

## HEALTH AND WELLBEING BOARD

16 January 2024

### BETTER CARE FUND – QUARTER TWO REPORT 2023-24

#### Report of the Portfolio Holder for Adults and Health

Strategic Aim:	All	
Exempt Information	N/A	
Cabinet Member(s) Responsible:	Councillor D Ellison, Portfolio Holder for Adults and Health	
Contact Officer(s):	Kim Sorsky, Director of Adult Services and Health	01572 758352 ksorsky@rutland.gov.uk
	Katherine Willison, Health and Wellbeing Integration Lead	01572 758409 kwillison@rutland.gov.uk
Ward Councillors	N/A	

#### DECISION RECOMMENDATIONS

That the Committee:

1. Notes the content of the report.
2. Notes that the Better Care Fund - Quarter Two Report 2023-24 gained approval from the Chair of the Health and Wellbeing Board and the ICB Executive Team and was submitted to the National BCF Team on 31 October 2023.

#### 1 PURPOSE OF THE REPORT

- 1.1 To brief the Health and Wellbeing Board (HWB) on the 2023-24 Quarter 2 Report of the BCF
- 1.2 To update the HWB on the work of the Rutland BCF Partnership Board

#### 2 BACKGROUND AND MAIN CONSIDERATIONS

- 2.1 The Rutland BCF Plan for 2023-25 was submitted to the national BCF team in June 2023. This included a plan which set out the ambitions for the 5 BCF Metrics and intermediate care capacity and demand proposals for reablement for community and hospital discharge.
- 2.2 The BCF Quarter 2 Report includes updates on Metrics data and whether

performance is on track against the targets set in the 2023-25 Plan. The Report also includes a refresh of the capacity and demand plan.

### 3 METRICS

3.1 There are 5 metrics to report against for 2023-24:

#### **Avoidable admissions**

Unplanned admissions for Chronic Care Sensitive Ambulatory Conditions  
Indirectly standardised rate of admissions per 100,000 population

#### **Discharge to usual place of residence**

The percentage of people discharged from acute hospital to their normal place of residence.

#### **Falls**

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

#### **Residential admissions**

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population.

#### **Reablement**

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

### 3.2 **Targets and Performance**

Ambitious targets for the Metrics were agreed for 2023-24 which formed part of the 2023-25 Rutland BCF Plan. The targets were required to be high reaching to demonstrate intention of making further progress and improvements to outcomes which would be demonstrated by these metrics. Based on data collected so far, we are on target to meet the reablement target but not on track to meet the targets in the other metrics. The table below highlights how close the actual performance is to the planned targets.

Metric	Planned Performance	Actual Performance	Assessment of progress
Avoidable admissions (number)	Quarter 1 105.0	Quarter 1 119.8	Not on track
Discharge Usual Place of Residence (percentage)	Quarter 1 90.7%	Quarter 1 90.56%	Not on track
Falls (standardised rate per 100,000 population)	Quarter 1 288.6	Quarter 1 327.2	Not on track
Residential admissions (per 100,000 population)	193	284 based on Q1 and Q2	Not on track
Reablement (percentage)	95.7%	88% as of September 2023	On track

- 3.3 There were 15 more **Avoidable admissions** over quarter 1 than the target, indicating 14.3% additional admissions. Whilst not on track, this is not significant.
- 3.4 The percentage of **discharges to usual place of residence** was less than 1%, again indicating this is not significant and could easily change in the next reporting period.
- 3.5 The **falls** rate is calculated per 100,000 of the population so that data is comparable with different sized populations nationally. Therefore, the gap between the planned and actual performance is relatively small.
- 3.6 The **residential admissions** data is also calculated per 100,000 of the population. This performance is further from the planned target. However, this target was particularly ambitious based on unusually good records in the last 2 years.
- 3.7 The **reablement** target was missed. However, this is based on a snapshot figure for September 2023. Local performance reports show that reablement consistently achieves good results in the 90+% and so this target has been considered to be on track.
- 3.8 There are several challenges and support needs including:
- External factors such as the need for greater use of technology for monitoring; the impact on housing of hoarding; continued need for staff to focus on enabling people to stay at home; fluctuating demand levels.
- 3.9 There are also achievements including:
- The Health and Care Collaborative is planning activity for prevention of admissions both to hospital and residential care; additional reablement beds have been commissioned; several falls prevention initiatives are in place; reablement success remains high. **See Appendix A**

## 4 **CAPACITY AND DEMAND**

- 4.1 The capacity and demand plan was refreshed based on data from Quarters 1 and 2 which includes hospital discharge and community services. This plan included capacity expected to be secured through spot purchasing, which was not included in the original plan so is additional.
- 4.2 The services for **hospital discharge** are:
- Social support including VCS
  - Reablement and rehabilitation at home
  - Short term domiciliary care
  - Reablement and rehabilitation in a bedded setting
  - Short term residential/ nursing care for someone likely to require a longer-term care home placement
- 4.3 The services for **community** are:

- Social support including VCS
- Urgent Community Response
- Reablement and rehabilitation at home
- Reablement and rehabilitation in a bedded setting
- Other short-term social care

4.4 Data from quarters 1 and 2 showed a small increase to expected demand in some areas but did not show any overall pattern. As such we have added one or two additional service users to some categories. It is difficult to predict with any certainty actual demand for quarters 3 and 4. There are no obvious trends in the data, either in total numbers for each category, or when broken down by hospital trust.

4.5 The refreshed plan included a small amount of spot purchased domiciliary care, reablement in a bedded setting and short term residential/nursing care for hospital discharge. This means we should not be in a position where capacity outstrips demand. Successful recruitment to Contact and Response and Therapy services means we have been able to increase capacity for reablement and rehabilitation at home for community, thereby bolstering preventative services.

4.6 There are no concerns regarding capacity and therefore this should not impact on timely discharges.

## **5 RUTLAND BCF PARTNERSHIP BOARD**

5.1 The aim of the Board is to ensure that the BCF plan achieves its aims and outcomes within the financial contributions agreed by the partners. It provides governance to ensure the rules and processes of the Rutland BCF are embedded as standard.

5.2 Reports for quarters 1 and 2 have been provided by the Budget Holders of the schemes within the plan. These include information on progress made, how the schemes align with the BCF objectives and priorities and financial updates and viability. This information will be used for evaluation by the Board.

5.3 A template has been developed for people to request BCF monies. The template requests information on Best Value, how the proposed scheme is in line with BCF objectives and priorities and how it would impact on the health and wellbeing of the Rutland population. **See Appendix B**

## **6 CONSULTATION**

6.1 Not applicable currently.

## **7 ALTERNATIVE OPTIONS**

7.1 Not applicable currently

## **8 FINANCIAL IMPLICATIONS**

8.1 Local partners have proceeded to deliver the BCF programme 'on trust', based on consensus across the Council and IBC.

## **9 LEGAL AND GOVERNANCE CONSIDERATIONS**

9.1 The plan received sign off from Executive Team at the ICB.

## **10 DATA PROTECTION IMPLICATIONS**

10.1 There are no new Data Protection implications. Reports contain only anonymised data.

## **11 EQUALITY IMPACT ASSESSMENT**

11.1 Not applicable

## **12 COMMUNITY SAFETY IMPLICATIONS**

12.1 There are no identified community safety implications from this report

## **13 HEALTH AND WELLBEING IMPLICATIONS**

13.1 The Better Care Fund programme is an important element of Rutland's response to enhancing the health and wellbeing of its population, representing more than £3m of ICB and LA funding to be used for integrated health and social care interventions. This report sets out that Rutland continues to be committed to improving the outcomes of the population.

## **14 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS**

14.1 The committee is recommended to note the Rutland BCF 2023-25 Quarter 2 Report, submission of which to the BCF national team on 31 October was signed off by the Chair.

## **15 BACKGROUND PAPERS**

15.1 There are no additional background papers to the report.

## **16 APPENDICES**

16.1 Appendix A: Rutland BCF Quarter 2 Report Metrics.

16.2 Appendix B: Template to request BCF monies.

**A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577.**