

Bath & North East Somerset Council

MEETING/ DECISION MAKER:	Health and Wellbeing Board
MEETING/ DECISION DATE:	05 November 2024
TITLE:	Bath and North East Somerset Better Care Fund Quarter 2 National Data Return
WARD:	All
AN OPEN PUBLIC ITEM	
List of attachments to this report: Overview summary slide deck BCF Return Excel Document (On Request)	

1 THE ISSUE

1.1 Bath and North East Somerset Council with the Integrated Care Board (ICB) has a statutory duty, through the Health and Wellbeing Board to approve activity related to the Better Care Fund as defined in the requirements of the central Government allocation of these funds. These include a two-year narrative and activity plan, a mid-point planning update and quarterly reports throughout the year. The Quarter 2 report is now being submitted and requires approval from the Health and Wellbeing Board.

2 RECOMMENDATION

The Board is asked to;

2.1 Ratify the BCF Quarter 2 return.

3 THE REPORT

3.1 The Health and Wellbeing Board agreed the proposed plan and narrative explanation for the Better Care Fund 2023-2025 prior to submission in June 2023 and to the planning addendum for 24/25 in July 2024.

3.2 Quarterly reporting is required by national partners which require consultation, agreement, and ratification in line with the agreed governance process.

3.3 The report has been compiled by the Better Care Fund Manager in consultation with relevant senior partners within B&NES Council and ICA, following the agreed governance process.

- 3.4 Requirements for the submission are pre-defined and the BCF manager is provided with templates with prepopulated fixed cells. This does not form or change our published Narrative plan which will require renewal for 25 -27.
- 3.5 Requirements for the submission include reporting against key metrics as outlined on the accompanying slide deck and below which apply to varying degrees to work funded partly or wholly by BCF pooled funding, as well as capacity and demand for hospital and community discharge services for the year to date.
- 3.6 The planning spreadsheet return also requires reporting planned spend and activity against specific defined categories related to schemes. These categories of reporting have been defined by the NHS England BCF team and schemes are allocated to categories at a local level on a best fit basis.
- 3.7 Data has been verified via relevant Business Intelligence teams and aligned with other data sets and submissions including Market Sustainability planning and the system led Winter Plan.
- 3.8 The report was approved by Laura Ambler (B&NES ICA Place Director) and Suzanne Westhead (Director of Adult Social Care) and submitted according to the deadline of the 31st October 2024.
- 3.9 It should be noted that Health and Wellbeing Board meetings do not always precisely align with BCF returns. The National BCF guidelines accept that returns may be given approval, via delegated responsibility by officers and can then be given formal approval via the Health and Wellbeing Board both before and after submission.

RETURN SUMMARY

- 3.10 The 4 National Conditions to produce a jointly agreed plan, to Implement BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer, to implement BCF Policy Objective 2: Providing the right care in the right place at the right time and to maintain NHS's contribution to adult social care and investment in NHS commissioned out of hospital services **have all been met.**
- 3.11 National Metric 1 Avoidable Admissions (Unplanned hospitalisation for chronic ambulatory care sensitive conditions)

Planned performance 152	On track to meet target
Actual performance 122.9	

Challenges: Increasing demand and complexity in attendances, which in turn places higher demand on community services and reduces capacity to support anticipatory care approaches to support people to remain at home.

Achievements: Continued development of the BSW Care co-ordination centre, single points of contact which include health care professionals to support keeping people safe and well at home and signposting to alternative services. Building the function and delivery of the Community Wellbeing Hub and access to TS partners. Hospital @Home/Virtual ward step up and step down and Urgent 2-hour Response continue to support, performing at or above planned

expectations. Continued focus on respiratory planning with ARI going live Nov 24 targeting known areas of deprivation.

3.12 National Metric 2 Discharge to normal place of residence (Percentage of people who are discharged from acute hospital to their normal place of residence)

Planned performance 91.5%	On track to meet target
Actual performance 91.4%	

Challenges: Ongoing work to ensure efficiencies are maximised and processes are aligned to ensure smooth and timely discharge.

Achievements: Improved metric performance compared to last year. The Home is Best programme included a workstream 'Improve flow & capacity for Home'. This is supported by a number of BCF schemes including Care Journey Co-ordinators, brokerage capacity and home care which support the drive to embed a culture of Home is Best. We are also making effective use of community hospitals to support recovery and free up acute settings with a daily 'battle rhythm' of multiagency patient level discussions to maintain flow. Multi-agency Discharge events (MADE) also continue in community and reablement services.

3.13 National Metric 3 Falls (Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000)

Planned performance 1926.4	On track to meet target (exceeding)
Actual performance 404.5	

Challenges: Continued development at system level in process therefore wider impact yet to be determined.

Achievements: Focus on frailty support and an MDT approach to follow up admissions supports improvements in this area. The upskilling of SWASFT clinicians, Occupational Therapists and Physios also support better promotion of the falls pathway.

The Urgent Care and Response group is working through improvements to falls at a system level - this includes a shared Falls response pathway. Additionally, a falls prevention stream is being established and a BSW wide approach to co-ordinating the response. Outcomes will take time to reliably reflect in the data. Urgent 2-hour response services continue to provide falls response in B&NES.

3.14 National Metric 4 Residential Admissions (Rate of permanent admissions to residential care per 100,000 population (65+))

Planned performance 642	On track to meet target
Actual performance 426	

Challenges: Local data analysis indicates admissions currently at 426/100,000 65+.

Continued pressure on care home admissions for older people due to complexity of need and ageing population where supply of beds for high and complex needs is limited.

Achievements: The continued impact of D2A Care Home Beds funded by BCF continues to support this metric. In addition, our drive to provide the right care in the right place at the right time for example through wider support achieved through community partners, is helping to ensure that services are provided to meet the individual's specific needs and that they are regularly reviewed. The impact on permanent admissions may be a longer-term benefit.

3.15 Capacity and Demand

Areas are required to reflect on changes to understanding of demand and available capacity for admissions avoidance and hospital discharge since the completion of the original BCF plans, including

- actual demand in the first 6 months of the year
- modelling and agreed changes to services as part of Winter planning
- Data from the Community Bed Audit
- Impact to date of new or revised intermediate care services or work to change the profile of discharge pathways.

Question 1 How have your estimates for capacity and demand changed since the plan submitted in June? Please include any learnings from the last 6 months.

The system Demand and Capacity Plans are monitored in each locality and at system level against performance. Review work in the summer identified focus areas for opportunities for demand management, which will be monitored through across urgent care and flow delivery group as well as other system wide delivery groups. Using the latest activity information, the BSW's Business Intelligence team have been updating demand and capacity model forward projections over winter. This is still being refined and developed further as initial focus has been on front door demand which has been shared with system partners. But further work is needed on back door and out of hospital capacity. The number of discharges has remained in line with expected trajectories. Projections however did not consider level of need - an increasing trend for high intensity support is testing our service provision and with other factors could limit anticipated reduction in NCTR rates in some parts of our system, although not currently seen in in B&NES, despite significant financial investment. However, NCTR Length of Stay is reducing.

Question 2 How have system wide discussions around winter readiness influenced any changes in capacity and demand as part of proactive management of winter surge capacity?

The BSW system continues to work with all partners to review plans for this Winter. We have agreed priority workstreams which include maximisation of commissioned capacity such as Hospital @ Home models. Our dedicated Paediatric Acute Respiratory Illness hubs will be going live in Nov 2024 taking the learning from pilots last Winter and as a key part of our surge planning. We have also worked across all partners in the B&NES locality to create an 'alternative services' poster campaign to help signpost people to the right service

at the right time across health, third sector provision and mental health. The campaign went live in Sept and will be running throughout winter. We continue to manage additional investment in P1 to maximise capacity during the winter period and ensure available supply of affordable spot purchased care.

Having agreed that modelling for 24/25 is sufficient for the current period and will undergo a simple update to align with current demand patterns, BSW system colleagues are working on the development of a full pathway demand and capacity model which will inform service decisions planning for 25/26 onwards.

Question 3 Do you have any capacity concerns or specific support needs to raise for the winter ahead?

Availability of specialist dementia care home capacity remains a concern, and this is being addressed.

Some additional risks for close monitoring and planned response/management have been recognised by the Urgent Care and Flow Board: Ambulance handover delays and response times, community pharmacy capacity, impact of GP collective action and aspects specific to new community-based care contractual arrangements may impact on provider's capacity and capability to respond in a timely way.

Question 4 Where actual demand exceeds capacity for a service type, what is your approach to ensuring that people are supported to avoid admission to hospital or to enable discharge?

We do not have any noted areas where demand exceeds capacity. We have an embedded 'blueprint' of daily tactical calls cross health, social care and third sector partners to track through at patient level actions across admission avoidance and enabling discharge. We have strong systems and market for home care to enable cost effective purchase of interim home care, and adequate availability of D2A beds where needed, to facilitate discharge. Continued focus on preventative and informed community partners support through CWH referral system supports admission avoidance and facilitates supported discharge. We continue to work with our reablement provider to create capacity through workforce and process development.

3.16 Spending against plan is on track with funding committed and currently at 49.75%. Full breakdown by scheme is available in spreadsheet.

4 STATUTORY CONSIDERATIONS

4.1 The statutory considerations are set out in section 1 of this report.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

5.1 No specific resource implications are identified in this report, as commitments have already been made through previous approvals.

6 RISK MANAGEMENT

6.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council and ICA's decision making risk management guidance.

7 EQUALITIES

7.1 The joint Health and Wellbeing Strategy for B&NES is in operation supporting aims to improve health and wellbeing outcomes for low-income households, vulnerable groups, and people with specific accessibility needs. An Equalities Impact Assessment (EQIA) has been carried out in relation to the BCF schemes and the schemes have been agreed previously by the HWB to fulfil commitments in the Health and Wellbeing and Inequalities strategies.

8 CLIMATE CHANGE

8.1 This report does not directly impact on supporting climate change progress.

9 OTHER OPTIONS CONSIDERED

9.1 None

10 CONSULTATION

10.1 Appropriate consultation has taken place in the construction and development of this return as mentioned in 3.3.

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Background papers	
Please contact the report author if you need to access this report in an alternative format	