

Health and Wellbeing Board

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Better Care Fund 2021/22 Year End Performance Metrics



Report of Paul Copeland, Strategic Programme Manager: Integration, Adult and Health Services, Durham County Council

Purpose of the Report

- 1 The purpose of this report is to provide the Health and Wellbeing Board (HWB) with a summary of the Better Care Fund (BCF) 2021/22 year end performance metrics.

Executive summary

- 2 Performance against the five BCF key metrics are measured against planned targets.
- 3 The BCF Plan includes the following metrics; avoidable admissions to hospital, reducing length of stay in hospital, patients discharged to their normal place of residence, permanent admissions to care homes and finally the effectiveness of reablement.
- 4 Positive performance is indicated in all five key metrics for County Durham.

Recommendations

- 5 The Health and Wellbeing Board are recommended to:
 - (a) note the contents of this report
 - (b) agree to receive future updates in relation to BCF performance.

Background

- 6 The BCF is a jointly agreed programme of service delivery to support health and social care initiatives which enable integration through a pooled budget arrangement.
- 7 The BCF allocation for 2021/22 was £84.57m, which includes the Disabled Facilities Grant (DFT) and the Improved Better Care Fund (iBCF) allocation to support adult social care, reduce pressure on the NHS and support the social care provider market.
- 8 The national conditions for the BCF in 2021/22 included:
 - a jointly agreed plan between local health and social care signed off by the HWB
 - NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution.
 - Invest in NHS commissioned out of hospital services
 - A plan for improving outcomes for people being discharged from hospital.

National Metrics

- 9 The BCF policy framework set out the national metrics for measuring performance and improvements in the key metrics below:
 - avoidable admissions to hospital
 - reducing length of stay in hospital, measured through the percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days.
 - the proportion of people discharged home using data on discharge to their usual place of residence
 - admissions to residential and care homes
 - the effectiveness of reablement

Performance Metrics

- 10 Assessment of progress against the metric for the period is measured via several options, 'on track to meet target', 'not on track to meet target', or 'data not available to determine performance'.

- 11 A traffic light system is used in the report where 'green' indicates 'on' or better than target, amber which signals 'within 2% of target' and 'red' which denotes 'below target' or 'target not achieved'.

Avoidable Admissions

Indicator	Planned	Progress against Metric	Performance against plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions	960	On track to meet target	

- 12 The National BCF Team recently stated that the data for this metric in 2021/22 will not be published until later this year, therefore there is no expectation for figures to be identified. Whilst current figures suggest that activity may be higher than planned, good progress has been made given the challenges of the COVID-19 pandemic.
- 13 A GP streaming service has been established in the Emergency Department which is managing to divert a significant proportion of patients for treatment in Primary Care. Recruitment is currently being finalised for a virtual respiratory ward which will ensure that patients can be managed at home with support from the hospital team. Diabetes admissions continue to remain lower than previous years following implementation of a Primary Care Diabetes Service.

Length of Stay (LoS)

Indicator	Planned	Progress against metric	Performance against plan
Proportion of inpatients resident for:		On track to meet target	
1. 14 days or more	10.8%	11.0% actual	
2. 21 days or more	5.2%	5.4% actual	

- 14 Although length of stay (LoS) for 14+ and 21+ days is marginally higher than planned at 11.0% and 5.4% respectively, positive progress has been made which is within 2.0% of planned.
- 15 Investment was made pre-pandemic into a community Outpatient Parenteral Antibiotic Therapy (OPAT) service which has been very effective in supporting home based intravenous (IV) treatment preventing long hospital stays.
- 16 Integration leadership across health and social care in relation to hospital discharge has brought an increased focus on improving hospital discharge. Designated settings have been in place to support safe and timely discharge of COVID plus care home residents which has prevented delays. Additional support to care homes during and post pandemic continues.

Discharge to normal place of residence

Indicator	Planned	Progress against metric	Performance against plan
Percentage of people who are discharged from acute hospital to their normal place of residence	93.0%	On track to meet target 91.7% actual	

- 17 Although the percentage of people discharged from hospital to their usual place of residence is marginally below target at 91.7% it is within 2.0% of planned.
- 18 Significant pressures on capacity and availability within the domiciliary care market led to some people being admitted temporarily to care homes at the height of the Omicron variant of the Covid-19 pandemic. The domiciliary care market has begun to show some improvement in contemporary times.
- 19 There has been a very clear focus on improving hospital discharge across the system alongside significant investments made into community-based services. Additional support has been provided to care homes and domiciliary care providers to help with sustainability.

Residential Admissions

Indicator	Planned	Progress against metric	Performance against plan
Rate of permanent admissions to residential care per 100,000 population (65+)	749	On track to meet target 626 actual	

- 20 The 2021/22 plan reflected the COVID-19 pre-pandemic levels. However, the actual out-turn rate at 626 was indicative of the exceptionally lower demand during the pandemic, which suppressed the need for residential care home placements. Challenges associated with embedding a new case management system and associated activity data have also impacted upon this reduction.
- 21 It remains unclear at this time as to whether the reduction in permanent admissions reported is a genuine and sustainable decrease or is an artificially low figure for reasons previously stated.
- 22 Nationally, the number of care home admissions across England has fallen by 8.0% when compared to pre-pandemic levels, according to figures from the Office for National Statistics (ONS).

Reablement

Indicator	Planned	Progress against metric	Performance against plan
Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation	84.1%	On track to meet target 88.7% actual	

- 23 Reablement/Rehabilitation has performed well, the full year out-turn figure was 88.7% which has exceeded the planned target.
- 24 Our aim is to continue to deliver a high quality and effective reablement service with high levels of positive outcomes for people, and to prevent unnecessary dependency on longer term care.

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Appendix 1: Implications

Legal Implications

Any legal implications concerning the BCF programme have been considered and addressed previously.

Finance

The BCF 2021/22 allocation for Durham was £84.57m which includes the iBCF allocation to support adult social care.

Consultation

As required through the HWB.

Equality and Diversity / Public Sector Equality Duty

The Equality Act 2010 requires the council to ensure that all decisions are reviewed for their potential to impact upon people.

Human Rights

None

Crime and Disorder

None

Staffing

None

Accommodation

None

Risk

No requirement for a risk sharing agreement with the BCF.

Procurement

None