

North Northamptonshire Health and Wellbeing Board 21st of March 2023

Report Title	Better Care Fund Q3 Performance update	
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List of Appendices

None

1. Purpose of Report

- 1.1. To provide an update to the Health and Wellbeing Board on the Better Care Fund Q2 performance against the (BCF) policy statement for 2022 to 2023 and the metric proposed in the Better Care Fund plan for 2022 to 2023.

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 the Integrated Care System (ICS) 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 Health and wellbeing Board has a duty to monitor the performance against the Better Care Fund plan.
- 2.3 The performance is generally positive overall showing an increased percentage of people over 65 returning to their usual place of residence, and volumes accessing Reablement is showing a positive trend.

3. Recommendations

3.1 The board is asked to Note the BCF Q3 performance update

4. Report Background

4.1 The Better Care Fund

4.1.1 The Better Care Fund (BCF) is one of the government's national vehicles for driving health and social care integration. It requires the Integrated Care System (ICS), 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).

4.1.2 The Better Care Fund plan sets out the ambitions on how the spending will improve performance against the following metrics:

- Avoidable admissions to hospital
- People discharged to their usual place of residence
- Admissions to residential and care homes
- Effectiveness of reablement

4.1.3 This year's BCF plan remains linked to the Integrated Care Across Northamptonshire (ICAN) services and schemes. Our main objective in 2022-23 is to build on the transformation work done in 2021-22 and progress our integrated out of hospital delivery Model. This will mean bringing together health, care, and voluntary services, resources, assets, BCF, and other funding sources into a single collaborative working integrated delivery structure. In 2022-23 we continue to work towards this design through our ICAN programme, whose purpose is to deliver a refreshed focus and way to improve the quality of care and achieve the best possible health and wellbeing outcomes for older people across our county, supporting them to maintain their independence and resilience for as long as possible by:

- Ensuring we choose well – no one is in hospital without a need to be there
- Ensuring people can stay well
- Ensuring people can live well – by staying at home if that is right for them

4.1.4 Targeting key improvement and transformation, as well as formalising collaborative arrangements with delegated commissioning responsibility and single outcomes contract for delivery, with delegation coming from the ICB and HWBB to deliver:

- Reducing unplanned hospital admissions
- Reducing escalations to Acute care

- Reducing length of stay in Acute hospitals including reductions in patients with no reason to reside and stranded patients
- Reducing the Length of stay in community hospitals and rehab
- Improving our community offer & intermediate care
- Reducing the reliance on and use of long-term Care
- Delivering significant finance benefits to the system

4.2 Current performance for Q3

4.2.1 Admission Avoidance

Admission Avoidance	
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	The necessity to report on this metric has been removed for both North and West Northamptonshire for 22/23.

4.2.2 Discharge to usual place of residence

	Q1	Q2	Q3
Quarter (%)	93.1%	95.4%	95.0%
Numerator	6,290	6,442	6,495
Denominator	6,755	6,751	6,838

The aim was to maintain current performance throughout 2022/23 at 91.2%. Rates have been positive to date, with an increase seen in Q2 and performance maintained in Q3 at 95%. The number of discharges increased in Q3 as planned, however this was a lower proportion due to unplanned increases in Q2. The rates seen this year are in line with 2021/22 quarterly actuals.

4.2.3 Residential Admissions

	Q1	Q2	Q3
Quarter Rate	141.0	292.2	466.6
Numerator	97	201	321
Denominator	68,800	68,800	68,800

This metric has an annual planned rate of 595.9 per 100k based on BCF estimated population of 68.8k. The rate increased to 466 in Q3, which is higher than expected based on our estimated monthly growth of ~48 admissions per 100k. The average monthly growth so far this year is ~51, exceeding year end estimates.

4.2.4 Reablement

Quarterly	Q1	Q2	Q3
Numerator	100	120	164
Denominator	130	148	182
Score (%)	76.9	81.1	90.1

This metric has an annual planned rate of 79.9% based on Q4 performance, which is reflective of SALT submissions. The rate shows positive growth with Q3 at 90% from 81% in Q2. There was a fairly significant increase in October and rates have remained high throughout Q3 with December having the highest rate this financial year at 91%. The year-to-date rate now exceeds the year-end plan at 83.5%.

5. Issues and Choices

None

6. Implications (including financial implications)

6.1 Resources and Financial

None

6.2 Legal

None

6.3 Risk

None

6.4 Consultation

6.4.1 No consultation was required

6.5 Consideration by Scrutiny

6.5.1 This report has not been considered by scrutiny.

6.6 Climate Impact

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

6.7 Community Impact

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

7. Background Papers

None