

Date of Meeting 14 December 2023		ITEM: 9
Report Title: Better Care Fund 2023/24 2nd Quarter Report		
Wards and communities affected: All	Key Decision: Not applicable	
Report of: Cllr George Coxshall, Cabinet member for Health, Adult Social Care, Community and Public Protection		
Accountable Assistant Director: Les Billingham, Assistant Director Adult Social Care and Community Development		
Accountable Director: Ian Wake, Corporate Director of Adults Housing and Health		
This report is Public		

Executive Summary

This report concerns the requirement for the Health and Well-Being Board to sign off Better Care Fund reports submitted to NHS England.

The report provides commentary on the performance metrics in the Thurrock Better Care Fund 2023/25 Quarterly Q2 Report submitted on 31 October 2023, and the Quarterly Report is attached as an Appendix. Performance continues to be good with the system either achieving or almost achieving its targets for the BCF metrics.

Commissioner Commentary

The Commissioners have given approval for the Thurrock Better Care Fund Plan 2023/25.

1. Recommendation(s)

- 1.1 The Board is asked to note progress on integration and the Better Care Fund.
- 1.2 The Board is requested to sign off Quarter 2 report on the Better Care Fund 2023/24.

2. Introduction and Background

- 2.1 The Better Care Fund (BCF) is a pooled fund between Thurrock Council and the Mid and South Essex NHS Integrated Care Board. In 2023/24, the value of the Thurrock BCF pooled fund is £49,139,875. It is anticipated that the value of the fund will increase in 2024/25.

- 2.2 The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2023-25, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities (DLUHC), NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).
- 2.3 The key purposes of BCF reporting are:
- 1) To confirm the status of continued compliance against the requirements of the Better Care Fund;
 - 2) In Quarter 2 to refresh capacity and demand plans, and in Quarter 3 to confirm activity to date, where BCF funded schemes include output estimates, and at the End of Year actual income and expenditure in BCF plans;
 - 3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans, including performance metrics;
 - 4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements.
- 2.4 NHS England advise BCF reporting is likely to be used by local areas, alongside any other information to help inform Health and Wellbeing Boards (HWBs) on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICBs, local authorities and service providers) for the purposes noted above.
- 2.5 BCF reports submitted by local areas are required to be signed off by HWBs, including through delegated arrangements as appropriate, as the accountable governance body for the BCF locally. Aggregated reporting information will be published on the NHS England website. Unfortunately, because of the timescales between the publication of the national reporting template and the availability of the national datasets to complete this quarterly report, it was not possible to bring the completed report to HWB ahead of the submission date of 31st October 2023. The report has been submitted in line with the due date, subject to sign off from the Board.

3. Issues, Options and Analysis of Options

- 3.1 The Q2 Quarterly Report (attached as an Appendix to this report) contains a series of national metrics which are used to measure progress. These metrics are published in the Better Care Fund Policy Framework 2023-2025.
- 3.2 This section provides a further commentary on the metrics contained in the Q2 Quarterly Report. The information is derived from the regular monthly scorecards produced by the Quality Assurance Officer, Performance, Quality & Business Intelligence, and the Alliance Performance and Planning Lead, Basildon & Brentwood Alliance.

3.3 In late 2022 Thurrock requested the LGA to undertake an independent appraisal of its BCF Plan as part of their NHS England commissioned programme of support. The appraisal was undertaken between July and September 2023. The appraisal noted performance appears good for 2022/23, with the system either achieving or almost achieving its targets for the BCF metrics. The Quarterly Report shows performance continues to be good.

3.4 The LGA has now agreed to support Thurrock in an appraisal of each of the schemes in the Better Care Fund and this will also involve a re-evaluation of the metrics in the scorecards to determine what outcomes and key performance measures can be attached to each scheme, in addition to the core BCF metrics. This evidence would bring confidence that services perform well and are value for money, or provide evidence that some changes need to be made. A report on the outcome of the appraisal of each of the schemes in the Better Care Fund will be presented to the Board when the work has been completed.

3.5 Healthcare metrics

Number of unplanned hospitalisations for chronic ambulatory care sensitive conditions.

- Target set as a 5% improvement on 2021/22 average quarterly value of 200 admissions per 100,000 population. 190 per 100,000 population.
- 333 unplanned admissions per quarter (numerator) with and the population estimate of 175,500 (Denominator).
- NOTE: 22/23 outturn - national data has been refreshed
- Data source: Better Care Exchange datapack
- <https://future.nhs.uk/bettercareexchange/view?objectId=116035109>

Percentage of People in Thurrock who are discharged to their usual place of residence

- Ambition to continue to exceed the national average performance of 92.6%.
- Target set as a continuation of the 2021/22 performance of 94.9%.
- SUS data provided by Arden & GEM BI team
- Data updated on SUS on 26/27th of the following month

Emergency hospital admissions due to falls in people aged 65 and over, directly age standardised rate per 100,000

- 15% in the year to end September
- Target set against 21/22 national average of 2100 per 100,000
- HES data provided by Arden & GEM BI team
- Data source: Better Care Exchange datapack

3.6 Adult Social Care metrics

Rate of Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population

- There were 71 new permanent admissions to residential/nursing care for people 65+ in the year to end September, which equates to 296.4 per 100,000 population. This is 7 under target. In the same period last year there were 87 admissions; therefore there has been a reduction of 16.
- In the reporting period, 24 individuals paid the full cost of their care (34%). If those individuals were not included there would be 47 admissions, a rate of 196.2 per 100,000 population.

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation

- In Quarter 2, 69 out of 80 people aged 65+ discharged from hospital into re-ablement/rehabilitation were at home 91 days later, which equates to 86.3%. This is 1.4% below target. Although under target, this is still 4.5% higher than the latest national average and 3.4% higher than the latest regional average (both from 21/22).
- Of the 11 people discharged but not at home 91 days later, 5 had passed away, 5 were in hospital and 1 had moved to permanent residential care. If the deceased were not counted in the cohort, the performance would have been 92%.
- Of the 11 not at home, 9 had their reablement service ended early due to being admitted to hospital, and 1 had their service ended after only 3 days as the service user stated that they did not need the care. The remaining individual went to long term care. The average age at the start of reablement was 79 years old. The average length of stay in reablement was (broken down by reason not at home):
 - Hospital = 21 days
 - Residential care = 18 days
 - Diseased = 18 days
 - Overall = 19 days
- Whilst reablement aims to improve independence to keep individuals at home for longer, some individuals have health conditions that might mean that full independence is not possible. Individuals can also have a loss of independence during reablement (causing the reablement to end earlier than planned), or after reablement has taken place, due to new or worsening conditions. Therefore, even though some individuals may not be at home on the 91st day, this is not necessarily a reflection of the effectiveness of the service.

3.7 The submitted Q2 Quarterly report also contains the required refresh of information in the Capacity and Demand plans.

4. Reasons for Recommendation

4.1 Better Care Fund Reports submitted to NHS England are required to be signed off by Health and Well-Being Boards.

5. Consultation (including Overview and Scrutiny, if applicable)

5.1 A specific consultation on the establishment of the pooled fund to drive through the integration of health and social care services, as required under the terms of the Health and Social Care Act 2012, was held in September and October 2014.

6. Impact on corporate policies, priorities, performance and community impact

6.1 A key aim of the Better Care Fund, and the Discharge Fund, is to reduce emergency admissions, which brings within it the potential to invest in services closer to home to prevent, reduce or delay the need for health and social care services or from the deterioration of health conditions requiring intensive health and care services. This will contribute to the priority of 'Improve Health and Wellbeing' and the vision set out within the refreshed Health and Wellbeing Strategy.

6.2 Achieving closer integration and improved outcomes for patients, services users and carers is also seen to be a significant way of managing demand for health and social care services, and so manage financial pressures on both the NHS MSE ICB and the Council.

7. Implications

7.1 Financial

Implications verified by: **click this box once and type name of the officer who has verified the implications**

click this box once and type the job title of the officer who has verified the implications

There are no financial implications arising from this report.

7.2 Legal

Implications verified by: **click this box once and type name of the officer who has verified the implications**

click this box once and type the job title of the officer who has verified the implications

There are no legal implications arising from this report.

7.3 Diversity and Equality

Implications verified by: **click this box once and type name of the officer who has verified the implications**

click this box once and type the job title of the officer who has verified the implications

There are no diversity implications arising from this report.

All information regarding Community Equality Impact Assessments can be found here: <https://intranet.thurrock.gov.uk/services/diversity-and-equality/ceia/>

7.4 Other implications (where significant) – i.e., Staff, Health Inequalities, Sustainability, Crime and Disorder, and Impact on Looked After Children

None

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- 2023 to 2025 Better Care Fund policy framework 2023-25, Published 4 April 2023 Available via the following link: 2023 to 2025 Better Care Fund policy framework - GOV.UK (www.gov.uk)
- Better Care Fund planning requirements 2023-25, Published 4 April 2023 Available via the following link: PRN00315-better-care-fund-planning-requirements-2023-25.pdf

9. Appendices to the report

- Thurrock HWB BCF Quarterly report Q2

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