AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

27th November 2024

REPORT OF: Better Care Fund (BCF)

STOCKTON BETTER CARE FUND UPDATE

Stockton BCF Quarter 2 report

SUMMARY

The purpose of this paper is to provide the Health and Wellbeing Board with an update on the submission of the Quarter 2 report to the NHS England on 31st October 2024.

RECOMMENDATIONS

The Health and Wellbeing Board are asked to:

1. Note the submission of the Stockton-on-Tees BCF Quarter 2 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 2, to demonstrate performance against the BCF metrics, capacity and demand on intermediate care and expenditure on all BCF schemes.

Summary of the Q2 report

The aim of the report was to provide information on assessment of progress, activities and expenditure in Q2. The sections of the report include:

- Tab 3: National Conditions: to confirmed that the four BCF National Conditions were met. They include:
 - o 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 planned metrics were agreed as part of the BCF Plan 24/25 which was submitted in June 2024. At the time of the Q2 submission, data was still in the process of validation, therefore it was not available. However, the Q2 report did not require performance. The aim was to seek a best estimate of confidence on progress against the achievement of metric ambitions. Q2 data should be available in December and will be used to assess progress in Q3 reporting. Table below shows the assessment of progress.

| Metrics | Planned performance 24/25 (pre-populated) | | | | (pre- | Assessment of progress | Challenges and support needs | Achievements and actions to support improvements |
|--|--|-------|-------|-------|------------|-------------------------|--|---|
| | Q1 | Q2 | Q3 | Q4 | populated) | | | |
| Avoidable admission | 295 | 200.5 | 234.5 | 212.4 | 272.3 | On track to meet target | Q1 shows slightly lower admissions than anticipated which is positive. Q2 data is unavailable at this point however this will be reviewed when it becomes available. No support requirements at this stage | BCF funded admission avoidance and prevention schemes as well as wider initiatives such as UCR, Ageing Well and virtual ward. |
| Discharge to normal place of residence | 93.9% | 93.9% | 93.9% | 93.9% | 93.47% | On track to meet target | Q1 shows slightly lower percentage of discharges to normal place of residence. Q2 data is unavailable at this point however we will review when this becomes available. No support requirements at this stage | 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 | 1,469.9 |) | | | 379.2 | On track to meet target | Q1 shows slightly higher (3%) than anticipated. Q2 data is unavailable at this point | A project has been initiated across Tees to scope, map, review and redesign the |

| | | | | however we will review when this becomes available. | existing pathways across the system responding to Level 1 & 2 falls in the community. |
|---------------------------|-----|-------------------|-----------------------------|--|---|
| Residential admissions | 458 | Not applicable | Not on track to meet target | Q2 continues to show a projected increase in the number of permanent residential placements being made for the 24/25 financial year. This is being addressed with changes to the process for agreeing care and support. | effective and permanent residential placements are |

- 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 a technical error which showed a pre-populated demand in short term domiciliary care as 0, however, our plan was 59 to 61 per month.
- 5.2 Capacity and demand actual activity provided actual demand and activities data on intermediate care services for hospital discharge and community. Prepopulated demand was calculated based on activities from previous year. Actual demand on Q1 and Q2 for Reablement and rehabilitation in bed setting was slightly higher than predicted, however, demand for short term residential or nursing for someone who is likely to need long term care home placement was lower than predicted.
- 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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Yvonne Cheung, Transformation Manager, Stockton-on-Tees Borough Council, <u>yvonne.cheung@stockton.gov.uk</u>

Rob Papworth, Strategic Development Manager, Stockton-on-Tees Borough Council, <u>rob.papworth@stockton.gov.uk</u>

Kathryn Warnock, Head of Commissioning and Strategy, NHS Tees Valley Clinical Commissioning Group <u>kathryn.warnock@nhs.net</u>