

Decision Maker: HEALTH AND WELLBEING BOARD

Date: 8th December 2022

Decision Type: Non-Urgent Non-Executive Non-Key

Title: **Better Care Fund (BCF) and Improved Better Care Fund (iBCF) Performance Report**

Contact Officer: Ola Akinlade, Integrated Strategic Commissioner Early Intervention, Prevention and Community Services Commissioning, Programmes Division.

Chief Officer: Kim Carey, Interim Director of Adult Social Care, London Borough of Bromley
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Ward: All Wards

1. Purpose of report

This report provides the Health and Wellbeing Board with an overview of Bromley's performance against the Better Care Fund and the Improved Better Care Fund metrics and an update on expenditure and activity for the period April to September 2022-23 (Quarter 1 and 2)

2. Reason for the report going to Health and Wellbeing Board)

This report provides an update to the Health and Wellbeing Board on progress made against BCF targets for Q1 and Q2 (April to September 2022)

3. **SPECIFIC ACTION REQUIRED BY HEALTH AND WELLBEING BOARD AND ITS CONSTITUENT PARTNER ORGANISATIONS:**

Health & Wellbeing Strategy

1. Related priority: Not Applicable

Financial

1. Cost of proposal: BCF: £27,982k; iBCF: £7,730k

2. Ongoing costs: BCF: £27,982k; iBCF: £7,730k

3. Total savings: N/A

4. Budget host organisation: LBB

5. Source of funding: NHS South East London ICB (revenue element of BCF) and Department of Levelling Up, Housing and Communities (DLUHC) (BCF capital element (DFG) and iBCF)

6. Beneficiary/beneficiaries of any savings: London Borough of Bromley and NHS South East London ICB (Bromley)

Supporting Public Health Outcome Indicator(s)

Not Applicable

4. EXECUTIVE SUMMARY

The Better Care Fund (BCF) programme supports local systems to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.

In Bromley the BCF grant is ring fenced for the purpose of pooling budgets and integrating services between South East London Integrated Care Board (Bromley) (SELICB) and London Borough of Bromley (LBB). The Improved Better Care Fund (iBCF) was a funding element added to the Better Care Fund from 2017-18 paid to the Council as a direct Local Authority grant for spending on adult social care.

The Health and Wellbeing Board agreed the Bromley Better Care Fund Plan for 2022/2022 on 22nd September 2022.

4.1 Purpose of this Report

The purpose of this report to update Bromley's Health and Wellbeing Board on the progress made against the 2022-23 Plan , including an update on performance against BCF metrics for Quarter 1 and 2 of 2022-23.

4.2 BCF PERFORMANCE METRICS

The delivery of targets against the Better Care Fund Metrics is a key requirement of BCF funding and a key way of measuring local partnership delivery of BCF aims and objectives. The 2022 -23 plan requires delivery against 4 metrics as detailed in the table below:

Metric	Bromley BCF 22-23 Target
Avoidable Admissions : unplanned hospitalisation	529
Discharge to normal place of residence	93%
Rate of permanent admissions to residential care	410
Proportion of older adults (65 and over) who were still at home 91 days after discharge into reablement	93%

4.2.1 Update on Quarter 1 and 2 (22-23) Performance against Metric Targets

Metric 1 Performance

Metric 1:	Target for Reporting period (April to September 2022)	Actual for Reporting period (April to September 2022)
Avoidable Admissions: Unplanned hospitalisation for chronic ambulatory care sensitive conditions ¹ per 100,000	264 ²	247

The aim of this metric is for Bromley partnership performance to be below the target for the reporting period (264 for first 6 months). Bromley are below the target with actual performance at 247 which demonstrates that Bromley continues to perform well against this metric.

Risks to performance against this metric: No current risk to performance identified.

¹ [2.3.i Unplanned hospitalisation for chronic ambulatory care sensitive conditions - NHS Digital](#)

² Agreed target in Bromley BCF 22-23 plan

Metric 2 Performance

Metric 2	Target for Reporting period (April to Sep 2022)	Actual for Reporting period (April to September 2022)
Discharge to normal place of residence ³	93%	93%

The aim of this metric is for Bromley partnership performance to meet or be above the planned target of 93% and current Bromley partnership performance 93% for same period which demonstrates that Bromley is meeting its targets.

Risks to performance against this metric: No risks identified

Metric 3 Performance

Metric 3	Target for Reporting period (April to September 2022)	Actual for Reporting period (April to September 2022)
Rate of permanent admissions (65 and over) to residential care per 100,000 populations ⁴	205	74 ⁵

This aim of this metric is for the rate of permanent admissions for adults aged 65 and over to be at 205 per 100,000 or less for this reporting period (April to September). Bromley's permanent admissions to residential care for this period is 74 for the same period, which highlights the effectiveness of interventions that have been put in place to support the delivery of this metric.

Risks to performance against this metric No risks identified

Metric 4 Performance

Metric 4	Target for Reporting period	Actual for Reporting period (April to June 22-23)
Proportion of older people (65 and over) who were still at home 91 Days after discharge into reablement/rehabilitation	93%	97% ⁶

The aim of this metric is for the percentage of older people still at home 90 days after discharge to be in line with or above the target of 93%. Bromleys Reablement performance continues to exceed targets for this period. As there is a 90-day lag in reporting, performance on this metric is for period April to June 2022

Risks to performance against this metric No risks identified

³ [2.3.i Unplanned hospitalisation for chronic ambulatory care sensitive conditions - NHS Digital](#)

⁴ [2.3.i Unplanned hospitalisation for chronic ambulatory care sensitive conditions - NHS Digital](#)

⁵ Reported through Bromley Digest

⁶ 89/91

4.3 UPDATE ON BCF POLICY PRIORITIES

4.3.1 Increasing system capacity. There are a number of initiatives that the Bromley Partnership are delivering to increase system capacity. These include:

- Investing in additional care management social work and brokerage capacity during the winter period.
- Recruiting a dedicated Extra Care Housing Stepdown Care Manager to support admission avoidance.
- Facilitate social work presence at the emergency department within the hospital to support admission avoidance and ensuring where possible people get the right support earlier and return home to maximise their independence.
- Providing an admission avoidance offer within the local authorities "front door" with the Initial Response Team being maintained through the use of winter scheme monies.
- Plans have been set up to facilitate Social Work/Care Management and Brokerage mobilisation into the Single Point of Access. Multidisciplinary working will continue to aid and support Hospital discharge and any increase in demand.
- Additional occupational therapy budget has been identified to provide additional therapy support during the winter period.

4.3.2 Meeting seasonal demand- There are a number of initiatives that the Bromley Partnership are delivering to meet seasonal demand. These include:

- The identification of resource to meet any increase in demand around the broader domiciliary care offered to support systems to return or remain at home preventing admission to hospital or a care home.
- Sourcing additional nursing beds to support additional admission avoidance capacity and /or carer breakdown during the winter period
- Securing domiciliary care cover to deliver care packages over holidays including bank holidays and weekends

4.3.3 Supporting Unpaid Carers

- The Bromleywell Adult Carers team have created a new Carers Initial Assessment form used to carry out an initial assessment of carers needs for every new carer being referred into the service across the carer pathways in Age UK Bromley & Greenwich, Bromley, Lewisham & Greenwich Mind and Bromley Mencap with the initial carers form being launched in August 2022
- Work is also ongoing with regards to developing the new Carers Strategy

4.3.4 Prevention and Early Intervention

- The newly commissioned Bromley Well commenced on 1st October 2022 with an increased focus on early intervention offered through the Bromley Well Single Point of Access and referral to specialist services for those that need it. The enhanced offer also includes extra support for self-funders in the form of information, advice and guidance and bringing the Dementia Respite Service into the Bromley Well contract

4.3.5 Home First

The integrated health and care discharge triage and care pathways for our most complex and end of life people are well established and embedded and greatly supported by system partners. The pathways provide timely hospital discharge and post discharge care and support to enable people to safely transition out of hospital and back to the community.

The home first offer for those with complex needs prevents admissions to care homes. Twice weekly huddles are held where clinicians can present and discuss care and robust support for our most complex people.

The huddles provide system wide multi-disciplinary team support to plan the most appropriate care and support on and post discharge with significant success as demonstrated by a reduction in interim care home admissions. The twice weekly huddles also provide an exemplary end of life care pathway to enable people to die in their preferred place of death. The end-of-life pathway ensures people are not delayed leaving hospital when wishing to die in their own home, a designated care agency is on standby to facilitate a smooth and timely transfer of care with robust wrap around ongoing care and assessment plan post discharge.

The huddle representatives ensure the relevant community receiving teams are aware of the transfer that includes a GP handover which is well received. Terms of reference and standard operating procedures in place.

4.4 DFG and Adaptations

Developments for this period include:

- Planning with a view to putting in place a local Housing Assistance Policy as allowed for under the Regulatory Reform (Housing assistance) Order with a plan to include a Discretionary DFG scheme.
- Piloting Landlord Applications for DFG which will allow the speeding up of processes and eliminate the need for time consuming means testing of personal applicants.
- Exploring the possibility of employing one or more additional Grants Officers to shorten the waiting time for applicants and increase the quantity of work done by the team.

5 IMPACT ON VULNERABLE PEOPLE AND CHILDREN

All services are targeted at vulnerable adults with a focus on avoiding people who are vulnerable reaching the point of crisis where they would be seeking support of statutory services and/or requiring unplanned admission. Funds also support the supported discharge of patients from hospital into the community.

6 FINANCIAL IMPLICATIONS

- 6.1 The 2022/23 budget and projected expenditure for both the Better Care Fund and the Improved Better Care Fund are detailed in the tables below:

Scheme Type	Scheme Name	2022/23	2022/23	2022/23	
		2022/23 Budget	Projected Outturn	Projected Variation	
BCF Minimum ICB Contribution					
ICB	Assistive Technologies and Equipment	Assistive Technologies	585	585	0
LBB	Assistive Technologies and Equipment	Assistive Technologies	461	461	0
ICB	Bed based intermediate Care Services	Intermediate Care Services	1,390	1,390	0
LBB	Bed based intermediate Care Services	Intermediate Care Services	1,286	1,286	0
ICB	Carers Services	Support for carers	576	576	0
ICB	Community Based Schemes	Risk pool	1,472	1,472	0
Joint	Enablers for Integration	Community and Social Care Development	1,046	1,046	0
LBB	Enablers for Integration	BCF Post	44	44	0
LBB	Enablers for Integration	Learning Disabilities	27	27	0
	High Impact Change Model for Managing				
ICB	Transfer of Care	Risk pool	617	617	0
	High Impact Change Model for Managing				
LBB	Transfer of Care	Risk pool	56	56	0
ICB	Home Care or Domiciliary Care	Improving healthcare services to Care Homes	343	343	0
LBB	Housing Related Schemes	Improving healthcare services to Care Homes	457	457	0
ICB	Integrated Care Planning and Navigation	Assistive Technologies	413	413	0
LBB	Integrated Care Planning and Navigation	Assistive Technologies	58	58	0
ICB	Personalised Care at Home	Personalised Support/care at home	678	678	0
ICB	Personalised Care at Home	Reablement services	1,040	1,040	0
LBB	Personalised Care at Home	Protecting Social Care	10,850	10,850	0
LBB	Personalised Care at Home	Dementia Universal support service	569	490	-79
LBB	Prevention / Early Intervention	Support for carers/assistive technology	1,837	1,837	0
LBB	Reablement in a persons own home	Reablement services	1,276	1,276	0
LBB	Home Care or Domiciliary Care	Discharge to Assess	458	458	0
			25,539	25,460	-79
DFG					
LBB	DFG Related Schemes	Disabled Facilities Grants	2,443	2,443	0
			2,443	2,443	0
iBCF					
LBB	Assistive Technologies and Equipment	Equipment	214	214	0
ICB	Enablers for Integration	D2A staffing	95	95	0
LBB	Home Care or Domiciliary Care	D2A DomCare	321	321	0
LBB	Home Care or Domiciliary Care	DomCare	72	72	0
LBB	Home Care or Domiciliary Care	Whole system reserve	1,677	1,677	0
	Personalised Budgeting and				
LBB	Commissioning	Reducing pressures	4,863	4,863	0
LBB	Residential Placements	D2A Placements	83	83	0
LBB	Residential Placements	Placements	405	405	0
			7,730	7,730	0
Grand Total			35,712	35,633	-79

6.2 Funding for the BCF is from NHS South East London ICB (£25,539k) and the Department for Levelling Up, Housing and Communities (£7,730k for iBCF and £2,443k for DFG).

7 LEGAL IMPLICATIONS

7.1 The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the Better Care Fund. It provides the mandate to NHS England to include specific requirements relating to the establishment and use of an integration fund. NHS England and the Government allocate the Better Care Fund to local areas based on a framework agreed with Ministers.

7.2 The amended NHS Act 2006 gives NHS England the powers to attach conditions to the payment of the Better Care Fund. For 2017-19 NHS England set the following conditions to access the CCG element of the funding:

- The requirement that the Better Care Fund is transferred into one or more pooled funds established under Section 75 of the NHS Act 2006.

- The requirement that Health & Wellbeing Boards jointly agree plans for how the money will be spent with plans signed off by the relevant local authority and clinical commissioning group(s).
- 7.3 Under the amended NHS Act 2006, NHS England has the ability to withhold, recover or direct the use of CCG funding where conditions attached to the BCF are not met, except for those amounts paid directly to local government.
- 7.4 For 2017-19, NHS England require that BCF plans demonstrate how the area will meet the following national conditions:
- Plans to be jointly agreed;
 - NHS contribution to adult social care is maintained in line with inflation.
 - Agreement to invest in NHS commissioned out-of-hospital services, which may include 7-day services and adult social care; and
 - Managing Transfers of Care
- 7.5 The Improved Better Care Fund Grant determination is made by the Secretary of State under section 31 of the Local Government Act 2003. The grant may be used only for the purposes of meeting adult social care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready and ensuring that the local social care provider market is supported.
- 7.6 The Council is required to:
- Pool the grant funding into the local Better Care Fund, unless the authority has written ministerial exemption
 - Work with the relevant Clinical Commissioning Group and providers to meet National Condition 4 (Managing Transfers of Care) in the Integration and Better Care Fund Policy Framework and Planning Requirements 2017-19 (revised 2019-20)
 - Provide quarterly reports as required by the Secretary of State

Non-Applicable Sections:	
Background Documents:	None