

Health and Wellbeing Board

15 January 2025

2024/25 Better Care Fund progress update

Recommendations

That the Health and Wellbeing Board:

1. Notes and comments on the progress update on Better Care Fund priorities, including the Community Recovery Service;
2. Notes and comments on performance against the national Better Care Fund metrics; and
3. Notes and comments on planning in preparation for next year.

1. Executive Summary

- 1.1 In addition to the standard quarterly update on the progress of the Better Care Fund (BCF) and performance against the BCF priorities and metrics, this report provides an update on preparation for next year in advance of publication of the Better Care Fund National Policy Framework for 2025/26.

Progress Update against priorities

- 1.2 Established in 2015, the BCF is the flagship health and social care integration fund, delivered through partnership working and agreement at system and place level. Local authorities and Integrated Care Boards (ICBs) are required to work together to develop and implement BCF plans with local partners.
- 1.3 The Health and Wellbeing Board will be aware that to meet the conditions of the BCF Policy Framework, its sub-committee agreed priorities, spending plans and metrics in a two-year Better Care Fund Plan for 2023-25 on 13 June 2023 and, following publication of an Addendum to the Policy Framework, also agreed revised metrics and spending plans for 2024/25 on 30 October 2024.
- 1.4 Progress against priorities included in the plan include:
 - 1.4.1 Admission Avoidance – The Urgent Care Response (UCR) service continues to enable patients including fallers to be supported in the community and not conveyed to an acute setting. In September, the service criteria was changed to include accepting fallers who could not be contacted at the point of triage. As a result, UCR took the highest number of falls responses ever in October 2024. In addition, UCR promotion and specific messages about falls to care

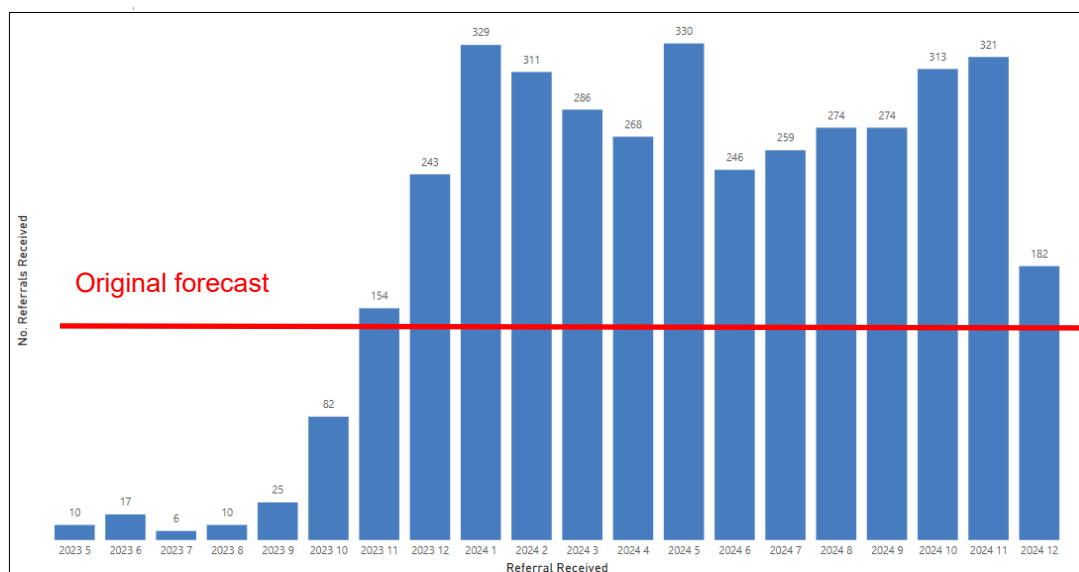
homes has taken place as part of a planned series of winter communications. This is to encourage more care homes to call UCR directly for support as acute trusts have seen up to a 37% increase in conveyances from care homes so far this year.

1.4.2 Community Integrator - The Community Integrator programme encompasses out of hospital services and additional functions including Palliative End of Life, Discharge to Assess and Fast Track. A point of prevalence audit (PPA) has recently taken place across the 3 acute sites for Warwickshire residents to scope out demand for Discharge to Assess bedded capacity (pathway 2), including a review of the existing bed-based offers. The analysis is nearly complete and will then be used to mobilise the future service model.

1.4.3 Community Recovery Service - At the Health and Wellbeing Board Sub-Committee on the 30 October 2024, when Members approved the revised Better Care Fund Plan for 2024/25 which included additional funding of £1.1m, the Board also asked for an update in January on:

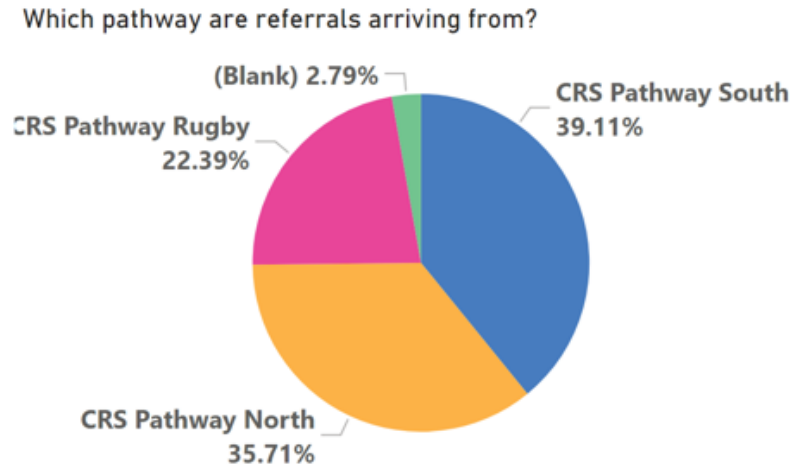
1. a demonstration that the additional funding of £1.1m for discharge had made a difference, and how it was affecting residents, and
2. any differences about service provision at University Hospitals Coventry and Warwickshire Hospital NHS Trust (UHCW) and Rugby St Cross Community Hospital.

1.4.4 The table below shows that the demand for the Community Recovery Service continues to exceed expectations. Original forecasts and budgets were for around 32 patients to be supported per week, whereas current demand is around 68 patients per week. With the additional funding, around 63 patients can currently be supported. However without the additional funding, the service would have needed to be restricted to supporting around 25 patients per week for the remainder of the year.



Note: The table above indicates the number of referrals received into CRS rather than the actual number of patients commencing CRS, and so includes those that did not progress for a number of reasons.

1.4.5 The chart below demonstrates that the service is well utilised by all three acute trusts benefiting all Warwickshire residents. From November 2024, Warwickshire residents admitted to hospitals outside of Coventry and Warwickshire have also been able to access the service.



1.4.6 In September 2024, an allocation of a maximum of ten patients accessing the Community Recovery Service from University Hospitals Coventry and Warwickshire Hospital NHS Trust and St Cross Community Hospital was introduced. The impact of this is that some patients have experienced a slightly longer length of stay in these two hospitals whilst awaiting availability if no alternate options are available to them. However, during December 2024, additional funding was made available from Coventry and Warwickshire Integrated Care Board to enable more patients to be discharged.

1.4.7 The Board will also be aware that that due to the pressures on the Community Recovery Service, a review of the service and production of an options appraisal to reduce in-year costs was a condition of the additional funding received. This work has now been successfully completed, with in-year process changes to the following agreed:

- a) Patients only requiring small increases in packages of care;
- b) Patients not changing provider part way through their temporary support period; and
- c) Reducing inappropriate referrals to CRS to reduce administrative time and cost.

1.4.8 In addition, work on designing a financially sustainable model for 2025/26 as part of the evolving Community Integrator arrangements is also in progress, with a second workshop involving representatives from each partner organisation, planned for the 14 January 2025.

Performance Update

- 1.5 Locally the BCF plan for 2024/25 focuses activities to improve performance in the four key areas which are measured against the National Performance Metrics. These being:
- a. Reducing Avoidable Admissions (General and Acute);
 - b. Improving the proportion of people discharged home to their usual place of residence;
 - c. Reducing permanent admissions to residential and care homes; and
 - d. Reducing emergency admissions due to falls.

Performance in 2024/25 against these is detailed in section 4 of this report.

Planning for 2025/26

- 1.6 The Health and Wellbeing Board is already aware that:
- a. the majority of the Improved Better Care Fund – iBCF (around 68%) contributes to Adult Social Care base budget pressures, with the remaining allocation funding schemes which have been running for a number of years.
 - b. The Discharge Fund funds the Community Recovery Service (discharges for patients able to go home - pathway 1) and step-down residential beds for patients awaiting a Care Act Assessment (discharges for patients unable to return home – pathway 2).
- 1.7 Similar to previous years the risks and implications of continuing, reducing or ending existing schemes funded by the iBCF and Discharge Fund are being considered. This also includes consideration of the risk associated with being unable to increase scheme budgets in line with inflation and, the prioritisation of these schemes compared to other demand and cost pressures next year.
- 1.8 On the 18 December 2024, the provisional funding allocations and conditions for the Improved Better Care Fund (iBCF) and Discharge Fund for 2025/26 were published. For 2025/26, the Adult Social Care Discharge Fund allocation has been rolled into the improved Better Care Fund (iBCF), with the iBCF renamed to the Local Authority Better Care Grant. The Local Authority Better Care Grant allocation for Warwickshire for 2025/26 is £18.7m (rounded up), which is the same as in 2024/25 (iBCF - £15.133m and Discharge Fund £3.536m), which means that no inflationary increase has been applied.
- 1.9 Options for next year will now be considered in more detail due to the increased financial risk to existing schemes.

2. Financial Implications

- 2.1 Funding contributions for this year 2024/25 are detailed in the table below. These will be updated for 2025/26 once uplifts to the minimum NHS

contribution are confirmed by NHS England; and local inflation increases have been agreed by the ICB and the Council.

- 2.2 The Disabled Facilities Grant allocations have now also been published, with Warwickshire's allocation increasing to £6.359m in 2025/26, from £5.590m in 2024/25. The split by the five District and Boroughs is as follows:

Warwickshire	£6,359,028
North Warwickshire	£985,920
Nuneaton and Bedworth	£2,050,012
Rugby	£889,973
Stratford-on-Avon	£1,192,996
Warwick	£1,240,126

- 2.3 The Board is asked to note that a total budget of £400m is included in the current two-year BCF section 75 agreement.

	2024/25		
	Pooled Contribution	Aligned Allocation	Total Budget
	£'000	£'000	£'000
Minimum NHS ring-fenced from ICB allocation	47,762	116,799	164,561
Disabled Facilities Grant (DFG)	5,590	-	5,590
Warwickshire County Council Improved Better Care Fund (iBCF)	15,133	-	15,133
ICB Discharge Fund	4,970	-	4,970
WCC Discharge Fund	3,536	-	3,536
Warwickshire County Council	-	206,266	206,266
Total Pooled Contribution	76,991	-	-
Total Additional Aligned Allocation	-	323,065	-
Total Budget	-	-	400,056

- 2.4 As the Board is aware, the iBCF and Discharge Fund (now renamed Local Authority Better Care Grant) are currently temporary and are confirmed on an annual basis (see 1.8 for 2025/26). 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 BCF (circa £18.7m) was removed without replacement. This risk continues to be noted in Warwickshire County Council's annual and medium-term financial planning. The County Council's

grant funding (including iBCF and BCF) is reviewed and confirmed annually as part of the budget setting process.

3. Environmental Implications

3.1 None.

4. Supporting Information

4.1 Summary of performance against the national areas of focus using the most recent data available:

Metric	Year	Performance	Target	YTD Status
Reducing Avoidable Admissions (General and Acute)	2023/24	Quarter 1 Actual: 1,383 Quarter 2 Actual: 1,323 Quarter 3 Actual: 1,493 Quarter 4 Actual: 1,544	1,213	Over/worse than target
	2024/25	Quarter 1 Actual: 1,470 Quarter 2 Actual: 1,258 Quarter 3 Actual: Not yet available	1,213	Equates to 26 more year to date compared to last year (1 per week)
		This metric is measured as an index standardised rate (ISR) per 100,000 population and when shown like this performance is: Quarter 1 Rate: 195.1	ISR Targets 183.3	Over/worse than target
		Quarter 2 Rate: 167.0 Quarter 3 Rate: Not yet available	173.8 197.6	Lower/better than target N/A
Improving the proportion of people discharged home to their usual place of residence	2023/24	Quarter 1 Actual: 95.0% Quarter 2 Actual: 95.0% Quarter 3 Actual: 95.0% Quarter 4 Actual: 95.0%	95.8%	Target met
	2024/25	Quarter 1 Actual: 96.2% Quarter 2 Actual: 94.9% Quarter 3 Actual: Not yet available	95.8%	On target
Reducing permanent admissions to residential and care homes; and	2023/24	Quarter 1 Actual: 253 Quarter 2 Actual: 250 Quarter 3 Actual: 222 Quarter 4 Actual: 234	176.5	Over (worse than) target
	2024/25	Quarter 1 Actual: 274 Quarter 2 Actual: 231 Quarter 3 Actual: Not yet available	225	Over (worse than) target, equates to 2 more year to date than last year
		This metric is measured as a direct standardised rate (DSR)	DSR Targets	

		per 100,000 population and when shown like this performance is: Quarter 1 Rate: 843.7 Quarter 2 Rate: 774.0 Quarter 3 Rate: Not yet available	693.5 693.5 693.5	Over (worse than target)
Reducing emergency admissions due to a fall	2023/24	Quarter 1 Actual: 681 Quarter 2 Actual: 620 Quarter 3 Actual: 659 Quarter 4 Actual: 604	600	Over (worse than) target
	2024/25	Quarter 1 Actual: 661 Quarter 2 Actual: 629 Quarter 3 Actual: Not yet available	600	Equates to 11 less than the same period last year
		This metric is measured as a direct standardised rate (DSR) per 100,000 population and when shown like this performance is: Quarter 1 Rate: 490.3 Quarter 2 Rate: 466.6 Quarter 3 Rate: Not yet available	DSR Targets 470.32 470.32 X	Over (worse than) than target Lower/better than target N/A

5. Timescales associated with the decision and next steps

- 5.1 As the Health and Wellbeing Board is already aware, the Better Care Fund Policy Framework is not usually published in advance of the year it relates to. Therefore, as in previous years, until more detail is available and timescales are known, it is proposed to plan ahead as normal. Any changes to the schemes funded by the iBCF and Discharge Fund will therefore be agreed in principle by the ICB and the Council, in discussion with partners represented on the Warwickshire Care Collaborative Committee, during quarter 4 of 2024/25.
- 5.2 The Health and Wellbeing Board will be updated following publication of the BCF Policy Framework for 2025/26.

Appendices

None.

Background Papers

None.

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

Local Member(s): Not applicable. County wide report

Other members: To be circulated to the Chair & spokes of Adult Social Care and Health & Health Overview and Scrutiny Committee