

Health and Wellbeing Board

18 March 2025

Better Care Fund 2024-25 Quarter 3 Report



Report of Michael Laing, Corporate Director of Adult and Health Services, DCC

Purpose of the Report

- 1 The purpose of the report is to provide the Health and Wellbeing Board (HWB) with a summary of the Better Care Fund (BCF) 2024-25 Quarter 3 Report.

Executive summary

- 2 The BCF is the only mandatory policy to facilitate integration across health, social care and housing. It requires Integrated Care Boards (ICB's) and local government to agree a joint plan, endorsed by the HWB and governed by an agreement under Section 75 of the NHS Act (2006).
- 3 The vision for the two year BCF Plan for 2023-25 is to support 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:
 - Enable people to stay well, safe and independent at home for longer.
 - Provide the right care in the right place at the right time.
- 4 The BCF plan included the following key metrics which are measured against planned targets:
 - Avoidable admissions
 - Discharge to normal place of residence.
 - Falls
 - Permanent admissions to care homes.
- 5 Positive performance is indicated in three out of four key metrics for County Durham. Permanent admissions to care homes is currently not on track to meet target.

Capacity on Demand Assumptions

- 6 The Q3 template posed specific narrative questions concerning both hospital discharge and community, County Durham presented on increase in reablement capacity to respond to demand and a decrease in domiciliary care activity as more people were accessing reablement.
- 7 Intermediate Care bed activity was slightly less overall with block purchased beds managing demand through November and December 2014. Arrangements for block and spot purchased IC beds are such that fluctuations in demand can be managed in a cost-effective way.
- 8 Based upon historical evidence and experience in County Durham we do not anticipate that demand will exceed capacity.
- 9 Reporting requirements also include a summary of expenditure in relation to previously entered schemes from the BCF plan and all are on target (Appendix 2 Tab 66 Expenditure)
- 10 The BCF 2024-25 Q3 Reporting Template was approved under delegated authority to meet the submission date of the 14th February 2025 as required by NHS England & NHS Improvements.
- 11 Delegated authority was previously given to Cllr Hood and Michael Laing in their roles as Chair and Vice Chair of HWB, at the HWB meeting in November 2023.
- 12 Delegated authority to remain with Michael Laing therefore the recommendation will be for HWB to agree that moving forward, delegated authority goes to Chair of HWB and Corporate Director of AHS.

Recommendation(s)

- 13 The Health and Wellbeing Board are recommended to:
 - (a) Note the content of this report and the BCF 2024-25 Q3 template submission.
 - (b) Agree to receive BCF performance updates at future Health and Wellbeing Board meetings.
 - (c) Agree that delegated authority for sign off of BCF submissions to NHS England is given to Corporate Director of Adult and Health Services, and The Chair of the Health and Wellbeing Board.

Background

- 14 The BCF is the only mandatory policy to facilitate integration through a pooled budget which provides a mechanism for joint health and social care commissioning by bringing together ring-fenced budgets from health and funds paid directly to local government to support adult care services.
- 15 The BCF allocation for County Durham in 2024-25 is £107.3m which includes the Disabled Facilities Grant (DFG), the improved Better Care Fund (iBCF), Durham County Council's ASC Discharge Funding and North- East and North Cumbria Integrated Care Board (NENC ICB) Discharge Funding allocation for County Durham. All of which aim to reduce pressure on the NHS, support adults social care and facilitate the provider market.

National BCF Metrics

- 16 The BCF 2024-25 specifies the following key metrics for measuring performance:
 - Avoidable admissions.
 - The percentage of people discharged from hospital aged 65yrs and over / 100,000 population.
 - Emerging admissions due to falls for people aged 65yrs and over / 100,000 population.
 - Rate of permanent admission to care homes aged 65yrs and over / 100,000 population.
- 17 Assessment of progress against the metric for the period is measured through several options 'on track to meet target', 'not on track to meet target' or 'data not available to assess progress'.
- 18 Positive performance is indicated in three out of four metrics for County Durham. Permanent admissions to care homes is currently 'not on track to meet target'.
- 19 Q3 indicates a rate of 551.2 / 100,000 population for permanent admissions to care homes which has exceeded the quarterly target rate of 534.5 / 100,000. Further work is being undertaken to examine the data as there have been some questionable inclusions in relation to permanent admissions.

- 20 Details of performance are included in the attached BCF 2024-25 Q3 reporting template (Appendix 2).

Capacity and Demand Assumption

- 21 The Q3 reporting template posed specific narrative questions concerning capacity and demand for both hospital discharge and community. County Durham presented an increase in reablement capacity to respond to demand and a decrease in domiciliary care activity as more people were accessing reablement.

Intermediate Care bed activity was slightly reduced, however with block purchased beds managed demand through winter pressures. The arrangements for block and spot purchased Intermediate Care beds are such that fluctuation in demand can be managed in a cost-effective way. Based on historical evidence and experience in County Durham we do not anticipate that demand will exceed capacity.

- 22 Reporting requirements also included a summary of expenditure in relation to previously entered schemes from the BCF plan and all are on target (Appendix 2 Tab 6b Expenditure)

Conclusion

- 23 It is acknowledged that there are challenges with the timing of reporting schedules and deadline submissions to NHS England & NHS Improvement with the HWB meetings schedule.
- 24 In County Durham we continue to innovate and develop services which aim to improve performance and outcomes for people through collaboration and system-wide approaches.

Author: Paul Copeland, Strategic Manager-Integration. Tel: 03000 265190

Appendix 1: Implications

Legal Implications

The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the Better Care Fund.

Finance

There is a requirement that the Better Care Fund is transferred into one or more pooled funds established under section 75 of the NHS Act 2006.

Consultation and Engagement

As necessary through the Health and Wellbeing Board and as appropriate with internal and external partners and stakeholders.

Equality and Diversity / Public Sector Equality Duty

The Equality Act 2010 require the Council to ensure that all decisions are reviewed for their impact upon people.

Climate Change

Consideration of the impact by climate change in decision making and reporting have been considered.

Human Rights

Not Applicable.

Crime and Disorder

Not Applicable.

Staffing

Staff are required to adhere to relevant legislation and those regulatory requirements relating to their role.

Accommodation

Not Applicable.

Risk

Risk management approaches are outlined within the Section 75 Agreement and managed through the appropriate governance arrangements.

Procurement

Not Applicable.