

REPORT TO: Health & Wellbeing Board

DATE: 12th March 2025

REPORTING OFFICER: Executive Director - Adults

PORTFOLIO: Adult Social Care

SUBJECT: Better Care Fund (BCF) Plan 2024/25 – Quarter 3 Update

WARD(S): Borough-wide

1.0 PURPOSE OF REPORT

1.1 To update the Health and Wellbeing Board on the Quarter 3 (Q3) BCF Plan 2024/25 following its submission to the National BCF Team.

2.0 RECOMMENDATION

RECOMMENDED: That

a) the report and associated appendix be noted.

3.0 SUPPORTING INFORMATION

3.1 Following submission of the BCF Updated Plan for 2024/25 in June 2024¹, quarterly monitoring has been mandated for 2024/25. Attached is a copy of the Q3 report which was submitted in line with the national requirements.

3.2 Tab 3 – National Conditions

In addition to confirming that we have a Section 75 agreement in place to support the BCF Plan, there are four national conditions which we have confirmed we are meeting, as follows: -

- That we have a jointly agreed plan in place;
- We are implementing the BCF Policy Objective in respect to enabling people to stay well, safe and independent at home for longer;
- We are implementing the BCF Policy Objective in respect to providing the right care in the right place at the right time; and
- We are maintaining the NHS's contribution to Adult Social Care and investment in NHS commissioned out of hospital services.

3.3 Tab 4 – Metrics

There are four national metrics that are assessed, linked to: -

¹ Letter received from NHS England on 23rd August 2024, confirming approval of the Plan following the regional assurance process.

- Avoidable admissions;
- Discharge to normal place of residence;
- Falls; and
- Residential admissions

The Board should note that at the beginning of January 2025, we received information via the NHS Cheshire & Merseyside Network Intelligence Team which outlined that NHS England had revised the criteria for the Avoidable Admissions and Falls metrics to take account for the implementation of SDEC (Same Day Emergency Care - Type 5 attendance) recording, which involves a shift in short stay non-elective recording to Type 5 attendance recording. This change in effect renders plans submitted earlier this year incongruent with the latest activity data. Therefore, we were advised to reflect this in our submission; other areas within Cheshire & Merseyside were advised to do the same.

In respect to Discharge to Normal Place of Residence, as at the end of Q3, we are not on track to meet the target. Higher acuity and increased pressure to discharge early has resulted in lower discharges directly back to normal place of residence than planned; Halton remain in the top quartile within C&M. Overall for the year, the performance remains at 95% and the 0.5% variance against the target of 95.5% equates to 45 out of 8,902 discharges having not returned directly home.

In respect to Residential Admissions we remain on track to meet the target that has been set.

3.4 **Tab 5.1 & 5.2 Capacity and Demand**

Capacity and demand over Q3 (October – December 2024) has generally been in line with the estimates made in our BCF Plan, apart from community admissions into the Urgent Community Response Team. However capacity has been available to meet the additional demand experienced within this area.

3.5 **Tab 6b Expenditure**

For Q3, we have reported on spend and activity linked to all the schemes within the plan. Information has been completed outlining incurred expenditure and actual numbers of outputs delivered to the end of the third quarter (1st April 2024 – 31st December 2024).

Spend and activity will continue to be monitored via the Better Care Commissioning Advisory Group, as part of the joint working arrangements between the Local Authority and NHS Cheshire & Merseyside (Halton Place).

As at the end of this quarter no areas of concern have been identified.

4.0 **POLICY IMPLICATIONS**

4.1 None identified at this stage.

5.0 **FINANCIAL IMPLICATIONS**

5.1 The Better Care Fund sits within the wider pooled budget arrangement and the

financial context of the local health and social care environment. The pooling of resources and integrating processes and approach to the management of people with health and social care needs continues to support effective resource utilisation.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Improving Health, Promoting Wellbeing and Supporting Greater Independence
Developing integration further between Halton Borough Council and the NHS Cheshire & Merseyside will have a direct impact on improving the health of people living in Halton. The BCF Plan 2024/25 that has been developed is linked to the priorities identified for the borough by the Health and Wellbeing Board.

6.2 Building a Strong, Sustainable Local Economy
None identified.

6.3 Supporting Children, Young People and Families
None identified.

6.4 Tackling Inequality and Helping Those Who Are Most In Need
None identified.

6.5 Working Towards a Greener Future
None identified.

6.6 Valuing and Appreciating Halton and Our Community
None identified.

6.7 Resilient and Reliable Organisation
None identified.

7.0 RISK ANALYSIS

7.1 Management of risks associated with the BCF Plan and associated funding is through the governance structures outlined within the Joint Working Agreement.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None identified at this stage.

9.0 CLIMATE CHANGE IMPLICATIONS

9.1 None identified at this stage.

10.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

10.1 None under the meaning of the Act.