

North Northamptonshire Health and Wellbeing Board 2nd December 2021

Report Title	Better Care Fund Q2 Performance update	
Report Author	Samantha Fitzgerald – Assistant Director Adult Services Samantha.fitzgerald@northnorthants.gov.uk	
Contributors/Checkers/Approvers		
Other Director/SME	David Watts	Executive Director Adults, Communities and Wellbeing

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 2021 to 2022 published on 19 August 2021 and the metric proposed in the Better Care Fund plan for 2021 to 2022.

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 clinical commissioning groups (CCGs) 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 a reduction in length of stays compared to Q3 and Q4 plans, and consistently high Percentage of people over 65 returning to their usual place of residence.

3. Recommendations

3.1 The board is asked to Note the BCF Q2 performance update

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 clinical commissioning groups (CCGs) 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 The response to the COVID-19 pandemic has demonstrated how joint approaches to the wellbeing of people, between health, social care and the wider public sector can be effective even in the most difficult circumstances. With the ongoing pressures in systems, the government has confirmed there will be minimal change to the BCF in 2021 to 2022. The 2021 to 2022 Better Care Fund policy framework aims to build on progress during the COVID-19 pandemic, strengthening the integration of commissioning and delivery of services, and delivering person-centred care; as well as continuing to support system recovery from the pandemic.

4.4 Better Care Fund plan for 2021 to 2022 sets out the ambitions on how the spending will improve performance against the following BCF 2021 to 2022 metrics:

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

This year's BCF plan is now linked to the Integrated Care Across Northamptonshire (ICAN) services and schemes. We envisage the services within our ICAN and the BCF will form the basis of a future collaborative, and integrated, service delivery. Our 2020-21 BCF plan reflects some significant changes in our system since the last plan was submitted.

There are 3 core components (or "pillars") within the BCF/ ICAN transformation programme this year, all designed to increase prevention, improve outcomes, and shift activity from acute hospitals to our community.

Community resilience – supporting people to age well with planned support at home as they become frailer, and care from the right team in the right setting in a crisis; underpinned by care plans for all, social prescribing, education, information, and urgent community care wrapped around the patient.

Frailty, escalation, and front door – ensuring people avoid hospital admissions where possible; maximising use of outpatients, the intermediate care team, same day care and short-term stays, and, if they do need to come to hospital, they are seen in the best environment by staff trained in frailty.

Flow and grip – ensuring no one is in hospital without a ‘reason to reside’, eliminating admissions for diagnostics and IV antibiotics if not otherwise necessary, improving ward discharge processes, and ensuring patients are discharged to settings that maximise their independence and wherever possible to their homes.

TOM Programme

Alongside the ICAN Programme, North Northants Adult Social Care continue to embed and strengthen the improvements made under the new Target Operating Model (TOM). To date we are forecasting that an additional 390 people per year will go through our reablement service, and 18% of our over 65’s are having a more independent outcome compared to 2018/2020. This included a focus on reduced admissions to Residential and Nursing care.

We continue to embed the strength-based approach through our use of the 3 conversations model and we are working to strengthen our links to local communities and resources to support our people to stay independent.

4.5 Current performance for Q2

4.5.1 Admission Avoidance

Admission Avoidance	20 -21 Actuals	21 – 22 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	2655.0	3321.0

Currently unable to obtain quarterly data due to annual publication.

4.5.2 Length of Stay

Percentage of inpatients, resident in the HWB, who have been an inpatient in an acute hospital for:

Length of Stay	Q2 Actual	Q3 Plan	Q4 Plan
14 days or more*	15.2%	32.0%	30.0%
21 days or more*	8.9%	10.0%	8.0%

* As a percentage of all inpatients

Length of stay has reduced since a peak at the end of the last financial year but remain slightly higher than this time last year. We’ve also seen a greater number of admissions compared to the period leading to Q2 last year. Comparisons to previous years are difficult owing to the Covid pandemic; Q2 reporting is also prone to catching upward trends as we leave the Summer months.

4.5.3 People 65+ Discharged to their usual place of residence

People 65+ discharged to their usual place of residence	Plan 21 – 22	Q2 Actuals
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	90.0%	95%

This metric remains consistently high; 95% is one of the highest months on record for the area. It is higher than the equivalent Q2 position last year and is based on a greater number of discharges compared to that period.

4.5.4 Admission to Residential and Care Homes

Admissions to residential and care homes	21-22 Plan	Q2
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	604	324.66

This metric is high, especially when compared to the figure for all of Northamptonshire published last year; the performance of last year, however, was skewed by the Covid pandemic. Following the split into two unitary authorities the data is also still showing us how the degree of need is split across the two areas. Further, because the population is lower, a small number of people requiring admission has a greater effect on the overall indicator.

4.5.5 Effectiveness of Reablement

Effectiveness of Reablement	21-22 plan	Q2
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	79.2%	56.9%

This is below the Q1 figure, and the published figure for the whole of the county last year. Please note the metric isn't cumulative and we still have the opportunity to meet our target for this year.

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