

NORTH LINCOLNSHIRE COUNCIL

**HEALTH AND WELLBEING
BOARD**

BETTER CARE FUND (BCF) – END OF YEAR REPORT 2021-22

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1. To explain to the Health and Wellbeing Board partners the progress of the 2021-22 Better Care Fund Plan.

2. BACKGROUND INFORMATION

- 2.1 The Better Care Fund (BCF) is a national programme which covers both the NHS and Local Government and encourages integrated, joined up working between health and social care to improve the health and wellbeing of residents. CCG's and Local Authorities must enter a pooled budget arrangement and agree an integrated spending plan for the Better Care Fund.
- 2.2 Better Care Fund Plans must meet four national conditions, which are:
- A jointly agreed plan between local health and social care commissioners and signed off by the Health and Wellbeing Board.
 - NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution. (For 2021-22 this represented an increase of 5.3%)
 - Investment in NHS commissioned out of hospital services
 - Plans for improving outcomes for people being discharged from hospital.
- 2.3 The North Lincolnshire Better Care Fund Plan 2021-22 was formally agreed by the Health and Wellbeing Board and submitted to the national BCF team in November 2021.
- 2.4 The BCF planning guidance for 2021-22 included national performance metrics (detailed as appendix 1) devised to focus on the following improvement areas:
- Home to Hospital
 - Hospital to Home service planning
 - Length of stay in hospital
- 2.5 This report is written in the context of a year of extreme disruption due to the pandemic and as such many of the original and stretch performance targets have not necessarily been

met, despite this North Lincolnshire has continued to meet the national conditions and the schemes have been implemented and the funding has continued to have a positive impact on the integration of health social care and the voluntary sector. Partners have worked together in a joined-up way to improve people experience of hospital care.

- 2.6 There have been a range of schemes aimed at reducing the number of people attending hospital when they could have their needs met in other ways There has been an increase post covid of people accessing emergency care, which has meant the metric around reducing the number of admissions into hospital has not been met.
- 2.7 Efforts to reduce unnecessary long-term admissions to residential care have continued and we remain well within the metric target, which means more people are being supported in their own homes. The demand on Home First Community Services to support people leaving hospital has increased significantly over the last two years. The Home First Community Service continues to expand and respond well to this increased need.
- 2.8 Reablement and rehabilitation services have have faced a number of challenges over the last year. This is attributable to the policy of closing care homes following outbreaks of covid and has had an impact on the delivery of the target. In addition, there have been increasing numbers of people using reablement services and the number of short stay placements have also increased due to the complexity of people's needs and capacity within community. Despite these challenges there has however been an improvement on previous years in the number of people (65 years and older) who are still at home 91 days after discharge from hospital and reablement/rehabilitation services.
- 2.9 During 2021-22 the domiciliary care sector struggled to grow at the speed needed with the increased demand this has meant some people have been supported by care homes for short periods. In response partners supported the development of Proud to Care and extending this support beyond a recruitment campaign to a recruitment hub. The NHS supported additional funding to the care sector by way of vouchers to support retention and the use of the workfroce fund to provide further incentives to support retention.
- 2.10 The BCF planning guidance for 2022-23 is expected to be published shortly, upon receipt work will commence to realign the plan to better reflect the current and future service models.

3. OPTIONS FOR CONSIDERATION

- 3.1 To note the performance and progress of the North Lincolnshire Better Care Fund Plan 2021-22

4. ANALYSIS OF OPTIONS

- 4.1 Not applicable

5. FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)

- 5.1 The CCG meets its requirements in relation to the minimum CCG investment requirement.
- 5.2 The BCF fund includes the Disabled Facilities Grant (DFG), the iBCF monies and the CCG minimum allocation as follows:

DFG	£2,587,067
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iBCF	£7,024,931
CCG minimum	£13,277,017
Total	£22,889,015

6. OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)

6.1 There are no implications associated with this report, however the BCF 2021-22 plan is a key enabler for the delivery of the Health and Integration 2021-24 plan.

7. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

7.1 Not applicable.

8. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

8.1 Consultation on the development and delivery of the plan has involved all local place partners across health care local authority and the voluntary sector

8.2 There are no perceived conflicts of interest associated with this report.

9. RECOMMENDATIONS

9.1 The Health and Wellbeing Board partners note the progress of the 2021-22 Better Care Fund Plan.

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Background Papers used in the preparation of this report:

North Lincolnshire Better Care Fund Plan 2021-22

Appendix 1

Better Care Fund 2021-22 Performance Metrics

The table below includes the BCF metrics and the performance for the 2021-22 period

New Metric	Definition	2021-22 performance target plus actual outturn	
		Target	Actual
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	1,00.8	1,083.14
Length of stay	Proportion of inpatients resident for: i) 14 days or more ii) 21 days or more	9.9%	12.8%
		4.9%	6.3%
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	91.7%	91.3%

Previous Metric	Definition	2021-22 performance target plus actual outturn		2020-21 performance outcomes	
		Target	Actual	N Lincs actual outturn	Regional actual outcome
Residential admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	597	517.5	514.8	549.8
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	90.4%	89%	85.5%	76.4%