Health and Wellbeing Board

10 January 2024

Better Care Fund plan 2023-2025 progress update

Recommendations

That the Health and Wellbeing Board:

1. Notes the progress of the Better Together Programme in 2023/24 and the updates provided on the key areas of joint focus in the Better Care Fund plan for 2023-25;

2. Notes performance against the national Better Care Fund metrics; and

3. Supports the plan for schemes to be funded from the Improved Better Care Fund in 2024/25.

1. Executive Summary

1.1 This report provides the Health and Wellbeing Board with an update on progress against the key areas of focus in the Better Care Fund Plan for 2023-25, progress against the national metrics and preparations for 2024/25.

Key areas of joint focus for NHS partners and the local authority

Discharge to Assess and Community Recovery

1.2 As the Health and Wellbeing Board is aware, Warwickshire is one of six national discharge integration frontrunners with a focus on intermediate care, which involves developing pathway 1 (person returns home with support) discharge to assess services in Warwickshire. These services enable people in an acute hospital to access timely domiciliary care and where required, therapeutic intermediate care services on discharge.

1.3 Since the Community Recovery Service pilot went live in April 2023, 2,053 people have been referred to the Community Recovery Service, with 1,700 receiving support. People from all three places in Warwickshire are benefitting from the service as indicated by the table below.

Referring Pathway	No. Referrals	% Referrals
CRS Pathway North	699	34.0%
CRS Pathway Rugby	509	24.8%
CRS Pathway South	804	39.2%
Not Recorded	41	2.0%
Total	2053	

1.4 At the last meeting, members of the Health and Wellbeing Board requested an update on the outcomes and impact of the pilot.

1.5 A month after the end of support from the Community Recovery Service, between 45-50% of individuals were not in Warwickshire County Council commissioned care. Around 15% had been referred to the Council for a Care Act Assessment and were in receipt of long-term support and 14% were in other short-term support.

1.6 Three months after the end of support, around 50% of people were still not in Warwickshire County Council commissioned care. Around 25% were now in receipt of long-term community services (mainly domiciliary care).

Other developments

1.7 In addition to the support for people discharged home (pathway 1), commissioners at the Council are also involved in securing a block of D2A beds for people awaiting a Care Act assessment outside of an acute setting (pathway 2). This will support more timely discharges into temporary beds. WCC advertised this contract on 27 November 2023. The requirement is 60 beds across the county. The procurement included an opportunity for new providers to join the Joint Framework contract under which the D2A beds are being commissioned. Commissioners expect to be able to award contracts in February 2024.

Review and Redesign of Continuing Healthcare (CHC)

1.8 Joint work to progress the CHC work stream has progressed well across Coventry and Warwickshire Integrated Care Board (ICB), South Warwickshire University Foundation Trust, and Warwickshire County Council with the Warwickshire sub-group set to move into the model development phase. However, having reassessed the resources needed to deliver both the Community Integrator (new Out of Hospital arrangements) and the CHC programmes it has been felt necessary to initially prioritise one programme to ensure effective and timely delivery.

1.9 In light of this Warwickshire partners are currently focusing on the elements of CHC included in the new Community Integrator arrangements. i.e. Discharge to Assess and Fast Track discharges. Warwickshire partners will refocus working with the ICB on future arrangements for the rest of CHC from quarter 1 2024/25.

1.10 The Community Integrator programme (see 1.17 for further details) encompasses out of hospital services and additional functions including Palliative End of Life, Discharge to Assess and Fast Track. From 1st April 2024, the responsibility for these services will be place based in Coventry and Warwickshire. Due to the complexity of the services involved, some aspects of the Community Integrator services will transfer after the 1st of April to ensure no impact on patients and/or service delivery.

Ageing Well Programme

1.11 Working in collaboration, this NHS led programme of 3 joint areas impacting health and social care has made the following progress:

Urgent Community Response (UCR)

1.12 UCR continues to provide a timely response to patients, with around 1,300 2-hour referrals each month and over 85% seen in under 2 hours, against a target of 70%. Work continues on developing clinical pathways with a new increasing pain pathway launched in September and ongoing development of the falls pathway. A new model of clinical conversation before conveyance is also due to begin with West Midlands Ambulance Service in mid-December. Point of care testing in UCR, where blood tests are carried out in a patient's home, rather than having to send them to a laboratory and wait for the results, is nearing launch, with device validation currently underway ahead of go live in the next few weeks. The hope is that this will make for better and quicker treatment decisions at first point of contact and should stop some people being admitted to hospital because there is not enough information to treat them safely at home.

Enhanced Health in Care Homes (EHCH)

1.13 A series of engagement events have been taking place this quarter, seeking to develop a shared vision for the future of supporting the health of care home residents. A key aspect of this engagement is to focus more on sharing good practice in key areas such as person-centred care, managing deterioration and supporting at end of life.

1.14 A refreshed Enhanced Health in Care Homes Framework was released at the end of November and this, alongside the outputs from the engagement and visioning sessions, will shape the focus of development for the next year.

Proactive Care

1.15 A pilot project in Warwickshire North has now begun, with a weekly Frailty clinic providing holistic assessment and personalised care planning for identified patients with moderate to severe frailty and other long-term conditions. Early feedback from patients has been very positive, with the holistic approach being well received.

1.16 A working group has been established in Dene and Stour Primary Care Network area to develop a second pilot approach for the south of the county.

Although this is early in development, there is good engagement from a range of partners in taking this work forwards.

Review and Recommissioning of Out of Hospital Services – Community Integrator

1.17 The Out of Hospital procurement process involves four core steps:

Stage 1: Development of Future Commissioning Intentions – including service specification: scope, outcomes, and core requirements.

Stage 2: Development of the Commissioning Approach – including contract mechanism, procurement route, contract form and length.

Stage 3: Development and Assessment of Provider Clinical Delivery Models – including contract award.

Stage 4: Mobilisation of new service model.

- Following a comprehensive review of Out of Hospital Services and recent market testing, South Warwickshire University NHS Foundation Trust (Warwickshire) and University Hospitals Coventry and Warwickshire NHS Trust (Coventry) have been identified as the only capable providers to deliver this new, expanded "community integrator" service for Coventry and Warwickshire.

- Both Providers have been invited to progress to stage 3. In this phase, the primary focus will be on assessing Lead Provider capability against the Community Integrator service specification and for Provider and Commissioners to conduct necessary due diligence checks. It is anticipated that stage 3 will be concluded by the end of quarter 4.

Recommissioning the Integrated Community Equipment Service (ICE)

1.18 Our Integrated Community Equipment (ICE) service delivers equipment to residents in Warwickshire and service users registered with a Warwickshire GP. The service offers Assistive Technology, incorporating a Telecare service and performs minor adaptations. The service is delivered through a joint agreement between Warwickshire County Council and Health Partners.

1.19 Procurement activity is currently being undertaken to recommission this service as the current contract expires on 31 August 2024. Contract award is due to be confirmed in early 2024, followed by a mobilisation period to embed the new contract and service specification and ensure service continuity when the new contract goes live in September 2024.

1.20 The equipment supplied helps prevent admission to and facilitates discharge from hospital. In doing so, the ICE service supports the Council's priorities; to

help Warwickshire people to stay safe, and be healthy, independent, and engaged with their communities.

1.21 The ICE service supports an average of 21,000 customers each month, delivering around 36,000 items of equipment, as well as providing resources to collect, or repair approximately 15,000 items of equipment each month.

Performance Update

1.22 Locally our Better Care Fund plan for 2023/25 focusses our activities to improve our performance in the five key areas which are measured against the National Performance Metrics. These being:

i.) Reducing Avoidable Admissions (General and Acute)

ii.) Improving the proportion of people discharged home to their usual place of residence

iii.) Reducing permanent admissions to residential and care homes

iv.) Increasing effectiveness of reablement

v.) New - Reducing emergency admissions due to falls

1.23 A summary of performance against the national areas of focus using the most recent data available:

Metric	23/24 performance where available	Target	Status
Reducing Avoidable Admissions (General and Acute)	Quarter 1 Actual: 1,103 Quarter 2 Actual: 947	1,213	Under (better than target)
Improving the proportion of people discharged home to their usual place of residence	Quarter 1 Actual: 95.0% Quarter 2 Actual: 95.0%	95.8%	On target
Reducing permanent admissions to residential and care homes; and	Quarter 1 Actual: 232 Quarter 2 Actual: 255	176.5	Over (worse than) target
Increasing effectiveness of reablement	2022/23 Actual: 94.4% 23/24: Data for 23/24 not available until May 24	94.2%	Target achieved
Reducing emergency admissions due to a fall	Quarter 1 Actual: 548 Quarter 2 Actual: 432	466.25	Under (better than target)

2. Financial Implications

2.1 The Improved Better Care Fund (iBCF) allocation for 2023/24 is £15.133m. The Discharge Fund allocation for Warwickshire for 2023/24 is £5.639m, comprising of:

i.) £2.121m from the local authority Discharge Fund allocation; and
ii.) £3.518m from the Integrated Care Board Discharge Fund allocation.

2.2 The iBCF is temporary. In order to counter the risk inherent in temporary funding, all new initiatives are either temporary or commissioned with exit clauses. There are, however, a number of areas where the funding is being used to maintain statutory social care spending and this would require replacement funding if the Better Care Fund was removed without replacement. This risk continues to be noted in Warwickshire County Council's annual and medium-term financial planning.

3. Environmental Implications

3.1 None.

4. Supporting Information

4.1 Performance against the national areas of focus using the latest confirmed data available.

Reducing Avoidable Admissions (General and Acute)

4.2 Year to date (April 2023 to September 2023), unplanned hospitalisations for chronic ambulatory care sensitive conditions in Warwickshire were 290 admissions or 13% lower than the same period last year. This follows a similar trend to the same period last year where performance was better than target in quarters 1 and 2, before increasing during the second half of the year.

Quarter	**Actual** (lower is better)	**Target**	**% under target**
Q1 2023/24	1,103	1,213	-9%
Q2 2023/24	947	1,213	-21.9%

Improving the proportion of people discharged home to their usual place of residence

4.3 Year to date (April 2023 to September 2023), the proportion of people discharged home to their usual place of residence in Warwickshire was 0.8% lower than the same period last year and is tracking just below target.

Quarter	**Actual** (higher is better)	**Target**	**% under target**
Q1 2023/24	95.0%	95.8%	-0.8%
Q2 2023/24	95.0%	95.8%	-0.8%

Reducing long term admissions to residential and nursing care 65+

4.4 Year to date (April 2023 to October 2023), permanent admissions were 14% higher than the same period last year and 46.7% above target. There continues to be greater demand for care home placements, both nursing and residential and at relative equal measure. The majority of these placements are being made post a hospital admission due to the older people's population requiring this level of support. Our home first approach and the work we are doing to strengthen pathway 1 (discharged home) ensures we are taking every opportunity to discharge people home.

4.5 The target for 2023/24 is 706 admissions per 100k population, which equates to a quarterly target of 176.5.

Quarter	**Actual** (lower is better)	**Target**	**% over target**
Q1 23/24	232	176.5	31.5%
Q2 23/24	255	176.5	44.4%

Increasing the effectiveness of reablement 65+

4.6 This target measures the percentage of older people (65 and over) who are still at home 91 days after discharge from hospital into reablement or rehabilitative services. This target is an annual measure and performance for 2022/23 was, similar to previous years, above target and continues to improve.

Year	**Actual** (higher is better)	**Target**	**% over (better than) target**
2022/23	94.4%	94.2%	0.2%
2021/22	93.7%	91.7%	2%

Reducing emergency hospital admissions due to falls in people aged 65+

4.7 This is a new metric for 2023/4 to measure the impact of frailty and falls prevention initiatives delivered through for example the Ageing Well and Better Care Fund programmes.

4.8 The target for 2023/24 is 1,865 admissions per 100k population, which equates to a quarterly target of 466.25.

4.9 The impact of falls prevention initiatives such as timed up and go assessments, strength and balance exercise videos and falls urgent response is now evident. In quarter 2 emergency admissions due to falls were 14.8% lower than the same period last year and below target.

Quarter	Actual (lower is better)	Target	% over target
Q1 23/24	548	466.25	+17.5%
Q2 23/24	432	466.25	-7.3%

5. Timescales associated with the decision and next steps

Better Care Fund Plan 2023-2523

5.1 Confirmation was received from NHS England on 25 September 2023 that our Better Care Plan for 2023-25 had been approved.

5.2 As in previous years, a Section 75 Legal Agreement underpins the financial pooling arrangements, including for the Adult Social Care Discharge Fund outlined in section 2.1. The Section 75 Agreement was completed during November.

Better Care Fund Policy Framework 2024/25

5.3 The Improved Better Care Fund (iBCF) settlement for 2024/25 has now been published and confirmed as the same amount as 2023/24. The draft iBCF plan for 2024/25 has been prepared based on the current allocation of £15.133m.

5.4 The plan is to continue to fund all the existing schemes from the Improved Better Care Fund in 2024/25. The exception to this is the Hospital Based Social Prescribing Scheme (Scheme 3) where funding from outside of the Better Care Fund is being considered, with contributions potentially from a number of partner organisations. The draft list of schemes will be finalised during quarter 4 of 2023/24.

Appendices

Appendix A – Draft list of schemes to be funded from the IBCF in 2024/25.

Background Papers

None.

	Name	Contact Information
Report Author	Rachel Briden, Integrated Partnership Manager Ali Cole, Head of Health and Wellbeing Commissioning	rachelbriden@warwickshire.gov.uk alisoncole@warwickshire.gov.uk
Director	Becky Hale, Chief Commissioning Officer (Health and Care)	beckyhale@warwickshire.gov.uk
Executive Director	Nigel Minns, Executive Director for People	nigelminns@warwickshire.gov.uk
Portfolio Holder	Councillor Margaret Bell,	margaretbell@warwickshire.gov.uk

	Portfolio Holder for Adult Social Care & Health	

The report was circulated to the following members prior to publication:

Local Member(s): n/a County wide report
Other members: Councillors Barker, Drew, Holland and Rolfe