

Divisions Affected -

OXFORDSHIRE HEALTH AND WELLBEING BOARD

– 26th September 2024

Oxfordshire Better Care Fund (BCF) 2024-25

Report by Karen Fuller

RECOMMENDATION

1. **The Oxfordshire Health and Wellbeing Board is RECOMMENDED to**
 - Note the Oxfordshire Better Care Fund Plan for 2024-25, as approved by the Health and Wellbeing Board Chair via delegated authority on 2 July 2024 and NHS England on 23 August 2024.

Executive Summary

2. This report sets out the background and summary of the Better Care Fund Plan for 2024-25 for the Health and Wellbeing Board. It follows the same structure as the briefing given to the Health and Wellbeing Board Chair before submission of the Plan in July – see paragraph 5.
3. BCF Plans are 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 Plan each year.
4. Our 2-year BCF plan for 2023-2025 was assured and approved by the Health and Wellbeing Board in June 2023. The 2024-25 plan is intended to be an interim update.
5. This year, the July meeting of the Board was suspended due to the General Election. The Health and Wellbeing Board Chair therefore approved the Plan in a separate briefing meeting held on 2 July and attended by BCF leads and the Corporate Director for Adult Social Care. During the meeting, the Chair was asked:
 - (a) To note the system-wide development and planning process for the 24/25 BCF plan
 - (b) To note and approve the recommended schemes for BCF funding 24/25
 - (c) To note the trajectories for BCF metrics & demand and capacity plan per the above schemes as agreed by the Urgent and Emergency Care board on 23 May

- (d) To note and approve the plan to manage the implementation, spend, impact and long-term funding and efficiency approach proposals relating to approved schemes in a monthly BCF steering group which will report quarterly to UEC board and Place Based Partnership
- (e) To approve submission of the final BCF 24/25 plan to NHS England
- (f) To support delegation to Adult Social Care Lead Karen Fuller to submit routine reports to NHS England and escalate any performance issues to HWB by exception

Better Care Fund Plan 2024-25: main changes

- 6. 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.
- 7. 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.
- 8. Although the 2024/25 plan is an update to our 2023-25 plan, there were some key changes in this year's submission:
 - (a) Introduction of a new metric based on the proportion of people discharged from hospital who are still at home after 91 days.
 - (b) Changes to the demand and capacity mapping, including an ask to include estimates around spot purchasing and merging reablement and rehabilitation pathways to improve accuracy of reporting
- 9. These changes have been captured in our Better Care Fund Plan and reflected in the annexes to this report.

Development of this Plan

- 10. Following feedback from last year, we have endeavoured to make this year's BCF planning process more transparent and collaborative. In January, we set up a fortnightly BCF steering group meeting with membership from across the Oxfordshire system, including:
 - Health – acute, community, primary care and the Integrated Care Board
 - Oxfordshire County Council – Adult Social Care, Age Well, Live Well, Public Health, Housing
 - City and District Councils
 - Oxfordshire Association of Care Providers
 - Age UK Oxfordshire

11. This group has shared responsibility for determining how to spend the unallocated BCF funding for 24/25 and the Additional Discharge (ADF) funding.
12. BCF Leads have attended several system-wide meetings to provide regular updates on the development of the BCF plan and build system understanding of how the BCF works. This includes the Urgent Care Delivery Group, the Urgent and Emergency Care Board, the Oxfordshire Place Based Partnership and the Joint Commissioning Executive.
13. 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.
14. BCF Leads have also attended meetings with key stakeholders to build awareness of the BCF and its aims. Forums attended include the Promoting Independence & Prevention group, the Primary Care Clinical Directors' meeting, the Oxfordshire Association of Care Providers meeting, the Mental Health and Learning Disability and Autism Board, the Accommodation Programme Board, the Oxford University Hospitals Trust-wide Urgent Emergency Care Group and the Oxford Health Same-day Urgent Care Group.
15. The Oxfordshire system has acknowledged that this year's planning approach has been engaging and transparent. We intend to build on this for next year's planning process and continue to work in partnership for the benefit of Oxfordshire residents.

Better Care Fund Plan 2024-25: Key priorities for Oxfordshire

16. The plan supports Oxfordshire's continued roll out of Discharge to Assess (D2A) to take people home. This service has significantly reduced delays to discharge in Oxfordshire on all pathways. Medically Optimised For Discharge (MOFD) Length of Stay (LoS) for people on P1 pathways during 23/24 almost halved, reducing from a mean of 11 days to 5.8. We plan to further this improvement 24/25 through the continued embedding of D2A and the implementation of more trusted assessor approaches across our pathways. D2A has also confirmed that in many cases people who were listed for long-term care can move quickly to full independence if we can get them back to their own community and resources.
17. The D2A model has enabled Oxfordshire to build capacity for discharge and improve flow. However, we are seeing increased discharge activity year on year due to an increase in admissions to hospital. Once in hospital, complexity is one of the key barriers to timely discharge in the Oxfordshire system. Many of our longer LoS are complex patients i.e. with mental health, homelessness, learning disability/autism and/or frailty who get 'stuck' in hospital and cannot be discharged.

18. This year's plan is an opportunity to build our capability to support this patient cohort and improve their experience and outcomes, through adopting integrated, system-focused approaches to discharge support.
19. For this reason, there is substantial investment in schemes to support more complex and frail people to remain in the community rather than be admitted to hospital and, where admitted, to provide wraparound support to enable quicker discharge and reduce the risk of readmission.
20. This approach closely aligns with the Oxfordshire Way to support people to remain independent at home and complements the ICB Urgent and Emergency Care Funding plan for 2024-25 to reduce pressure on emergency care.
21. The plan supports people who interact with acute and mental health pathways. It also supports admission avoidance and complex discharges, particularly for people with presentations relating to mental health and homelessness, including alcohol issues. This has been developed in partnership across health, District Councils and Public Health and is supported by Public Health grant.
22. The BCF plan supports the development of out of hospital and targeted support for people living with learning disability and or autism; both in improving discharge planning from acute and specialist settings, and in providing alternatives to admission and increased housing options.
23. To deliver this, the BCF plan builds on community and Voluntary, Community & Social Enterprise capacity to support people at home in their own communities. This is aligned to Adult Social Care community capacity funding and the ICB Health Inequalities Fund.

Demand and Capacity Plan

24. As part of the Plan for 2023-25 NHS England 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).
25. We have worked with Business Intelligence leads across health and social care to develop our demand and capacity plan. We believe we have mapped the known demand and have plans to meet it during 24/25. This will be monitored monthly by the system Urgent and Emergency Care Board.

Metrics

26. There are 5 areas for which Oxfordshire must give trajectories for 2024-25. These are 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 (NEL) admissions to hospital

27. Our approach in 2023-24 has reduced non-elective admissions to hospital. During 2023-24 we have confirmed that NEL under this metric include 0 Length of Stay attendances in our acute Same Day Emergency Care (SDEC). We have therefore set a target that:

- Increases the number of people seen in SDEC along the same trajectory as 2023/24 (14.85%) and
- Reduces the number of NEL admissions to inpatients to 95% of the 2021/22 outturn

This leaves a net position of a reduction of 0.9%. The quarterly weighting reflects annual performance.

8.1 Avoidable admissions		2023-24 Q1	2023-24 Q2	2023-24 Q3	2023-24 Q4
		Actual	Actual	Plan	Plan
Indirectly standardised rate (ISR) of admissions per 100,000 population	Indicator value	191.8	179.7	176.0	176.0
	Number of Admissions	1,491	1,397	-	-
	Population	726,530	726,530	-	-
Adults over the age of 18 with specified long-term conditions	2024-25 Q1	Plan	Plan	Plan	Plan
	Indicator value	172	160	182	176

Admissions to hospital due to falls

28. Oxfordshire has been an outlier for falls-related admissions for several years. However, in 2023-24 the performance improved, and we have assumed that plans developed in 23/24 will continue to deliver in 24/25.

29. Oxfordshire has a range of services that support people at risk of falls and admission or conveyance. The BCF also funds falls and preventative strengths-based services and our Care Home Support service. We aim to make further improvements within our existing falls provision, which involves working at a system level to improve the effectiveness of the falls pathway.

8.2 Falls		2023-24 Plan	2023-24 estimated	2024-25 Plan
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	1,802.0	2,027.0	1,802.0
	Count	1,802	2779	2480
	Population	2,480	130,843	130,843

Discharge to Usual Place of Residence

30. We have set a reduction on non-elective admission for both long term care and for falls to mitigate the risk of creating avoidable demand for discharge services. In 2023/24 we have reduced the MOFD LoS for P1 and have sufficient capacity to meet existing P1 demand including the use of live-in and waking nights provision to avoid use of a bed.
31. However, we need to divert 35-40 people a week from P2/P3 to P1 to deliver the BCF plan in year. This diversion has been built into the trajectory towards 95%, which is supported by:
 - (a) Establishment of the TOC Hub which now directs discharge from all bed bases,
 - (b) Expansion of Discharge to Assess including live-in and waking nights support to reablement and short-term care and assessment,
 - (c) Provision to increase the community rehab pathway during 24/25. This work will commence in Q2 and inform plans for 25/26.
32. A change to the coding approach, as indicated by NHS England, will reclassify discharges back to care homes in line with this metric and also support improvements in our performance.

8.3 Discharge to usual place of residence		2023-24 Q1	2023-24 Q2	2023-24 Q3	2023-24 Q4
		Actual	Actual	Actual	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 (%)	91.0%	91.7%	92.5%	93.0%
	Numerator	11,511	11,977	11,840	11,625
	Denominator	12,644	13,060	12,800	12,500
		2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4
		Plan	Plan	Plan	Plan
	Quarter (%)	92.0%	92.0%	93.5%	95.0%
	Numerator	11,510	11,921	12,138	12,661
	Denominator	12,511	12,958	12,982	13,327

Permanent Admission to residential care

33. Oxfordshire is focused on Home First and strengths-based approaches to care assessment and planning and will continue to reduce the length of time in which older people live away from their own communities wherever possible. We have set a further reduction for 2024/25.

8.4 Residential Admissions		2022-23	2023-24	2023-24	2024-25
		Actual	Plan	estimated	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	357.7	325.8	296.9	283.8
	Numerator	468	450	410	400
	Denominator	130,843	138,108	138,108	140,953

Income and Expenditure Plan

Income plan

34. 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.

Expenditure plan

35. 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.

Additional Discharge Funding

36. 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.

Summary of income and expenditure

Running Balances	2024-25		
	Income	Expenditure	Balance
DFG	£7,262,808	£7,262,808	£0
Minimum NHS Contribution	£52,132,104	£52,132,104	£0
iBCF	£10,705,289	£10,705,289	£0
Additional LA Contribution	£0	£0	£0
Additional NHS Contribution	£0	£0	£0
Local Authority Discharge Funding	£2,501,441	£2,501,441	£0
ICB Discharge Funding	£5,718,165	£5,718,165	£0
Total	£78,319,807	£78,319,807	£0

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

Financial Implications

38. The plan as drafted sets out the income and expenditure for the Better Care Fund in 2024-25.
39. The final plan as submitted was approved by the Council's S151 officer.
40. Since submission of the plan, the phasing of some schemes has been reconfigured. This has resulted in the reallocation of some funds within the BCF. This was decided through system consultation and is a common occurrence in BCF planning and delivery. The changes made have been developed in partnership with the Urgent and Emergency Care Board.

Comments checked by:

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Inequalities

41. The Additional Discharge Funding is deployed extensively to support the most vulnerable people on discharge and prevent them entering hospital settings in the first place.

42. 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.
43. Per our 23-25 plan, 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.

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. We will also utilise our BCF Steering Group to monitor implementation of the schemes and create a separate BCF Strategy Group, attended by key representatives from Business Intelligence, Finance and Urgent and Emergency care to report on the impact and value of the plan.
46. There will be a formal review concluded in Q3 to confirm any in-year amendments to the plan and inform the proposals for 2025/26.

Karen Fuller, Corporate Director of Adult Social Care
[SLT Member]

Annex: Oxfordshire HWB 2425 BCF Plan

Background papers: Nil.

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