North Northamptonshire Health and Wellbeing Board
5ᵗʰ December 2023

Report Title	Better Care Fund Performance Report.
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List of Appendices

None

1.   Purpose of Report

1.1.   To provide the Health and Wellbeing Board with a Better Care Fund Performance Report update, showing performance against the metrics in the Better Care Fund plan for 2023 to 2024.

2.   Executive Summary

2.1   Since 2015, the Better Care Fund (BCF) has been crucial in supporting people to live healthy, independent and dignified lives, through joining up health, social care and housing services seamlessly around the person. This vision is underpinned by 2 core objectives, to:

- enable people to stay well, safe and independent at home for longer
- provide people with the right care, at the right place, at the right time

The BCF achieves this by requiring Integrated Care Boards (ICBs) and local government to agree a joint plan, owned by the Health and Wellbeing Board (HWB),

governed by an agreement under section 75 of the NHS Act (2006). This continues to provide an important framework in bringing local NHS services and local government together to tackle pressures faced across the health and social care system and drive better outcomes for people.

2.1   The Health and Wellbeing Board has a duty to monitor the performance against the Better Care Fund plan

3.   Recommendations

To request the Health and Wellbeing Board note the performance update that has been submitted to NHSE.

4.   Report Background

4.1   The Better Care Fund

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

4.3   Better Care Fund plan for 2023 to 2025 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
- Falls
- Admissions to residential and care homes
- Effectiveness of reablement

4.4   BCF National conditions and metrics for 2023/25

The national conditions for the BCF were:

1. A jointly agreed plan between local health and social care commissioners, signed off by the HWB.
2. NHS contribution to adult social care to be maintained in line with the uplift to ICB minimum contribution.
3. Invest in NHS-commissioned out-of-hospital services.
4. A plan for improving outcomes for people being discharged from hospital.

4.5   **Metrics**

North Northamptonshire Performance against the defined metrics for 2023/24 is**.**

4.6   Avoidable Admissions

Admission Avoidance	23 / 24 Plan	Actuals
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	250	260.1

On Track to meet target.
We continue to enhance our community approaches to support self-care and management of complex long-term conditions with new Pumped Up Group in Kettering and Corby and an additional 50 patients set up with Health Remote Monitoring included number of persons with chronic COPD.

4.7   People 65+ Discharged to their usual place of residence

People 65+ discharged to their usual place of residence	Plan 23 / 24	Actuals
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	94%	95.35%

On Track to meet target.
Monthly rates are consistent, and performance is positive with quarterly actuals above target.

4.8   Falls

Falls	23 / 24 Plan	Actuals
Emergency hospital admissions due to falls in people aged 65 and over, directly aged standardised rate per 100,000	1236.0	439.9

On track to meet target.
Successfully rolled out use of Riazer 2 Chairs across a number of care homes and for reablement staff which is resulting in significant reduction in long waits being generated and hospital conveyances being avoided.

4.9   Admission to Residential and Nursing Care Homes

Admissions to residential and care homes	23 / 24 Plan	Actuals
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	564	246

On Track to meet target.

Please note: This indicator is cumulative
Population within scorecard
Q1 (79/77,713*100,000) = 102
Q2 (177/77,713*100,000) = 228
Num/Dom within plan is as follows (365/77,713*100,000)

The rate increased from 127 in Q1 to 246 in Q2, which was better than expected based on our estimated monthly growth. The average monthly growth so far this year is 42.4 per 100k which is positive and suggests the year end rate will be lower than planned.

4.10 Effectiveness of Reablement

Effectiveness of Reablement	22-23 plan	YTD
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	87.4%	84%

On track to meet target.
Q1 = 85.3% (81/95*100)
Q2 = 73.9% (147/199*100)
Improvements to Num/Dom are beginning to show for Q2.

Quarter 1 actual was in line with year-end target at 87% . The rate reduced slightly in July and August resulting in a lower Q2 result of 84%.

5   Issues and Choices

None

6   Implications (including financial implications)

6.1 Resources and Financial

7   Legal

None

8   Risk

None

9   Consultation

No consultation was required

10   Consideration by Scrutiny

This report has not been considered by scrutiny.

11   Climate Impact

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

12   Community Impact

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

13   Background Papers

None