

West Northamptonshire Health and Wellbeing Board

7th June 2022

Report Title	Better Care Fund Update
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List of Appendices

Appendix 1: Commissioned schemes 2021/22

Appendix 2: BCF narrative 2021/22

Appendix 3: 2021/22 BCF performance template for West Northamptonshire

1. Purpose of Report

- 1.1. Health and Wellbeing Board to approve the Better Care Fund (BCF) 2021/22 performance template submitted to NHSE.
- 1.2. To update the Health and Wellbeing Board on the outline plan for the development of the Better Care Fund in 2022/23

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 policy framework, published on 19 August 2021, confirmed the conditions and funding for the BCF in 2021/22
- 2.3 The BCF plan and schemes for 2021/22 were submitted and approved as complying with the conditions of the 2021/22 grant
- 2.4 North Northamptonshire Council are acting as hosts for the Better Care Fund pooled budget on behalf of both unitary councils.

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

3. Recommendations

3.1 It is recommended that the West Northamptonshire Health and Wellbeing Board:

- a) Approve the performance template for the Better Care Fund schemes (2021/22).
- b) Note the proposed timelines for the Better Care Fund plan for 2022/23

3.2 Reason for Recommendations

3.3 The Health and Wellbeing Board are required to review the use of the Better Care Fund, the planning process for the use of the fund and the performance of the schemes against set outcomes.

4. Report Background

4.1 Funding 2021/22

4.2 The policy framework, published on 19 August 2021, confirmed the conditions and funding for the BCF in 2021/22.

4.3 For West Northants the total funding for 2021/22 was £50,087,680 (please see Appendix A for the full breakdown).

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 National condition 1:

A jointly agreed plan between local health and social care commissioners and signed off by the HWB was completed and submitted.

4.6 National condition 2:

NHS contribution to adult social care has been maintained in line with the uplift to CCG minimum contribution.

4.7 National condition 3:

Invest in NHS commissioned out-of-hospital services.

4.8 Expenditure plans in appendix 1 show the schemes that were commissioned from BCF funding sources to support this objective.

4.9 Please see appendix 2 which sets out the approach to delivering the aim locally, and how health and local authority partners worked together to deliver it.

4.10 **National condition 4:
Plan for improving outcomes for people being discharged from hospital.**

4.11 Expenditure plans in **Appendix 1** show the schemes that were commissioned from BCF funding sources to support this objective.

4.12 Please see **Appendix 2** which set out the approach to delivering this aim locally, and how health and local authority partners worked together to deliver it.

There is a requirement that the joint BCF plan should focus on improvements in the key metrics below:

1. reducing length of stay in hospital, measured through the percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days
2. improving the proportion of people discharged home using data on discharge to their usual place of residence. Further details on measuring discharge are set out in the BCF planning requirements and reflected in the BCF narrative in appendix 2

4.13 **Metrics**

4.14 Beyond this, areas had flexibility in how the fund was spent over health, care and housing schemes or services. This needed to be evidenced as to how this spending will improve performance against the following BCF 2021/22 metrics:

- Discharge Indicator set
- Avoidable admissions to hospital
- Admissions to residential and care homes
- Effectiveness of reablement

4.15 Further details of this are set out in **Appendix 2**.

4.16 **Appendix 3** shows West Northamptonshire's performance against the defined metrics and out turn against the planned position for 2021/22.

4.17 **Avoidable admissions**

The national metric is not available for inclusion. The system iCAN transformation programme continues to target admission avoidance and against the 2019 baseline data is a reduction of 309 people per month

4.18 **Length of Stay: the proportion of patients in hospital for more than 14 & 21 days.**

The percentage target was achieved in quarters 1 & 2 but slightly higher from October 2021. This was caused by COVID hospital admissions increasing and challenges with the provision of onward care.

4.19 **Percentage of people who are discharged from an acute hospital to their normal place of residency.**

This metric is not on track against the planned position although the monthly average has been at 95% against the target of 95.6%. Quarter 4 performance has seen a decrease to 94% as there has been a reliance on bedded solutions to overcome pathway blockages and reduce hospital pressure.

4.20 **Rate of permanent admissions to residential care per 100k (over 65's).**

We are ahead of the 492 target and are continuing work to improve the use of D2A and pathways 1 & 2. We remain ahead of target having recovered from the pandemic reliance on care homes and the inability to move people on to long term provision.

4.21 **Proportion of older people 65+ who were still at home 91+ days after discharge from hospital into reablement and rehabilitation services.**

This metric is not on target. During the last quarter there has been a focus on supporting people with higher acuity through the use of pathway 1. This has increased the likelihood of readmission or step up in the short term until the pathways have been rebalanced and the criteria following the redesign of pathway 2. We only achieved 62% in Quarter 4 as a result of this change

4.22 There has been an increase in the level of acuity being supported by reablement (pathway 1 provision) which is in line with the home first approach taken by the system. This has resulted in a reduction in people still at home 91 days post discharge.

4.23 **Planning and assurance of BCF plans for 2022/23.**

4.24 The plan will be developed locally by the local authority and ICB. This will be aligned with other strategic documents and plans including those of the ICB/ICP and wider programmes such as Ageing Well. A report will be presented at the September Health and Wellbeing board following further guidance from NHSE which is expected in July 2022.

5. Issues and Choices

5.1 As per the delegation from the previous board the discussions with local partners to determine financial allocations was agreed and approved by the Chair of the Health and Wellbeing Board and lead officers from both West Northants Council and the CCG.

5.2 The performance template for 2021/22 has been agreed by both West Northamptonshire Council and the CCG

6. Implications (including financial implications)

6.1 Resources and Financial

6.1.1 Please see appendix 1 for the final breakdown of schemes and financial allocation.

6.2 Legal

The council constitution makes provision for working groups to undertake activity on behalf of the board.

6.3 Risk

6.3.1 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. However, a full update on iCAN was presented at the WNC People's Scrutiny on the 21st September and in the supporting task and finish group that meets quarterly.

6.6 **Climate Impact**

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

6.7 **Community Impact**

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