AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

26th March 2025

REPORT OF: Better Care Fund (BCF)

STOCKTON BETTER CARE FUND UPDATE

Stockton BCF Quarter 3 report

SUMMARY

The purpose of this paper is to provide the Health and Wellbeing Board with an update on the submission of the Quarter 3 report to the NHS England on 14th February 2025.

RECOMMENDATIONS

The Health and Wellbeing Board are asked to:

1. Note the submission of the Stockton-on-Tees BCF Quarter 3 report to NHS England as part of the reporting requirements set out in the BCF Planning Requirements 23-25.

Background

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). The key purposes of BCF reporting are:

1) To confirm the status of continued compliance against the requirements of the fund (BCF).
2) In Quarter 3, to demonstrate the progress against the BCF metrics, capacity and demand on intermediate care and expenditure on all BCF schemes.

Summary of the Q3 report

The aim of the report was to provide information on assessment of progress, activities and expenditure in Q3. The key sections of the report include:

- Tab 3: National Conditions: to confirmed that the four BCF National Conditions were met. They include:
    - Jointly agreed plan.

  - Implementing BCF objective 1: Enabling people to stay well, safe and independent at home for longer.
  - Implementing BCF 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.
- Tab 4: Metrics – to provide an assessment of progress against the estimated measures (planned metrics in the template) which were agreed as part of the BCF Plan 24/25 which was submitted in June 2024. Table below shows a summary of the assessment of progress in Q3 (the full report can be seen in the attachment on page 5).

Metric	Assessment of progress	Challenges and any support needs	Achievements	Variance from plan	Mitigation for recovery
Avoidable admissions	Not on track	We think there may be a reporting factor as outlined in the variance column. This will be reviewed again when full Q3 data is available. We haven't identified any specific support needs. There are challenges due to our demographics but we do have effective schemes and services in place to reduce unnecessary admissions.	BCF funded admission avoidance and prevention schemes as well as wider initiatives such as UCR, Ageing Well and virtual ward.	The Trust are currently still submitting Same Day Emergency Care (SDEC) activity to Inpatients in Q2. However, the removal of this activity from Inpatients to ECDS was reflected in our Avoidable Admissions plans from Q2	We will continue to collectively monitor performance throughout the year through review of BI information and at regular meetings.
Discharge to normal place of residence	On track	Q2 data shows as on track to meet target in line with our 24 - 25 projections. No support requirements at this time	We have several schemes and initiatives in place to support this including our Home First Service. Our ongoing agreement to continue to fund 4 weeks discharge to assess could potentially mean fewer people are discharged straight from hospital to 'home' but maximises their potential to do so.		
Falls	On track	Q2 data shows a slight reduction from Q1 data. Based on Q1 & Q2 available data on target.	A project has been initiated across Tees to scope, map, review and redesign the existing pathways across the system responding to Level 1 & 2 falls in the community.		
Residential admissions	Not on track	Q3 continues to show a projected increase in the number of permanent residential placements being made for the 24/25 financial year. This is being	Home First processes is ensuring short term / assessment beds are effective and permanent	At the end Q3 there were a total of 214 admissions for clients aged 65 and over. This equates to a rate of 556.2 per	Due to implementation of the statutory Client Level Dataset (CLD, we have revised reporting of admissions in line with guidance. Previous submissions

		addressed with changes to the process for agreeing care and support.	residential placements are appropriate (all other options, including technology, have been considered).	100k population. Current trajectory suggests a year end rate of 741.5	were in line with SALT (Short and Long Term) which had been superseded by the CLD. SALT guidance focused on sequels to Reviews/Requests, whereas the CLD focuses on Services that have started in a period. Our reporting has now changed to be in line with CLD. Our published figure from SALT 2023/24 for 'Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population' was 526.5, so much lower than the current trajectory. We would have set our ambition for 24/25 based on actual CDL activities.

- 5.1 Capacity and Demand Assumption: there has been no change in assessing the capacity since the submission of the BCF plan 24/25 in June. Narratives were included to explain the figures in Reablement and Rehabilitation at home after the short-term domiciliary care service has gone in-house under the Reablement service.
- 5.2 Capacity and demand actual activity - provided actual demand and activities data on intermediate care services for hospital discharge and community. The numbers on Pathway 1 (Reablement and Rehabilitation at home) were higher than planned due to the changes in moving the short-term domiciliary care provision to the Reablement Service. The demand remained the same.
- 6b – Expenditure: Provided cumulative spend for all schemes and outputs for schemes specified by the National BCF team.

Copy of the full report

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