

North Northamptonshire Health and Wellbeing Board 5th July 2021

Report Title	Better Care Fund End of Year Performance Report.	
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Other Director/SME	David Watts Executive Director for Adult, Communities, Wellbeing	28 th June 2022

List of Appendices

Appendix 1: BCF Performance template 2021/22 for North Northamptonshire

Appendix 2: BCF Narrative Plan 2021/22

1. Purpose of Report

- 1.1. To provide the Health and Wellbeing Board with the 21 / 22 Better Care Fund End of year performance Report, against the (BCF) policy statement for 2021 to 2022 published on 19 August 2021, and the metrics in the Better Care Fund plan for 2021 to 2022.
- 1.2. To request the Health and Wellbeing Board to sign off the Better Care Fund (BCF) 2021/2022 performance template submitted to NHSE.
- 1.3. To note Better Care fund 2022 / 2023 proposed timelines.

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 Health and Wellbeing Board are required to approve the 2021/22 performance template submitted to NHSE.

3. Recommendations

- a) The Health and Wellbeing Board approve the Better Care Fund (BCF) 2021/2022 performance template submitted to NHSE.
- b) To note Better Care fund 2022 / 2023 proposed timelines.

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 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

The approach to delivering these locally is set out in BCF Narrative plan for 2021/22 and attached as **Appendix 2**.

4.4 BCF National conditions and metrics for 2021/22

The national conditions for the BCF in 2021/22 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 CCG 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 2021/22 is attached as **Appendix 1**.

4.6 Avoidable Admissions

Admission Avoidance	21 – 22 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	Unfortunately, the national metric is not available for inclusion

4.7 Length of Stay

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

Length of Stay	Plan	June Average	Monthly average
14 days or more*	14.0%	12.4%	14.2%
21 days or more*	7.0%	6.6%	8.3%

* As a percentage of all inpatients

Metric Not on Track to meet the planned target at 14 days and 21 days (or longer) % proportion showing as slightly higher than planned with highest rates towards the last quarter of the financial year.

4.8 People 65+ Discharged to their usual place of residence

People 65+ discharged to their usual place of residence	Plan 21 – 22	Actuals
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	95.1%	95.3%

Metric is on Track to meet the planned target. This metric has remained consistently high. Monthly average for the year is 95.3%. Last month of the financial year shows the highest result of 96.3%

4.9 Admission to Residential and Care Homes

Admissions to residential and care homes	21-22 Plan	Q4
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	Q1- 175.87 Q2- 324.66 Q3- 489.28 Q4- 624.93

Not on track to meet the planned target. This metric has been something of a curiosity for NNC as it 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. Furthermore, because the population is lower, a small number of people requiring admission has a greater effect on the overall indicator.

4.10 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%	North final month improved to show 72.0%. Monthly average 57.78%

Not on Track to meet the planned target, the final months position improved to show 72.0% against a target of 79.2%. Our assumption is that with a focus on Pathway 1 home reablement service have taken those with a higher level of acuity and this has impacted on this metric.

4.11 Better Care fund planning 2022/23

The 2022/23 plan will be developed locally by North Northamptonshire Council and the Integrated Care Board / Integrated Care Partnership. We are expecting further guidance from NHSE during July 22, and it is anticipated that a report will be submitted to the Health and Wellbeing Board in September 2022.

5 Issues and Choices

None

6 Implications (including financial implications)

6.1 Resources and Financial

Please see Appendix 1 for financial details

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