Telford & Wrekin Co-operative Council

Protect, care and invest to create a better borough

Integrated Care System
Shropshire, Telford and Wrekin

Better Care Fund (BCF) and supporting hospital discharge update

Presentation to Telford & Wrekin Health Scrutiny Committee – December 2023

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Purpose of session

The session will cover the following areas:

1. Better Care Fund (BCF) contribution to Shropshire, Telford & Wrekin programmes
2. Update on BCF schemes
3. Update on demand and capacity work
4. Update on discharge from hospital processes
5. Commissioning support to BCF and wider programmes

Better Care Fund (BCF) support local and system wide programmes

Key delivery mechanisms and principles:

- Integrated delivery by teams
- Engagement in Place-based, Local Care and Urgent Care programmes
- Strengths-based, person-centred approach across all access points
- Personalised approaches as a fundamental principle
- Understanding demand and capacity to meet needs
- Joint planning and commissioning
- Care market sustainability

BCF national priorities for 2023/25:

- Clear approach to integration across delivery and commissioning
- Enable people to stay well, safe and independent at home
- Providing the right care in the right place at the right time
- Supporting unpaid carers
- Support to housing including minor and major adaptations
- Improving health inequalities

BCF Finance and metrics

BCF Finance:

- BCF value identified over over 2 years
- Additional £363k Discharge Fund monies from NHSE
- Additional cost pressure due to Enablement Care bed and domiciliary care demand, needs and unit cost

	2023-24		2024-25	
Running Balances	Income	Expenditure	Income	Expenditure
DFG	£2,306,755	£2,306,755	£2,306,755	£2,306,755
Minimum NHS Contribution	£14,510,214	£14,510,214	£15,331,492	£15,331,492
iBCF	£7,823,562	£7,823,562	£7,823,562	£7,823,562
Additional LA Contribution	£1,118,410	£1,118,410	£1,118,410	£1,118,410
Additional NHS Contribution	£1,211,625	£1,211,625	£1,183,383	£1,183,383
Local Authority Discharge Funding	£1,096,851	£1,096,851	£1,820,773	£1,820,773
ICB Discharge Funding	£1,240,396	£1,240,396	£1,776,801	£1,776,801
Total	**£29,307,813**	**£29,307,813**	**£31,361,176**	**£31,361,176**

BCF metrics:

- Avoidable admissions
- Falls admissions
- Discharge to Normal Place of Residence
- Permanent admissions to care homes
- At Home 91 days after Reablement

BCF Performance Dashboard December 2023

Key metrics	Performance/ position				Trends	Comments
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 94. Further profiling of the metric to be completed
	103.3	106.8	110.2	113.7		
Falls admissions						Q1 count was 130.6 Q2 count is currently 82.6 Further profiling of the metric to be completed
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% Q1 was 94.6. National was 92.8% Current overall performance 94.9 (April to August) 94.1 (12 month rolling) National is 93.0 April to August and 92.7 as 12 month 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 580.4/ 100,000 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% Year end position was 71% Current 3 month to October is average 78%
	84.2%	80.0%	71.4%	80.1%		
	186	180	142	181		
	221	225	199	226		

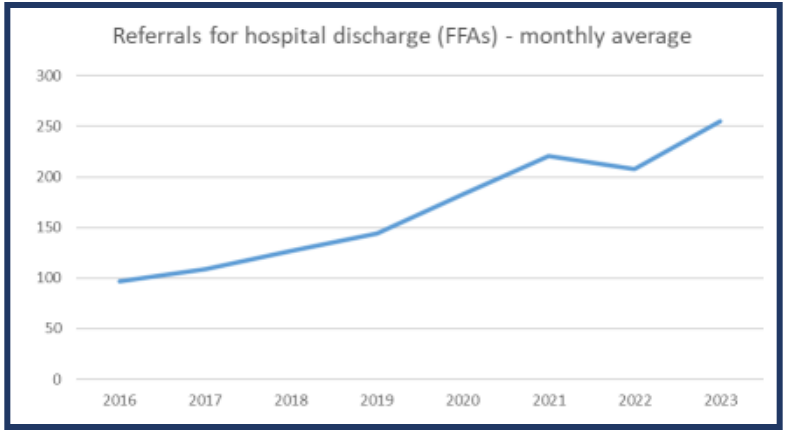
BCF Schemes

BCF schemes	Scheme Summary
Intermediate Care	
Rehabilitation and Reablement (staffing)	Shropshire Community Trust therapists commissioned to deliver Enablement interventions TICAT function support admission avoidance, discharge from hospital and Integrated Discharge Hub (IDT) and preventative interventions within localities
Domiciliary Care	Base budget for 41,000 hours. Currently forecast over 150,000 hours driven by TOC, admission avoidance and individuals care need increases
Rehabilitation and Reablement beds	Commissioned 27 block beds in 2023/4 and additional spot beds GP supporting Enablement beds for medical support
SCHT	Aligned to SCT services including Rapid Response, Single Point of Referral, community and specialist nursing teams
SATH	Aligned to SATH rehabilitation, supported discharge of stroke patients eg ESD, SATH neuro-rehab clinics and therapists
Community Resilience	
Preventative Community services	ICB Grant funding to Age UK (Care Navigators) and Stroke Association 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	Grants (Commissioned services) includes Age UK and Information and Advice Contract (WIP)
Neighbourhood Care	
OT Rehabilitation and Enablement	OT provision to deliver 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	Funding for additional SWs, OTs, Matron, Independent Assessor and Brokers to manage increased demand Funds domiciliary care bed price increases to ensure robust provision.
Maintaining Eligibility for clients with LT care	Supporting specific individuals long term care.
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 at home.

Developing capacity to meet demand for complex discharges and alternatives to hospital

Increased demand:

- Increase of referrals by 115% over last 6 years
- Bed utilisation increased by 90% over 4 years
- Domiciliary care utilisation increased by 200% over 5 years
- Increased admission avoidance
- Increased length of stay in beds and receiving care



Drivers for increased demand :

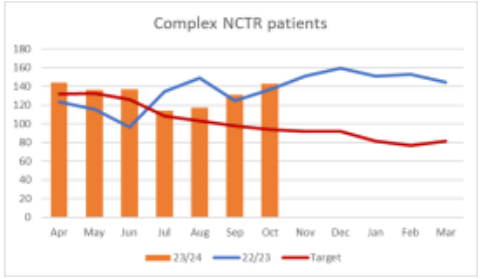
- Increased complexity of presentation
- Impacts of covid
- Therapy capacity to meet increased demand
- Market bed capacity (specific designations)
- Pathway profile changes - more bed-based referrals
- Alternatives to admission
- Workforce capacity
- Costs of care increase

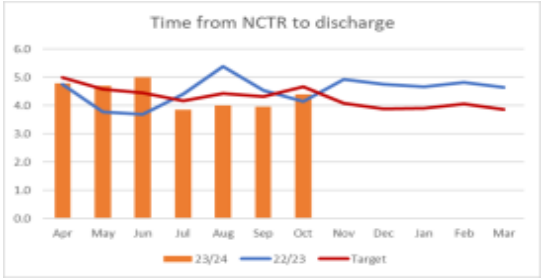
Discharge from hospital priorities

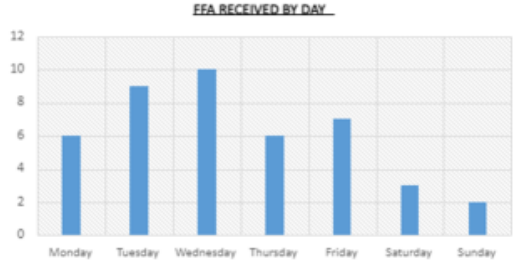
- System reviews by DHSC
- Support from NHSE Service Improvement Team
- External review of Demand and Capacity
- Discharge related prioritised programmes and actions
    - Maximising simple and timely discharges
    - Maximising complex discharges
    - Improving discharges over 7 days
    - Development of the Integrated Discharge Team
    - Increasing Home First
- Support admission avoidance and Virtual Ward developments

Discharge performance monitoring

- Discharge Monitoring metrics
    - Number of No Criteria to Reside
    - Length of Stay when No Criteria to Reside
    - Pathway Profile by Length of Stay
    - Complex Discharges by Day
- Daily, weekly and monthly monitoring by system and NHSE







P1	51.6%
P2	29.7%
P3	18.7%

Commissioning actions and intentions

- STW Strategic Commissioning Board agrees priorities to ensure we:
  - Commission collaboratively across health and social care to maximise outcomes, best use of funds and person experience
  - Ensuring we work together in designing and investing in pathways that are person-centred, outcome focused
  - Adopting a proactive cycle of re- or de - commissioning to meet current and future need

- STW integrated commissioning approach will oversee:
  - Market development and sustainability of quality provision
  - Contract management of provider through joint oversight
  - Maximising opportunities for community and voluntary organisation involvement

Planning and Prioritising with partners

- BCF Board reporting into Telford & Wrekin Integrated Place Partnership (TWIPP) and Health and Wellbeing Board
- System reviews of discharge by Department for Health and Social Care
- Active support from NHS England Service Improvement Team across discharge programmes
- Executive/ Senior Manager more direct support of Discharge programmes
- Increased system partner engagement around priority actions
- Increased data analysis to support prioritisation of actions
- Increased reporting to track progress
- Increased data reporting to track progress

Any Questions?