BRIEFING	TO:	Health and Wellbeing Board
	DATE:	22nd November 2023
	LEAD OFFICER	Steph Watt Joint Head of Adult Commissioning (Rotherham Place) E-mail: steph.watt@nhs.net
	TITLE:	Better Care Fund (BCF) Quarter 2 Template 2023/24

Background

1.1 The purpose of this report is for members to note the contents of the BCF Quarter 2 Template report which has been submitted to NHS England regarding the performance and capacity and demand planning of Rotherham's Better Care Fund Plan for 2023/24.

1.2 The overall delivery of the Better Care Fund continues to have a positive impact and improves joint working between health and social care in Rotherham.

Key Issues

2.1 The BCF Quarter 2 template covers reporting on: national conditions, metrics, capacity and demand in relation to hospital discharges and the community. The BCF Quarter 2 template is attached at Appendix 1.

2.2 The BCF national team have confirmed that income and expenditure has not been included withing the Q2 template to reduce the burden on reporting requirements on local areas. This will be required within the BCF Year End Template for 2023/24.

2.3 Templates are being submitted on a fortnightly basis for DHSC / NHS England to monitor spend against the Additional Discharge Fund from 30th May 2023 until 22nd April 2024. However, the BCF national team have confirmed that this is likely to move to monthly reporting from November 2023.

2.4 Below is a summary of information included within the BCF submission:

2.5 **National Conditions**

There is a total of 5 national conditions for 2023/24 which continue to be met through the delivery of the plan as follows:

Confirmation that the Section 75 agreement has been finalised and signed off by the Health and Wellbeing Board.

A plan has been jointly agreed between both partner organisations.

Implementation of BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer.

Implementation of BCF Policy Objective 2: Providing the right care in the right place at the right time.

Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services.

2.6	**BCF Metrics** There is a total of five BCF metrics within the BCF Q2 Template for 2023/24 which measures the impact of the plan as follows: **Avoidable Admissions - Unplanned hospitalisation for chronic ambulatory care sensitive conditions –** Not on track to meet target. **Challenges and any support needs** – Performance is off plan, but plan was challenging to set out as last year's performance was significantly impacted by a range of pressures. **Achievements** - Areas of work linked to this plan to stabilise and support an improved position such as anticipatory care development, growing the use of the virtual ward and increasing the volume of urgent community response activity, are still under development with some positive progress. The virtual ward and urgent community response work will contribute to alleviating winter pressures and anticipatory care will be phased in from Quarter 1 of 2024-25. **Discharge to normal place of residence - Percentage of people who are discharged from acute hospital to their normal place of residence –** On track to meet target **Challenges and any support needs** – Performance has been above target. **Achievements** - On track supported by continued partnership working. **Falls – Emergency admissions due to falls in people aged 65 and over *(New Indicator)* –** Not on track to meet target. **Challenges and any support needs** – Slightly higher than expected number of falls seen April to July, based on nationally published data (327 compared to 5 months of the annual plan 304). **Achievements** - Review of falls services being undertaken in 2023/24. The 'as is' services have been mapped and this will form part of a wider review of frailty. **Residential Care Admissions – Rate of permanent admissions to residential care per 100,000 population (65+) –** On track to meet target. **Challenges and any support needs** – Overall admissions are currently tracking below the cumulative target however there has been an increase in the last two months. Proposals to reduce residential admission rates are being explored. **Reablement – Proportion of Older People (65 years and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services (bed base and at home) –** annual measure, data not currently due.
2.7	**Capacity and Demand - Assumptions** **Our estimates for capacity and demand have changed since the plan submitted in June 2023. Learning from the last 6 months was used to arrive at refreshed projections**. We reviewed the original submission against the outcomes of the capacity and demand tool that has been built for Rotherham place to triangulate the forecasts. As the definitions are different this is not an exact match, but the return has been adjusted to have a more consistent methodology to capacity. Demand is based on referrals and capacity on average referral rate adjusted for seasonality. **Assumptions that have been used to arrive at refreshed projections (including to optimise length of stay in intermediate care and to reduce overprescription of care). Our rationale for trends in demand for the next 6 months (taking into account for demand over winter).** **Demand** - Seasonal adjustments have been included over the winter period. **Capacity** - The VCS figures have been amended to reflect commissioning changes. Age UK are no longer carrying out routine safety netting pathway 0 calls as analysis showed this was no longer required post Covid. This is now managed on a risk basis by a different service, linking in with Age UK as required. Age UKs main focus is now hospital aftercare including transport and support for low level equipment and non-personal care.

	Impact on our planned interventions to improve capacity and demand management for 2023/24 which has had on our refreshed figures. The impact has been accounted for in our refreshed plan. The reablement figures have been refreshed to reflect investment in staffing. **Capacity concerns or specific support to raise for the winter ahead.** CHC is a responsive service therefore capacity reflects demand. The barrier to this is funding. Additional monies from the fund have been allocated for winter pressures. **Any issues that have been encountered with data quality (including unavailable, missing, unreliable data).** Work is ongoing to improve data quality and availability, supported by the development of the Place level demand and capacity (based on staffing) tool. The average referral rate has currently been used to estimate capacity (adjusted for seasonal variation) **Projected demand exceeds capacity for a service type, our approach in ensuring that people are supported to avoid admission to hospital and to enable discharge.** Data only shows small variation between demand and capacity due to seasonality. Refreshed planned capacity and capacity that is expected through spot purchasing has been included within the template. Hospital Discharges - increased number of referrals in relation to social support, reablement and rehabilitation at home and in a bedded setting, short-term domiciliary care and short-term residential/nursing care for someone likely to require a longer-term care home placement has been included within the template – for the period November 2023 until March 2024. Community – refreshed expected capacity and number of referrals in relation to social support (including VCS), urgent community response, rehabilitation and reablement at home and in a bedded setting and other short-term social care has been included within the template - for the period November 2023 until March 2024.
Key Actions and Relevant Timelines	
3.1	**The Better Care Fund Executive Group held on 25th October approved (on behalf of the Health and Wellbeing Board) the:** **(i) Documentation for submission to NHS England (NHSE) on 31st October 2023.**
Implications for Health Inequalities	
4.1	Addressing health inequalities is integral to the allocation of BCF resource and funded schemes. This includes contributing to achieving the strategic aims of developing healthy lifestyles and prevention pathways, supporting prevention and early diagnosis of chronic conditions and targeting variation. BCF funded schemes which reduce health inequalities include social prescribing, Breathing Space and project support for the implementation of Population Health Management (PHM) priorities.
Recommendations	
5.1	**That the Health and Wellbeing Board notes the:** **(ii) Documentation for submission to NHS England (NHSE) on 31st October 2023.**