

Better Care Fund (BCF) 2023-2025 update

Presentation to Telford & Wrekin Health and Wellbeing Board – March 2024

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Purpose of session

The session will cover the following areas:

1. Quarterly returns formal approval
2. Progress update

BCF Requirements or quarterly monitoring

National conditions:

- Jointly agreed plan between local health and social care
- Enable people to stay well, safe and independent at home for longer
- Providing the right care in the right place at the right time
- NHS contribution to adult social care at HWB level to be maintained

Metrics:

- Avoidable Admissions
- Emergency admissions due to Falls
- Discharge to Usual Place of Residence
- Residential admissions (permanent admissions to care home)
- Reablement (maintained at home after 91 days)

Quarterly submission summary

Quarter 2 (October 23 return)

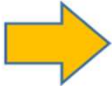


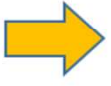
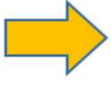
- Meeting the national conditions
- Projection of likelihood of meeting the 5 national indicators
- Review projections of demand and capacity

Quarter 3 (February 24 return)

- Meeting the national conditions
- Projections of meeting the 5 nationally prescribed metrics
- Indication of activity for planned expenditure

Performance – national metric projections

BCF Performance Dashboard March 2024

Key metrics	Performance/ position				Trends	Comments @Month 11
Avoidable admissions	2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan		Q1 count was 117.1. Q2 count is currently <u>102.1</u> Q3 count is <u>104.2</u> Further profiling of the metric to be <u>completed</u>
	103.3	106.8	110.2	113.7		
Falls admissions		2021-22 Actual	2022-23 estimated	2023-24 Plan		Q1 count was <u>130.9</u> Q2 count was <u>91.8</u> Q3 count is <u>82.2</u> Further profiling of the metric to be completed
	Indicator value	1,506.2	1,715.4	1,369.6		
	Count	465	520	441		
	Population	32,973	32,806	34,226		
Discharge to Normal Place of Residence	2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan		Target of 93.7% Current overall performance 94.5 (April to January 94.4 (12 month rolling) National is 92.9 April to January and 92.8 as 12 <u>month</u> rolling
	93.6%	93.7%	93.9%	94.0%		
	3,610	3,621	3,633	3,644		
	3,858	3,863	3,869	3,875		
Permanent admissions to care homes	2021-22 Actual	2022-23 Plan	2022-23 estimated	2023-24 Plan		Target of 429/ 100,000 population (142 people). Outturn for 2022/23 was 447/100,000 - better than national of last year (538.5) Current projection is 473/ 100,000 (150 people) Review of data taking place currently.
	447.4	429.0	438.1	428.5		
	142	142	145	145		
	31,739	33,097	33,097	33,838		
At Home 91 days after Reablement	2021-22 Actual	2022-23 Plan	2022-23 estimated	2023-24 Plan		T&W target is 80% <u>Year end</u> position was 71% Current position is 82.1%
	84.2%	80.0%	71.4%	80.1%		
	186	180	142	181		
	221	225	199	226		

Schemes performance

BCF schemes	Scheme Summary	RAG
Intermediate Care		
Rehabilitation and Reablement (staffing)	Shropshire Community Trust therapists commissioned to deliver Enablement interventions. TICAT support admission avoidance, discharge from hospital and Integrated Discharge Hub (IDT) and preventative interventions within localities	
Domiciliary Care	Currently forecast 165,000+ hours across admission avoidance and discharge	
Rehabilitation and Reablement beds	Commissioned block and spot beds in 2023/4 and additional spot beds. GP supporting to Enablement beds	
SCHT	Aligned services including Rapid Response, Single Point of Referral, community and specialist nursing	
SATH	Aligned to rehabilitation, supported discharge of stroke patients, SATH neuro-rehab clinics and therapists	
Community Resilience		
Preventative Community services	ICB Grant funding to Care Navigators and post-stroke 6- and 12-month reviews	
Carers	Carers support through the Carers Contact Centre, specific Carers support offer; Emergency Carers Support; Carers respite; Admiral Nursing	
LA Grants	Commissioned services including support for dementia, volunteering and Information and Advice Contract	
Neighbourhood Care		
OT Rehabilitation and Enablement	Preventative interventions and equipment; at home and within the Independent Living Centre; Carer Moving and Handling, post Reablement reviews and DFG assessments for minor and major adaptations at home	
Assistive Technologies	Provision of technology enabled care to support sensory and physical impairment and AT Lead post. Funds Pill boxes: Community alarm provision and contract and Community Equipment Stores contract. Assistive Technology to support Planned Overnight Care and Digital Hub. Utilisation of the Independent Centre and Virtual House	
Preventative Services	Contribution to Access Team who support and direct referrals to TICATT, HSCRRT, OTs, Specialist Community Teams and NHS SPOAs. Funds some Locality workers and Support Workers links to Supporting People	
SCHT	Aligned to community and specialist nursing teams and therapists	
Other Care		
iBCF and Winter Pressures Grant	Includes funding for additional SWs, OTs, Brokers, domiciliary care bed price increases	
Maintaining Eligibility for clients	Supporting client care. Costs to the Council for this identified group is £3.1m	
Programme Management	ICB monies aligned to specific PMO monitoring; finance; performance analysis and reporting; Quality Monitoring.	
Care Act Implementation	Range of mandatory provisions including Information and Advice; Advocacy provision; implementation of Safeguarding processes, Board; training of SWs in the legal processes	
Disabled Facilities Grant	Grant allocation aligned to specific regulations in minor and major home adaptations to maximise independence	

Any Questions?

