
- b) £72.8m on NHS commissioned community services funding a range of health services that support people with complex needs to live as independently as possible and enjoy quality of life.
- c) £11.9m via district/borough/city councils on adaptations to homes to meet the needs of people living with disabilities (Disabled Facilities Grant)
- d) £25m on schemes that support hospital discharges and help address pressures that typically result from higher demand during winter (such as investment in 'bridging' services that provide interim support for a person between leaving hospital and being able to return home); investment in support to the care market (such as training and quality improvement); and investment in services that support people with sensory impairments (Discharge Funding and iBCF grant).
- e) £36.1m contribution to the costs of meeting social care needs arising from higher prices and demand for services, as well as maintaining investment in discretionary services that have a benefit to social care and NHS partners (iBCF grant).

**National Conditions:**

3.6 As with previous BCF plans there are four national conditions for the funding:

- I. **National Condition 1** – The plan must be jointly agreed. The plan must be signed off by ECC and the individual ICBs and endorsed by the Health and Wellbeing Board.

- II. **National Condition 2** – NHS contribution to Social Care is maintained in line with inflation. The total amount from the Better Care Fund NHS minimum contribution allocated for supporting social care is £48.1m in 2023/24 and £50.9m in 2024/25. The proposed plan meets that condition.
- III. **National Condition 3** – NHS commissioned out of hospital services. The total amount invested in NHS commissioned out of hospital care exceeds the minimum ringfence required. In Essex this is £34.4m in 2023/24 and £36.3m in 2024/25. The proposed plan meets that condition.
- IV. **National Condition 4** – Improving outcomes for people being discharged from hospital. From March 2020, the Hospital Discharge Service Requirements replaced previous Delayed Transfer of Care (DtoC) performance standards with revised national processes for hospital discharge. This includes a requirement that people who no longer need to be in hospital should be discharged the same day and a requirement for implementation of 'home first' arrangements. The proposed plan meets that condition.

### **Metrics and targets**

3.7 There are national metrics used to measure progress. These have changed for 2023/24 and 2024/25 and they are published in the Better Care Fund Policy Framework 2023-2025.

- I. **Avoidable admissions (specific to Acute)** - This metric measures the number of times people with specific long-term conditions, who should not normally require hospitalisation, are admitted to hospital in an emergency. These conditions include, for example, diabetes, convulsions and epilepsy, and high blood pressure. The metric includes all ages; the rate is standardised to account for differences in the age and sex distribution of the population.

**The proposed target in Essex for 2023/24 is a rate of 660 per 100,000.**

This is an annual figure and there is no national target. However, based on the data available, the rate for 2022/23 was 660 per 100,000, meaning that if performance is maintained we should maintain this figure.

- II. **Permanent admissions to residential and care homes** - This metric remains the same as in previous years – in 2022/23 there were 1,129 older Essex residents admitted to permanent residential or nursing care, corresponding to a rate of 364 per 100,000 residents aged 65 and older. This exceeded the target of 430 per 100,000 residents.

**The proposed target in Essex for 2023/24 is a rate of 350 per 100,000 older Essex residents.** This aims for a slight improvement compared to 2022/23 performance, which was 364 per 100,000 for 2022-23 and already better than the national average.

- III. **Effectiveness of reablement** - This metric measures the number of people supported to stay at home after receiving reablement. The metric counts the number of older people discharged from hospital into reablement services between October 1 and December 31, who are still at home when they are followed up between January 1 and March 31.

**The proposed target in Essex for 2023/24 is for at least 89% of the people who have received reablement services to remain out of hospital for 91 days following completion of reablement.**

This metric will not be measured nationally in 2023/24, but Essex performance will be calculated to measure performance. In 2022/23, the target was 87% based on an average of the previous year's performance. This target was met, with actual performance at 87.2%.

- IV. **Hospital Discharge** - The new discharge metric measures the proportion of patients discharged to their usual place of residence. Historically, Essex has performed well on this metric, with a pre-pandemic average of 93.8% of patients discharged to their usual place of residence.

**The proposed target in Essex for 2023/24 is 94% of people being discharged into their usual place of residence.**

Since January 2021, Essex has seen higher proportions of patients discharged to their usual residence compared to England and similar HWB areas, except for the East of England as a whole – the target looks to improve on this further.

- V. **Emergency Hospital Admissions due to Falls in People Over 65** - This is a new **metric** for the BCF designed to assess health service utilisation rather than need, as many injurious falls will not result in emergency admission. Data for 2021/22 shows that the rate in Essex was 2,063 per 100,000 population, marginally below the national rate of 2,100.

**The proposed target in Essex for 2023/24 is 2,000 per 100,000 emergency hospital admissions due to falls in people over 65.**

This would represent a slight improvement on the county's 2021/22 performance of 2,063 per 100,000 and remains below the national rate.

- VI. **Hospital Discharge Ahead of Winter** - The national guidance for this metric has not yet been released. A separate note will be drafted for approval once this has been clarified. Work is ongoing by DHSC and NHSE to develop this metric on the new discharge ready data. Further engagement and information will be provided over the coming months, ahead of the new metric being required ahead of winter.

- VII. **Outcomes** Following **Short-Term Support to Maximise Independence-**  
This is another new metric being proposed for the 2024/25 BCF plan that is awaiting national guidance on how outcomes will be measured. This will not be monitored for 2023/24. Once the national guidance is published. An update will be shared on the additional metrics.

## **Options**

3.8 Not applicable

## **Issues for consideration**

3.9 iBCF (Improved Better Care Fund)

3.9.1 In the Government's March 2017 Budget additional transitional funding was allocated to social care. The Winter Pressures grant was rolled in to the iBCF in 2020/21. The funding is an annually awarded grant amounting to £46.4m in 2023/24, with planning guidance stating that the same value is assumed for 2024/25. It forms part of the overall £193m BCF allocation. The conditions for use of the iBCF remain the same. That is, it may only be used for:

- Meeting adult social care needs
- Reducing pressure on the NHS (including winter pressures)
- Supporting more people to be discharged from hospital
- Supporting the social care provider market

The iBCF has funded various schemes and initiatives over the course of the allocation and these will need to be afforded within the iBCF envelope in 2023/24 and 2024/25. Management of this has been through locality partnership boards where those schemes that have been shown to add value have been adopted as part of mainstream health or care-based budgets. Scheme level information will be included within the plan (Appendix A).

3.10 Discharge Funding

In September 2022, a new ASC Discharge Fund was announced, and it was a requirement for it to be pooled within local BCF plans as part of the iBCF allocations. It has been confirmed that the Discharge Fund will continue in 2023/24 and 2024/25, with:

- Allocations to Essex County Council worth £6.5m in 2023/24, potentially rising to £10.8m in 2024/25
- Allocations to Integrated Care Boards worth, in 2023/24 and 2024/25 respectively (contribution to Essex BCF in parentheses):
  - For Mid and South Essex: £7.2m and £10m (£5m and £6.9m)
  - For Suffolk and North East Essex: £4.5m and £8.7m (£1.7m and £3.3m)
  - For Hertfordshire and West Essex: £7.2m and £12.2m (£1.5m and £2.5m)

Management of this will be through locality partnership boards where those schemes that have been shown to add value have been adopted as part of mainstream health or care-based budgets. Scheme level information will be included within the plan (Appendix A).

### 3.11 Disabled Facilities Grant

3.111 Disabled Facilities Grants are provided to all district and borough councils to make adaptations to the home for residents to live as independently as possible. The allocation of funds differs between each authority. The Government, through the BCF, has allocated to Essex for the 2023/24 financial year; £11.9m for DFG, with the same value assumed for 2024/25. The agreed allocations will be passed on to district councils in their totality.

3.1112 Working together, we aim to:

- Establish and support local dialogue, information exchange and decision-making across health, social care and housing sectors
- Enable improved collaboration and integration of healthcare and housing in the planning, commissioning and delivery of homes and services
- Promote the housing sector contribution to addressing the wider determinants of health; health equity; improvements to patient experience and outcomes; 'making every contact count'; and safeguarding.
- Support more people to live independently, safely and well in their own homes
- Support prevention and early intervention and a reduction in care home placements
- Support timely discharge from hospitals
- Deliver timely, person-centred, flexible services that meet a wider range of needs.

3.113 Oversight and delivery of this agreement is through the Essex Well Homes Group, which will be the operational arm of the action plan, with further oversight by local Health and Wellbeing Boards.

### 3.12 High Impact Changes

3.121 The High Impact Change Model was developed by the LGA and NHSE as a way to support local care and health systems to manage patient flow and discharge, and implementation of the model has been a requirement of the BCF plan since 2017. For 2023/24 The High Impact Change Model has been updated and remains best practice. The plan outlines all the activity that will contribute to delivery of the High Impact Change model in Essex.

#### 4. Financial Implications

4.1 Essex County Council is the pooled fund host for the Essex BCF. The tables below summarise the funding sources and planned expenditure at a county-wide and local level for 2023/24 (£193.9m) and provisionally for 2024/25 (£209.6m):

Better Care Fund Summary	2023/24 £m	2024/25 £m
<b>Funding</b>		
NHS Minimum Contribution	121.0	127.8
iBCF	46.4	46.4
DFG	11.9	11.9
Discharge Funding	14.7	23.6
<b>Total BCF Pooled Budget</b>	<b>193.9</b>	<b>209.6</b>
<b>Expenditure</b>		
NHS Contribution to Adult Social Care	48.1	50.9
Community Services	72.8	76.9
iBCF - Meeting Social Care Needs	36.1	36.1
iBCF – County-wide Schemes	9.6	9.6
iBCF - Local Schemes	0.7	0.7
DFG Related Schemes	11.9	11.9
Discharge Funding – County-wide Schemes	4.0	9.1
Discharge Funding - Local Schemes	10.7	14.4
<b>Total BCF Expenditure Plan</b>	<b>193.9</b>	<b>209.6</b>

BCF Expenditure 2023/24	BB (MSE) £m	CPR (MSE) £m	ME (MSE) £m	NEE (SNEE ) £m	WE (HWE) £m	County -wide £m	Total £m
NHS Contribution to ASC	-	-	-	-	-	48.1	<b>48.1</b>
Community Services	13.1	8.5	18.9	17.0	15.3	-	<b>72.8</b>
iBCF – Meeting SC Needs	-	-	-	-	-	36.1	<b>36.1</b>
iBCF – C’wide Schemes	-	-	-	-	-	9.6	<b>9.6</b>
iBCF – Local Schemes	0.1	0.1	0.2	0.1	0.2	-	<b>0.7</b>
DFG Related Schemes	1.9	1.4	2.8	3.8	2.1	-	<b>11.9</b>
DF – C’wide Schemes	-	-	-	-	-	4.0	<b>4.0</b>
DF – Local Schemes*	2.1	1.4	2.9	2.3	2.0	-	<b>10.7</b>
<b>Total 2023/24</b>	<b>17.2</b>	<b>11.4</b>	<b>24.8</b>	<b>23.2</b>	<b>19.6</b>	<b>97.8</b>	<b>193.9</b>

*Better Care Fund Plan 2023-25 (including Discharge Fund)*

<b>BCF Expenditure 2024/25 (provisional)</b>	<b>BB (MSE)</b>	<b>CPR (MSE)</b>	<b>ME (MSE)</b>	<b>NEE (SNEE )</b>	<b>WE (HWE)</b>	<b>County -wide</b>	<b>Total</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>
NHS Contribution to ASC	-	-	-	-	-	50.9	<b>50.9</b>
Community Services	13.9	9.0	19.9	18.0	16.1	-	<b>76.9</b>
iBCF – Meeting SC Needs	-	-	-	-	-	36.1	<b>36.1</b>
iBCF – C’wide Schemes	-	-	-	-	-	9.6	<b>9.6</b>
iBCF – Local Schemes	0.1	0.1	0.2	0.1	0.2	-	<b>0.7</b>
DFG Related Schemes	1.9	1.4	2.8	3.8	2.1	-	<b>11.9</b>
DF – C’wide Schemes	-	-	-	-	-	9.1	<b>9.1</b>
DF – Local Schemes*	2.6	1.8	3.6	3.6	2.9	-	<b>14.4</b>
<b>Total 2024/25</b>	<b>18.4</b>	<b>12.2</b>	<b>26.5</b>	<b>25.6</b>	<b>21.3</b>	<b>105.7</b>	<b>209.6</b>

\* Local schemes are ICS-wide for MSE, notional apportionment is shown.

- 4.2 Expenditure on all schemes, including those specific to each Alliance area, is detailed in the attached BCF plan documents.
- 4.3 Grant conditions and local authority funding allocations for the ASC Discharge Fund have been published for the 2023/24 financial year only and include the requirement that all expenditure must be incurred by 31 March 2024. While the methodology for the 2024/25 allocations is not confirmed, the plan assumes (per the guidance) a 66.7% increase in line with national funding.

## **5 Legal Implications**

- 5.1 The mandate from the Secretary of State to NHS England, which includes requirements as to how NHS money is spent, may include specific requirements relating to the establishment and use of an integration fund. In recent years, the Secretary of State has done this by requiring local NHS organisations, currently ICBs to establish better care funds (BCF).
- 5.2 The BCF Policy Framework sets out four national conditions that all BCF plans must meet to be approved and for this grant to be allocated and retained by the Council. These are:
- A jointly agreed plan between local health and social care commissioners, signed off by the Health and Wellbeing Board.
  - NHS contribution to adult social care to be maintained in line with the uplift to NHS minimum contribution.
  - Investment in NHS-commissioned out-of-hospital services.
  - Plan for improving outcomes for people being discharged from hospital.
- 5.3 National condition 1 requires that a plan for spending all funding elements is jointly agreed by local authority and ICB partners and placed into a pooled fund, governed by an agreement under section 75 of the NHS Act 2006.



- 5.4 Plans will need to confirm that individual elements of the mandatory funding have been used in accordance with their purpose as set out in the BCF Policy Framework, relevant grant conditions and the BCF Planning Requirements for 2023-25.
- 5.5 Plans must be agreed by the Council and ICBs prior to being endorsed by the Health and Wellbeing Board.
- 5.6 In Essex, the BCF is established by means of individual agreements under section 75 of the National Health Service Act 2006 between the Council and each of the three ICBs operating within Essex, together with an overarching county-wide s75 agreement which relates to the Improved BCF (iBCF). There are four s75 agreements in total, which are subject to annual variations to reflect the annual mandate and planning requirements. Following approval of the final BCF Plan, the same will be submitted to the Health and Wellbeing Board for endorsement. The Board's role is to consider reports as requested by the Department of Health and to note the proposal with regard to the iBCF. This is part of the Board's role to promote the integration of health and social care.
- 5.7 Although not a legal requirement, the BCF Plan for 2023/24 'must' be submitted to NHS England by 28 June 2023.
- 5.8 Targets and funding are not agreed for 2024/25 and a further decision will be required for this period.

## **6 Equality and Diversity implications**

- 6.1 The Public Sector Equality Duty applies to the Council when it makes decisions. The duty requires us to have regard to the need to:
  - (a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act. In summary, the Act makes discrimination etc. on the grounds of a protected characteristic unlawful
  - (b) Advance equality of opportunity between people who share a protected characteristic and those who do not.
  - (c) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.
- 6.2 The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, gender, and sexual orientation. The Act states that 'marriage and civil partnership' is not a relevant protected characteristic for (b) or (c) although it is relevant for (a).
- 6.3 The Equality Comprehensive Impact Assessment indicates that the proposals in this report will not have a disproportionately adverse impact on any people with a particular characteristic. (Describe the specific equality and diversity

implications of the proposal, any adverse findings from the Equality Comprehensive Impact Assessment and your proposed mitigation measures)

## **7 List of appendices**

- BCF Narrative Plan
- BCF Planning Template