

WEST NORTHAMPTONSHIRE HEALTH AND WELLBEING BOARD

March 26th 2023

Report Title	BCF Quarter 3 Update
Report Author	Michael Hurt, BCF Service Manager, West Northants Council

Contributors/Checkers/Approvers		
Other Director/SME	Stuart Lackenby, Deputy Chief Executive, West Northants Council	Provided by Ashley Leduc 18/03/24

List of Appendices

Appendix A – BCF Quarterly return

1. Purpose of Report

- 1.1. Health and Wellbeing Board to approve quarter 3 update (prior approval for submission 09.02.24)
- 1.2. To update the Health and Wellbeing Board on the progress of the Better Care Fund.

2. Executive Summary

- 2.1 The Better Care Fund (BCF) is one of the government's national vehicles for driving health and social care integration. It requires Integrated Care Boards (ICBs) and local government to agree a joint plan, owned by the Health and Wellbeing Board (HWB). These are joint plans for using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006).
- 2.2 The policy framework, published on April 4th, 2023, confirmed the conditions and funding for the BCF for 2023/25. New guidance on 24-25 is due shortly.
- 2.3 The BCF plan and schemes for 2023/25 were submitted and approved as complying with the conditions of the 2023/25 grant on 28th June 2023. No date has been published for 24-25 yet.

- 2.4 The regional BCF lead asked to put forward the WNC BCF submission as a national exemplar.
- 2.5 The Health and Wellbeing Board are required to approve the BCF Quarter 3 Return (prior approval sought for submission on February 9th 2024).

3. Recommendations

- 3.1 It is recommended that the West Northamptonshire Health and Wellbeing Board:
 - a) Approve the Quarter 3 submission
 - b) Note the BCF update

4. Report Background

4.1 BCF national reporting for 2023/24

The national conditions for the BCF for 2023 to 2025 are:

1. a jointly agreed plan between local health and social care commissioners, signed off by the HWB
2. implementing BCF policy objective 1: enabling people to stay well, safe and independent at home for longer
3. implementing BCF policy objective 2: providing the right care, at the right place, at the right time
4. maintaining the NHS's 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

- 4.2 Two returns are submitted monthly to the national team to monitor progress against the plan. Each quarter, a further report with more detail is required. This report is for the quarter 3 submission. Quarter 3 included an additional sheet with activity and spend. The schemes were selected by the national team and it is likely that this will be in the end of year return also.

5. Issues and Choices

- 5.1 There have been some issues about timely and accurately recorded data. NHS brokerage is now being delivered by WNC in a joint approach. However the correct coding wasn't always being applied and therefore numbers were reported lower than anticipated. These issues have largely been addressed. Colleagues from brokerage attend the BCF reporting pre-meetings.
- 5.2 Hospital admissions due to falls improved in Q3 but remain a little more than planned at 500 actual vs 435 planned.
- 5.3 All other areas are on track.

5.4 Reviews of schemes are taking place and a Health Equity Assessment Tools (HEAT) are being completed for each scheme as it is reviewed. However, identifying scheme leads has been a challenge.

6. Implications (including financial implications)

6.1 Resources and Financial

6.1.1 Please see Q3 report

6.2 Legal

The council constitution makes provision for working groups to undertake activity on behalf of the Board.

6.3 Risk

6.3.1 None.

6.4 Consultation

6.4.1 No consultation was required.

6.5 Consideration by Overview and Scrutiny

6.5.1 The report has not been considered by Overview and Scrutiny.

6.6 Climate Impact

6.6.1 There are no known direct impacts on climate because of the matters referenced in this report.

6.7 Community Impact

6.7.1 There were no distinct populations that were affected because of the matters discussed in this report, however those that access care and health services more frequently than the general population were impacted more by any improvements associated with activity undertaken.

7. Background Papers

7.1 Q3 report