

HAMPSHIRE COUNTY COUNCIL

Report

Committee/Panel:	Health and Wellbeing Board
Date:	21 March 2024
Title:	The BCF 23-25 plan and its performance to date
Report From:	Director of Adults' Health and Care

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Purpose of this Report

1. In summer 2023, our 2-year Better Care Fund (BCF) plan was submitted to the Department for Health and Social Care (DHSC) for Hampshire. This BCF plan was developed together with the Hampshire and Isle of Wight Integrated Care System, Frimley Integrated Care System and Hampshire County Council.
2. This report includes an update on the performance of the Hampshire BCF programme during its first year (up until December 23) for the Board to note and sets out some key considerations for the second year of the programme.

Recommendation(s)

3. That the Health and Wellbeing Board recognise and endorse the ambition for the 2-year plan to meet the key core objectives of the BCF 1) to enable people to stay well, safe, and independent at home for longer and 2) to provide the right care in the right place at the right time.
4. That the Board notes the February performance report which recognises that we continue to operate under challenging circumstances, including high acuity and complexity of patient need, workforce constraints and financial pressures. This is having an impact on our Systems ability to achieve the key performance measures which we are being monitored against.
5. Acknowledge that in planning ahead for the next financial year, we need to be able to demonstrate the ability to sustain discharge services and demonstrate an improvement in performance and flow, given the unrelenting demand and the increased national funding for 2024/25.

Executive Summary

6. The Hampshire System has been allocated the Better Care Fund for 2023/24 and 24/25 which has allowed HCC and the NHS to work together on a 2-year plan. Its focus is upon our core objectives of **supporting people to live independently** and to receive the **right care in the right place at the right time**. Our funds are allocated equally between these two objectives.

7. The overall performance of the schemes that underpin these two core objectives are on track to meet the outcomes that we set out at the start of the planning cycle. Our performance against the 5 key metrics monitored by the BCF team is less consistent.
8. We are meeting the performance measures of discharge to normal place of residence (92%) and proportion of people at home 91 days after discharge into a reablement/rehabilitation service (80%). However, our metrics for avoidable admissions and emergency hospital admissions due to falls are not on track. This reflects the high demand and high acuity of patients and workforce challenges on the ground. We also continue to experience high demand for admissions into residential care with the challenges around falls a contributory factor in this regard.
9. The additional funds which have been allocated to support with hospital discharges have been allocated to home-based and bed-based Discharge to Assess (D2A) schemes. High demand and higher acuity of patients means that these schemes are operating at above capacity levels originally agreed for winter against the backdrop of unrelenting, and at times, excessive discharge demand.
10. As we work together, to finalise plans for the second year of this planning cycle, we will need to plan effectively and take the learnings from the current (and previous years) to ensure that we are able to meet the demand and capacity projections for 2024/25 and to improve the key performance metrics.

Contextual information

11. Our 2023/25 Hampshire BCF plan sets out a 2-year vision for health and care services for the population served by the Hampshire Health and Wellbeing Board through the Hampshire and Isle of Wight Integrated Care System, Frimley Integrated Care System and Hampshire County Council.
12. The Vision we have set out is to promote independent living, to support people to remain at home by ensuring the delivery of person centred and joined up health and care by resilient teams across primary care, community services and partners.
13. There are **4 national conditions** which we are required to comply with as part of our ongoing commitment to BCF:
 - National Condition 1: **Plans to be jointly agreed.**
 - National Condition 2: **Enabling people to stay well, safe and independent at home for longer.**
 - National condition 3: Provide the **right care in the right place at the right time.**
 - National Condition 4: **Maintaining NHS contribution to adult social care** (in line with the uplift to the NHS minimum contribution to the BCF) and **investment in NHS commissioned out of hospital services.**

14. The BCF is agreed and delivered through a Section 75 agreement between HIOW ICB and the County Council, for the delivery of a 'pooled budget to commission Health and Social Care Services. This agreement was originally signed in 2015 and is updated annually via a variation of the financial schedule with Hampshire IOW and Frimley ICBs.
15. When adjusting the BCF cycle, to accommodate a 2-year planning period, the DHSC set out its expectations for joined-up care across health and social care, with two key priorities highlighted:
 - Improving overall quality of life for people and reducing pressure on urgent and emergency care (UEC), acute and social care services through investing in preventative services.
 - Tackling delayed discharges and bringing about sustained improvements in discharge outcomes and wider system flow.
16. Additional funding was made available to support these objectives, including a 5.66% increase to the NHS minimum contribution and a further £34M, over the two-year period to support with hospital discharges. The full allocation for Hampshire over the 2 years is detailed in the finance section below.

Finance

17. The breakdown of our BCF funding for Hampshire for 2023/24 and 2024/25 is detailed below:

	2023/24	2024/25	% Change
Improved Better Care Fund (iBCF)	£31,279,425	£31,279,425	0
Minimum NHS Contribution to social care	£103,526,980	£109,386,607	5.66%
Disabled Facilities Grant	£15,496,101*	£15,496,101	
Hospital Discharge Funding	£12,871,327	£21,448,212	67%
	£163,173,833	£177,610,345	9%

**Additional funds of £1.24M were made available in year to disabled facilities grant, in addition to the £14.2M already allocated. It has been assumed that this will carry forward into 2024/2025.*

18. These funds have been allocated to 28 schemes, which support us to achieve the national conditions/core BCF objectives and are summarised as follows:

Hampshire BCF Allocation to Schemes 23/24

BCF Priorities	Schemes	Allocation
Enabling people to stay well, safe and independently living at home for longer	<ul style="list-style-type: none"> • Disability Facilities Grants for home adaptations • Domiciliary Care/Provider Support • Hampshire Equipment Services • Technology Assisted Services • SHFT/FHFT community services • Carers support/including dementia support • Day care provision 	£72M
Right care at right place and right time	<ul style="list-style-type: none"> • Reablement provision • Hospital Discharge Services (including Short Stay Services) • SHFT community services including: <ul style="list-style-type: none"> • UCR • Community Integrated Nursing Teams • Therapy Teams • FHFT community services • Care Act Assessment responsibilities • Managing Transfers of Care • Hospital Discharge Services (including short stay services) • SHFT Discharge Services 	£91M

19. Across the 2-year planning cycle the Department for Levelling up, Housing and Communities (DLUHC) has provided discharge funding to support HCC to build additional adult social care and community-based capacity to reduce hospital discharge delays. This funding is intended to support the principles of 'Discharge to Assess', to enable timely discharge from hospital with appropriate short-term support, pending assessment of long-term care needs. Together with discharge funding allocated by the NHS the total pooled discharge funding pooled within the BCF fund was £12.8M and this is increasing to £21.4M in 2024/25. When planning allocation of this grant, guidance asked us to consider variations in demand, including winter pressures.
20. In Hampshire, in 2023/24 we have allocated this fund to support a range of both home-based (domiciliary care) and bed based D2A services and have had to secure additional monies from HCC, the ICB and the Acute hospitals to ensure that sufficient winter provision was/is in place. We are reporting on the use and impact of this fund to the BCF team monthly.
21. Full details of all our BCF funded schemes for 2023/2024 are included in Appendix A.

Performance – February Report

22. There are 5 key performance indicators that we are required to monitor and report progress against. As part of the reporting cycle, we submitted an interim report at the end of October 2023 to provide assurance that we continue to comply with the National Conditions, to report on our progress against the national KPI's and to refresh our demand and capacity plans.
23. We were required to submit a further return at the end of February 2024, to report on the progress of the planned 2023/24 expenditure across a range of

core schemes, the outputs achieved for this spend and the performance of our key metrics. A summary of our key metric performance is presented below for the Health and Wellbeing Board review and approval.

24. A detailed breakdown of financial and outcome performance was also requested across the range of core schemes and is included further below.

Hampshire Performance against key metrics April 23 to December 23

Metric	Definition	Plan Q4 23/24	Actual Performance Q1 23/24	Actual Performance Q2 23/24	Assessment of Progress (Feb 24)
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS outcome framework indicator 2.3)	153	171.7	169.2	Not on track to meet target
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	92%	93%	93%	On track to meet target
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000	1447.6	463.5	453.7	Not on track to meet target
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	587	2022-2023 ASCOF outcome 604		Data not available to assess progress
Reablement	Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	80%	2022-2023 ASCOF outcome 80.1%		On track to meet target

25. **Avoidable admissions** - The ICB has noted both financial and recruitment challenges in some of the key schemes. Despite this, operational teams have improved productivity, resulting in 56% more people being managed at home through virtual ward roll out and urgent community response, than in previous years.
26. Further work is underway to improve the integration of admission avoidance services, particularly for individuals identified as being at risk of being admitted to hospital over the next 12 months. The general upward trend in higher acuity of patients has meant that alternatives to admission require an increase in clinical support provided in people's homes as digital solutions are not always clinically appropriate.
27. **Falls prevention** – There is ongoing work to improve upstream falls prevention as part of the HIOW Proactive Care Management approach for the high-risk frail elderly cohort as well as moving to standardise the falls response service across Hampshire. However, the challenging workforce position is impacting resources and capacity available on the ground, and in turn is limiting the ability to meet the set targets and to go further in this key prevention area.
28. Our HIOW ambitions to develop integrated Neighbourhood Teams will be prioritising using local community assets to support falls prevention for our frail populations. These ambitions and the wider Falls Prevention Programme approach will be debated at the forthcoming Hampshire PLACE Board with

the aim of setting a programme for 2024/25 that is able to be more impactful in what is a key 'prevention' work area.

29. **Residential admissions** - demand for residential and nursing beds remains relatively high, as people are presenting with increasingly higher needs in both the community and following hospital discharge. The short term D2A beds funded through the BCF play a key role in materially improving Acute flow and enable more people to ultimately return and stay home thus reducing on-going demands on the Acute hospitals. D2A bed numbers for 2024/25 are still to be confirmed. If the number of D2A beds reduces on conclusion of the ongoing discussions about the number of these beds that the system can afford to keep open for 2024/25, The system will need to develop effective mitigations to reduce the impact on Acute flow and in terms of demand for long-term residential placements.
30. Delivering effective mitigations remains challenging. The operational evidence from the past 12 months demonstrates ongoing pressure for discharge capacity. Any reduction in D2A beds without a credible and sustainable demand mitigation approach will be felt by both the NHS and for Social Care.
31. HCC continues to expand Extra Care schemes to offer a viable alternative to residential care. The Gosport scheme, which opened in summer 2023, is now full and a further scheme in New Milton is opening in spring of 2024. Whilst these are positive developments, the reality is that at best, they will make very little difference to the impacts of having less D2A beds as outlined above.
32. Our spend and activity performance to date is meeting the planned outputs as shown overleaf:

Scheme Name	Scheme Type	Funding Source	Planned Expenditure	Expenditure to date (Apr 23 to Dec 23)	Planned Outputs	Outputs Delivered	Unit of Measure
Home Care provision for independent living at home	Home Care	IBCF	£31,279,425	£23,459,569	1225000	975000	Hours of care
Home Care provision for independent living at home	Home Care	Minimum NHS Contribution	£13,577,094	£10,182,800	532,000	420,000	Hours of care
Digital Technology Provision	Assistive Technologies	Minimum NHS Contribution	£2,361,911	£1,772,000	10,000	11,000	Beneficiaries
Reablement Support	Home-based intermediate care	Minimum NHS Contribution	£9,179,283	£6,885,000	4,500	3,200	Packages
Community Equipment Services	Assistive Technologies and Equipment	Minimum NHS Contribution	£3,310,461	£2,482,800	50,000	39,144	Beneficiaries
Emergency Planning for Carers	Carer Services	Minimum NHS Contribution	£234,729	£176,050	10,500	7,500	Beneficiaries
Carer Support	Carer Services	Minimum NHS Contribution	£5,091,936	£3,819,000	9000	5000	Beneficiaries
Disabled Facilities Grant	DFG Schemes	DFG	£14,252,433	£11,189,300	1,500	1,100	Number of adaptations
Discharge - RSS Services	Home based intermediate care services	ICB Discharge Funding	£1,446,620	£1,085,000	1,339	985	Packages
Discharge - RSS Services	Home based intermediate care services	LA Discharge Funding	£1,260,380	£945,285	1167	860	Packages
Discharge - STS Bed Services	Bed based intermediate care services	ICB Discharge Funding	£5,820,952	£4,365,700	737	500	Placements
Discharge - STS Bed Services	Bed based intermediate care services	LA Discharge Funding	£2,431,287	£1,823,465	308	200	Placements
Discharge - STS Bed Services	Bed based intermediate care services	Additional NHS Contribution	£871,220	£653,400	110	70	Placements

Planning for 24/25

33. As we emerge from winter 2023 and look ahead to the next financial year, we continue to face significant pressures across our System. Our hospital admissions remain consistently high and our current discharge services (which have had to be expanded to enable winter demands to be appropriately dealt with) are running at capacity. The financial position for System partners is significantly challenged and there is ongoing work to achieve further performance improvements and/or savings. We also need to be able to demonstrate sustained and improved discharge performance against the backdrop of ring-fenced and increased national discharge fund allocations for 2024/25.
34. There is ongoing work across the Hampshire System to review our discharge performance and processes and this, together with a focus on our demand and capacity requirements across the year, will inform our plan for 2024/25 and beyond.

Climate Change Impact Assessment

35. Hampshire County Council utilises two decision-making tools to assess the carbon emissions and resilience impacts of its projects and decisions. These tools provide a clear, robust, and transparent way of assessing how projects, policies and initiatives contribute towards the County Council's climate change targets of being carbon neutral and resilient to the impacts of a 2°C

temperature rise by 2050. This process ensures that climate change considerations are built into everything the Authority does.

36. This is an annual overview report which references a wide range of services and activities. Specific projects and initiatives, and the climate impacts of these, are overseen by internal governance arrangements and are not covered in this overarching report.

Conclusions

37. The Hampshire System has set out a 2-year BCF which is clearly aligned with the 4 national conditions of the programme:

- National Condition 1: **Plans to be jointly agreed.**
- National Condition 2: **Enabling people to stay well, safe and independent at home for longer.**
- National condition 3: Provide the **right care in the right place at the right time.**
- National Condition 4: **Maintaining NHS contribution to adult social care** (in line with the uplift to the NHS minimum contribution to the BCF) and **investment in NHS commissioned out of hospital services.**

38. Our February update (for performance between April and December 23) shows that we are not meeting our KPIs for avoidable admissions or emergency admissions due to falls. This is a result of increased demand and higher acuity among patients and workforce challenges on the ground. Our admissions into long-term residential care also remain high. There is further work to do to determine if and how we can recover this position into 2024/2025.

39. The new discharge fund allocation has been welcomed and has contributed to the running of a range of home-based and bed based D2A services. It will be important that we are able to demonstrate sustained and improved discharge performance in 2024/25 given that the national discharge funds are both ring-fenced and set to increase for the forthcoming financial year. The capacity plans for 2024/25 will also be informed by new demand and capacity projections that are currently being worked on.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	No
People in Hampshire live safe, healthy and independent lives:	Yes
People in Hampshire enjoy a rich and diverse environment:	No
People in Hampshire enjoy being part of strong, inclusive communities:	No

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

Document

Location

None

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

2. Equalities Impact Assessment:

As this is an annual overview report, no individual Equalities Impact Assessment has been undertaken.

Appendix A: Spend and outputs by scheme for 23/24

	Scheme Name	Scheme Type	Expected outputs 2023-24	Source of Funding	Expenditure 23/24 (£)
1	Home Care provision for independent living at home	Home Care or Domiciliary Care	1,225,000	iBCF	£31,279,425
2	Home Care provision	Home Care or Domiciliary Care	532,000	Minimum NHS Contribution	£13,577,094
3	Digital Technology Provision	Assistive Technologies and Equipment	10,000	Minimum NHS Contribution	£2,361,911
4	Specialist Support	Personalised Care at Home		Minimum NHS Contribution	£454,440
5	Specialist dementia support and carer advice	Personalised Care at Home		Minimum NHS Contribution	£430,489
6	Reablement support	Home-based intermediate care services	4,500	Minimum NHS Contribution	£9,179,283
7	Hospital discharge support	High Impact Change Model for Managing Transfer of Care		Minimum NHS Contribution	£721,230
8	Community Equipment Service	Assistive Technologies and Equipment	50,000	Minimum NHS Contribution	£3,310,461
9	Emergency Planning for Carers	Carers Services	10,500	Minimum NHS Contribution	£234,729
10	Carer Support	Carers Services	9,000	Minimum NHS Contribution	£5,091,936
11	Day Care Services	Personalised Care at Home		Minimum NHS Contribution	£73,374
12	SHFT Community Team OT Services	Personalised Care at Home		Minimum NHS Contribution	£2,815,466
13	SHFT - Physiotherapy	Personalised Care at Home		Minimum NHS Contribution	£3,720,288
14	Community Team Nursing	Personalised Care at Home		Minimum NHS Contribution	£34,612,824
15	Frimley Fleet Hospital Community Beds	Community Based Schemes		Minimum NHS Contribution	£1,991,648
16	LD Community Teams	Personalised Care at Home		Minimum NHS Contribution	£3,425,931
17	OPMH Community Teams	Personalised Care at Home		Minimum NHS Contribution	£16,165,050
18	Community UCR	Urgent Community Response		Minimum NHS Contribution	£3,953,442
19	Frimley ICB Community rehab services	Personalised Care at Home		Minimum NHS Contribution	£1,352,629
20	Frimley ICB Community care team Physio	Personalised Care at Home		Minimum NHS Contribution	£54,755

21	Disabled Facilities Grant	DFG Related Schemes	1500	DFG	£15,496,101
22	Discharge - RSS Services	Home-based intermediate care services	1,339	ICB Discharge Funding	£1,446,620
23	Discharge - RSS Services	Home-based intermediate care services	1167	Local Authority Discharge Funding	£1,260,380
24	Discharge - STS Bed Services	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	737	ICB Discharge Funding	£5,820,952
25	Discharge - STS Bed Services	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	308	Local Authority Discharge Funding	£2,431,287
26	Discharge - STS Bed Services	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	110	Additional NHS Contribution	£871,220
27	Discharge - CIP/Flow Management	High Impact Change Model for Managing Transfer of Care		Local Authority Discharge Funding	£693,660
28	Discharge - CIP/Flow Management	High Impact Change Model for Managing Transfer of Care		ICB Discharge Funding	£357,340