

WEST NORTHAMPTONSHIRE HEALTH AND WELLBEING BOARD

July 9th 2024

Report Title	BCF End of year submission and 24-25Plan
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Contributors/Checkers/Approvers		
Other Director/SME	Stuart Lackenby	1 st July 2024

List of Appendices

Appendix A - BCF End of year report

Appendix B - BCF 24-25 Plan

1. Purpose of Report

- 1.1. Health and Wellbeing Board to approve the end of year template and BCF plan 24-25.
- 1.2. To update the Health and Wellbeing Board on the progress of the BCF in West Northamptonshire.

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 Commissioning Boards (ICBs) and local government to agree a joint plan, owned by the Health and Wellbeing Board (HWBB). 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 and an addendum to the 2023 to 2025 Better Care Fund policy framework and planning requirements was published on 12th April 2024. There was no additional narrative plan for 24-25. The 23-25 narrative plan is still current.
- 2.3 The end of year report was submitted on 23rd May 2024
- 2.4 The 24-25 plan was submitted on 10th June 2024

2.5 The Chair of the West Northamptonshire Health and Wellbeing Board reviewed both submissions with officers prior to submission.

3. Recommendations

- 3.1 It is recommended that the West Northamptonshire Health and Wellbeing Board:
- a) Approve the end of year submission.
 - b) Approve the 24-25 Plan.

4. Report Background

4.1 BCF national reporting for 2023/25

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 HWBB.
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 During 23-24, monthly and two monthly reports were submitted as well as quarterly reporting. As a result of feedback from multiple organisations, 24-25 will just be quarterly reporting as follows:

Better Care Fund 24/25 Quarterly Reporting

Task/Activity/Milestone description	Start Date	End Date	Submission Dates
Q1 Report Template completion period	29/07/24	29/08/24	
Q1 Report Submission			29/08/24
Q1 National and Regional Assurance Period	01/09/24	30/09/24	
Q2 Reporting Template Completion Period	16/09/24	31/10/24	
Q2 Report Submission			31/10/24
Q2 National and Regional Assurance Period	01/11/24	30/11/24	
Q3 Reporting Template Completion Period	16/12/24	31/01/25	
Q3 Report Submission			31/01/25
Q3 National and Regional Assurance Period	01/02/25	28/02/25	
Q4 EOY Return Completion Period	13/03/25	30/05/25	
Q4 EOY Submission			31/05/25
Q4 National and Regional EOY Assurance Period	02/06/25	30/06/25	

5. Issues and Choices

- 5.1 It has been difficult to obtain information from partners to populate both the templates resulting in difficulties to get the submissions submitted on time. An opportunity to receive comments on the plan was missed for this reason. Officers would welcome the support of the HWBB in receiving data for submissions in a timely way.
- 5.2 A formatting error in version 3 of the 24-25 plan added some delay in that officers contacted the national team for a resolution. However, this was not possible before submission, so the 24-25 plan shows one area as still red, indicating not complete. However, this is due to for formatting error. All data was added as required for the submission.
- 5.3 Identifying scheme managers for reviewing schemes was an issue in 23-24. For 24-25, a forward plan to review all schemes divided into priorities for each quarter has been put in place and several schemes have already been reviewed. A Health Equity Assessment Tool (HEAT) is completed during the review process.
- 5.4 Finance: In review of 23-24, the level of BCF expenditure was above plan due to WNC incurring additional Community Equipment spend of £228,603 plus the additional DFG allocation received in year of £223,293. This was the first year where areas had to submit estimated outputs and the level of expenditure for each of the BCF schemes. The level of outputs were only estimated at the beginning of 2023 and actual outputs may have varied. This will be considered for the planned outputs for 2024-25. In looking forward to 2024-25 the Hospital Discharge funding has been aligned to demand we have seen across the different pathways in 23-24. In the 24-25 plan the ICB have built in an additional £4.9m of funding as contribution to the Ageing well programme and to continue the part funding of the RIBU (Recovery and Independence Bed unit) at Turn Furlong.
- 5.5 The EoY section 8 feedback provides some narrative on issues and actions over the year.

- 5.6 For the plan 24-25, several schemes were updated and two added: one for discharge to assess residential placements and one for virtual wards.
- 5.7 The 24-25 plan has some narrative updates on sheet 7 but the 23-25 plan narrative remains in place.

6. Implications (including financial implications)

6.1 Resources and Financial

- 6.1.1 Please see the EoY submission and 24-25 Plan.

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

**End of year submission
24-25 Plan**