

Divisions Affected -

OXFORDSHIRE HEALTH AND WELLBEING BOARD

29th JUNE 2023

Oxfordshire Better Care Fund 2023-25

Report by Karen Fuller

RECOMMENDATION

1. **The Oxfordshire Health and Wellbeing Board is RECOMMENDED to**
 - Approve the Oxfordshire Better Care Fund Plan Priorities for 2023-25
 - Approve the trajectories for the Better Care Fund Metrics
 - Approve the Better Care Fund Income and Expenditure Plan

Executive Summary

2. This report sets out the background and key decisions for the Health & Wellbeing Board. The Better Care fund must be approved on behalf of the system by the Health & Wellbeing Board. In summary the Board is asked to
 - (a) Note the background and the key changes to the planning guidance for 2023-25
 - (b) Approve the Better Care Fund priorities which are described in detail in Annex 2
 - (c) Approve the trajectories for the Better Care Fund metrics as set in Annex 1 and explained in the narrative in Annex 2
 - (d) Approve the Income & Expenditure Plan as set out in Annex 1.
 - (e) Note the implementation approach and the plan formally to review the Plan in Quarter

Better Care Fund Plan 2023-25: main changes

3. The Better Care Fund is the main statutory vehicle for the Council and the NHS to integrate funding within a system wide plan to improve the health and care outcomes for our population and improve the resilience of the health and care system mainly in relation to the flow into and out of hospital.
4. The Better Care Fund is designed to improve integration to achieve these goals and is required to evidence how it brings together the range of commissioners, health and care providers, the voluntary sector and our population to develop

and deliver the plan. The Better Care Fund particularly is a vehicle for extensive and imaginative integration to align services and to address health inequalities.

5. The Plan must be owned and approved by the Health & Wellbeing Board on behalf of the Council and Integrated Care Board and other partners. As such the Board approves the Better Care Plan each year.
6. In 2023 there have been key changes to the scope and focus of the Better Care Fund.
 - (a) The plan is for 2 years rather than one and the planning guidance was issued in April which means we can plan and invest to achieve transformational change
 - (b) The plan includes a new Additional Discharge Fund which will replace the winter funding added most years. This must be spent on new and/or additional capacity and only on things that will support flow out of hospital bases. It should be used to support flow out of mental health as well as acute settings
 - (c) There is a new measure relating to admissions to hospital after a fall. Historically Oxfordshire has been an outlier for falls and so this is a significant measure for us.
 - (d) There will be new measures: in quarter 3 there will be a measure relating to length of stay in hospital beds; and in 2024/25 the current reablement measure will be replaced by another one to speak to recovery after a community or hospital intervention
7. These changes have been captured in our Better Care Fund plan and reflected in the Annexes to this report.

Development of this Plan

8. The timescale for the delivery of the Plan in 2023/24 has foreshortened some of the usual engagement processes. The plan has mainly been developed with the support of the system multi-agency Urgent Care Delivery Group and the Mental Health and Learning Disability and Autism Delivery Board. There have been briefings to the Promoting Independence and Prevention Group and the Carers Strategy Group amongst others.
9. The metrics were reviewed and endorsed by the system Urgent and Emergency Care Board. The proposals for the deployment of the Additional Discharge Funding by the Place Based Partnership.

Better Care Fund Plan 2023-25: key priorities for Oxfordshire

10. The expansion and embedding of the *Oxfordshire Way*. This brings together BCF funding and planning with Public Health and Integrated Care Board funding into a programme to address health inequalities in Oxfordshire through a focus on loneliness, exercise, and connectivity. The programme supports people to live independently within their own community. It builds community capacity and strengths-based assessment and support to enable people to access what works for them. We will work with the voluntary and community organisations who co-ordinate and provide this support to create

metrics that evidence impact, and which we can map back to the Better Care Fund measures.

11. The development of a more integrated approach to supporting people to live as independently as possible in their own home across housing (including extra care housing), adaptations, assistive technology, and equipment. This will involve the development of a shared approach across Health, Social Care and District and City Councils and housing providers. This will build on existing relationships to improve our response to helping people in their own home.
12. Supporting the implementation of the Oxfordshire Integrated Care Plan to improve the assessment and care planning for at risk populations and the implementation of responses linked to Urgent Community Response, Same Day Emergency Care and Enhanced Healthcare in Care Homes. This approach includes mental health and learning disability and/or autism pathways integrated into neighbourhood teams. As part of this model, we will build on and develop our existing falls response to prevent people falling and needing to be admitted to hospital.
13. The implementation of a Home First Discharge to Assess model for people who are admitted to hospital. We have created a Transfer of Care hub that now manages all discharges from Oxfordshire acute and community bed bases and will seek to expand to neighbouring trusts. We will increase the number of people going home; we will assess people in their own home; and when people need to go into bed-based reablement services we will increase the throughput to get them home as soon as they are ready.
14. Further develop our demand and capacity planning capability across health and social care including around community capacity that keeps people at home and in mental health and learning disability and autism discharge pathways.
15. A renewed and continued focus on inequalities throughout all the above priorities.
16. Health and Wellbeing Board is asked to approve these priorities for the 2023-25 Better Care Fund Plan

Demand and Capacity Plan

17. As part of the Plan for 2023-25 NHS England has asked all systems to create demand and capacity plans against which expenditure plans should be prioritised. The plans are for *intermediate care* (defined as for support for up to 60 days) in both the community and on hospital discharge (from all acute and mental health bed settings).
18. This has proved a challenge for Oxfordshire as for other systems: the data required is not necessarily recorded in the way that we have been required to submit it; and in some cases, we have had to “shoe-horn” our local approach

into the planning requirements. As a minimum we will need to develop a monitoring approach to check our monthly progress and then formally review at the end of quarter 2 ahead of the winter.

19. There are some local issues. In 2022 Oxford Health NHS FT experienced a major data failure linked to a national system which continues to create challenges in reporting and analysing data. There are currently some gaps in the plan in relation to community intermediate care and mental health discharges which will be resolved prior to submission. As we have committed significant resources from the Additional Discharge Funding in respect of mental health discharge from hospital, we have anticipated the finalisation of the data.
20. The demand and capacity profile for acute hospital discharge reflects planned changes to the pathways as we move to more Home First discharges in Q3 and Q4. We believe that we have mapped the known demand and have plans to meet it during 2023/24. This will be monitored monthly by the system Urgent and Emergency Care Board
21. Health & Wellbeing Board is asked to note the demand and capacity plan. A verbal update will be given on progress with the plan at the meeting.

Metrics

22. There are 5 areas for which Oxfordshire must give trajectories for 2023-24. These will be measured quarterly by NHS England and monthly by the Council and Integrated Care Board's Joint Commissioning Executive with recommendations from the system Urgent and Emergency Care Board.

Non-elective admissions to hospital

23. Our approach in the Oxfordshire Integrated Care Plan has reduced non-elective admissions to hospital in Q3 and Q4 of 2022-23. There are now established *Virtual Wards* in the City and Bicester and the plan is to roll these out during 2023-24 beginning with Banbury. We anticipate that the continued development of these approaches will lead to an ongoing improvement in our trajectory to reduce non-elective admissions in 2023-24. The evidence is that the key factor is in the management of frailty where there are multiple long-term conditions.

		2022-23 Q1 Actual	2022-23 Q2 Actual	2022-23 Q3 Actual	2022-23 Q4 Plan
Indirectly standardised rate (ISR) of admissions per 100,000 population (See Guidance)	Indicator value	169.1	146.6	190.5	185.0
	Number of Admissions	1,315	1,140	1,481	-
	Population	691,667	691,667	691,667	691,667

		2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan
	Indicator value	172	140	176	176

Admissions to hospital due to falls

24. Oxfordshire has been an outlier for falls-related admissions for several years. In 2022-23 the performance improved. We believe that in significant part this was due to work in the Integrated Care Plan above. There has been a reduction of 10% in attendees after a suspected fall and the assumption is that by identifying fallers at risk of further falls but prior to an injury requiring admission we are able to divert people into community services that avoided that later episode.

		2021-22 Actual	2022-23 estimate d	2023-24 Plan
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	2,102.6	1,897.0	1,802.0
	Count	2,890	2610	2480
	Population	130,843	130843	130843

Discharge to Usual Place of Residence

25. The Home First Discharge to Assess approach will support the development and delivery of improved performance against this measure. However, there is a level of risk relating to the amount of pathway change and improvement in 2023-24 and we are therefore profiling an improvement where we achieve 95% in 2024-25. We have retained as part of the Additional Discharge Funding a provision to purchase short-term interim P2 beds over the winter 2023-24 and this may-if deployed-offset the delivery of the metric, but we plan to reduce this provision in 2024-25 and to remove it entirely as soon as capacity permits.

		2021-22 Actual	2022-23 Plan	2022-23 estimate d	2023-24 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	369.5	350.2	346.5	325.8
	Numerator	481	474	469	450
	Denominator	130,189	135,361	135,361	138,108

Permanent Admission to residential care

26. Oxfordshire has delivered on its plan to redirect resources away from long-term residential and nursing care. This is linked to the Oxfordshire Way and the Home First framework set out elsewhere in this plan. In summary we aim through a range of plans to support people at home and with access to community assets to help people maintain independence for longer and to reduce the length of stay in residential care through delayed entry to these services. We will maintain this plan in 2023-24.

		2022-23 Q1 Actual	2022-23 Q2 Actual	2022-23 Q3 Actual	2021-22 Q4 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	Quarter (%)	90.7%	91.3%	90.6%	93.0%
	Numerator	11,143	11,499	11,670	11,260
	Denominator	12,282	12,588	12,882	12,109
		2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan
	Quarter (%)	91.0%	92.0%	92.5%	93.0%
	Numerator	11,193	11,500	11,840	11,625
	Denominator	12,300	12,500	12,800	12,500

Recovery: still at home 90 days after reablement

27. This measure will be discontinued after 2023/24. We believe that the adoption of a Home First D2A approach with clinical and community support into reablement and the escalation route into Urgent Community Response to support short-term issues and avoid escalation to hospital will deliver continued performance against this measure.

		2021-22 Actual	2022-23 Plan	2022-23 estimated	2023-24 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	81.5%	84.0%	84.8%	88.0%
	Numerator	243	336	262	264
	Denominator	298	400	309	300

Income and Expenditure Plan

Income plan

28. The income into the plan is prescribed. Neither the Council nor the Integrated Care Board plan to add further sums at this time but note that we are making full use of aligned expenditure particularly from Public Health and the Integrated Care Board's Inequalities Funding.
29. The contribution of the neighbouring Swindon ICB to the Oxfordshire Plan is not yet known at the point of submission of this paper. This will be updated at the meeting and prior to the final submission.

Expenditure Plan

30. The minimum NHS contribution and the Improved Better Care Fund allocations are committed in full in line with the schemes set out in the template that support the plan. The Disabled Facilities Grant is passed through in full to the District and City Councils.
31. The plan will need to be updated when the contribution at para 24 is known. This will be added to the contribution that the Better Care Fund makes to out of acute hospital care.

Additional Discharge Funding

32. The plans for this fund have been reviewed in the system Urgent & Emergency Care Board and the Place Based Partnership and endorsed as supporting the demand and capacity gap and delivery of the trajectories set out for the Better Care Fund metrics.
33. Currently there is a total of £1.26m still to be allocated against this fund in 2023/24 and a larger sum for 2024/25 (the final allocations are not yet known). This will be allocated by the Joint Commissioning Executive on recommendations from system partners in by quarter 3, based on the understanding of likely winter pressures and the impact of the new Home First Discharge to Assess models.

Summary of income and expenditure

Running Balances	2023-24			2024-25		
	Income	Expenditure	Balance	Income	Expenditure	Balance
DFG	£6,658,545	£6,658,545	£0	£6,658,545	£6,658,545	£0
Minimum NHS Contribution	£49,339,489	£49,339,488	£1	£52,132,104	£52,132,103	£1
iBCF	£10,705,289	£10,705,289	£0	£10,705,289	£10,705,289	£0
Additional LA Contribution	£0	£0	£0	£0	£0	£0
Additional NHS Contribution	£0	£0	£0	£0	£0	£0
Local Authority Discharge Funding	£1,500,865	£1,500,865	£0	£2,491,436	£2,491,436	£0
ICB Discharge Funding	£3,236,000	£3,231,538		£5,718,000	£5,718,000	£0
Total	£71,440,187	£71,435,725	£4,462	£77,705,373	£77,705,373	£0

34. The investment in Adult Social Care and NHS Out of Hospital Discharge Funding are met.

35. Health and Wellbeing Board is asked to approve the income and expenditure plan

Financial Implications

36. The plan as drafted sets out the income and expenditure for the Better Care Fund in 2023/24 and the draft position for 2024/25. As noted above the final income figure needs to be confirmed by the Integrated Care Board prior to submission and that additional income accounted for in the expenditure plan.
37. The final plan as submitted will be approved by the Council's s151 officer.

Comments checked by:

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Inequalities

38. The Additional Discharge Funding is deployed extensively to support the most vulnerable people on discharge from specialist as well as general acute settings. Oxfordshire has purchased specialist step down beds for people living with severe mental illness. The in-reach staff that support these beds work to engage people in health services.
39. We are investing in specialist mental health support to enable older people with complex needs be discharged to nursing homes where their needs can be managed in the least restrictive setting.
40. We are investing in integrated capacity across health, therapy, social work for people both in mental health units and learning disability/autism settings. These MDT approaches recognise the additional complexity facing these groups beyond the Home First model in successful discharges into the community.
41. We will improve access to longer-term housing for people with complex needs in our discharge pathways: we will fund specialist development capacity to identify housing options for people living with learning disability/autism settings; and we will work with district councils to integrate housing options for people in step down pathways who have no home.
42. The BCF through the Oxfordshire Way and Community Capacity grants are supporting the Public Health priority to improve health outcomes in the 10 most deprived wards overseen by the joint Health Inequalities Forum.
43. We will be working with our providers across a range of fields (support for unpaid carers, demand and capacity for community intermediate care, profiles of fallers, community capacity) to develop outcome metrics that can be

mapped back to health inequalities and to the BCF metrics. This will be overseen by the Oxfordshire Health Inequalities Forum.

Implementation and Review for 2024-25

44. Responsibility for the implementation of the Plan is delegated to the Council and Integrated Care Board's Joint Commissioning Executive. That body will in turn be advised by the system Urgent and Emergency Care Board and the Mental Health and Learning Disability and Autism Delivery Board in respect to the metrics and the impact of the Additional Discharge Funding.
45. Given the various dependencies relating to the demand and capacity processes, the several change programmes relating to discharge to assess and the need to confirm the deployment of the Additional Discharge Funding there will be a formal review concluded in Q3 to confirm any in-year amendments to the plan and the proposals for 2024/25.
46. Guidance on the approach to 2024/25 planning has not yet been released by NHS England. We can anticipate this through the Q3 review.

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[SLT Member]

Annex: Better Care Fund Final Draft Template for Submission
Better Care Fund Final Draft Narrative Plan for Submission

Background papers: Nil

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