

## Better Care Fund 2021-22 Template

### 6. Metrics

Selected Health and Wellbeing Board:

Bracknell Forest

### 8.1 Avoidable admissions

	19-20 Actual	20-21 Actual	21-22 Plan	Overview Narrative	
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	Available from NHS Digital (link below) at local authority level.  Please use as guideline only	no data available	630.0	<ul style="list-style-type: none"> <li>2020-21 data is unpublished at HWB area level. Anecdotally all hospital admissions were lower than previously for large portions of 21/22.</li> <li>Having spoken to the local NHS Trust we anticipate that 2021/22 will be closer to 2019/20 (615.5) in terms of activity with a slight increase. NEL admissions for FHFT</li> </ul>	Please set out the overall plan in the HWB area for reducing rates of unplanned hospitalisation for chronic ambulatory sensitive conditions, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

>> [link to NHS Digital webpage](#)

### 8.2 Length of Stay

		21-22 Q3 Plan	21-22 Q4 Plan	Comments	
Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more As a percentage of all inpatients (SUS data - available on the Better Care Exchange)	Proportion of inpatients resident for 14 days or more	9.4%	9.4%	<ul style="list-style-type: none"> <li>The NHS Trust ambition is clearly to reduce LOS by 20% across the board which is the right thing for our patients – but also materially improves our ability to maintain elective work and reduce ambulance handover delays.</li> <li>Analysis of the longer stayers (14+/21+ days) showed that Length of Stay increases with the higher number of co-morbidities and the complexity of health needs for these patients. Whilst as a system the community can support with reducing excess bed days (time beyond that necessary for medical treatment) for</li> </ul>	Please set out the overall plan in the HWB area for reducing the percentage of hospital inpatients with a long length of stay (14 days or over and 21 days and over) including a rationale for the ambitions that sets out how these have been reached in partnership with local hospital trusts, and an assessment of how the schemes and enabling activity in the BCF are expected to impact on the metric. See the main planning requirements document for more information.
	Proportion of inpatients resident for 21 days or more	4.5%	4.5%		

### 8.3 Discharge to normal place of residence

	21-22 Plan	Comments	
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	92.5%	<ul style="list-style-type: none"> <li>FHFT completed a system dynamic model to understand pathways post-discharge (P0, P1, P2, P3). Data indicates that c90% are discharges on P0 (home without support) and P1 (home with extra support).</li> <li>According to SUS, the average discharge to home rate for Bracknell Forest for Apr – Aug 21 was 92.7%. The</li> </ul>	Please set out the overall plan in the HWB area for improving the percentage of people who return to their normal place of residence on discharge from acute hospital, including a rationale for how the ambition was reached and an assessment of how the schemes and enabling activity in the BCF are expected to impact on the metric. See the main planning requirements document for more information.

### 8.4 Residential Admissions

		19-20 Plan	19-20 Actual	20-21 Actual	21-22 Plan	Comments
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	643	738	473	579	<ul style="list-style-type: none"> <li>•2020 – atypical admission numbers due to Covid-19</li> <li>•April to October 2021 are already fixed – 59 in total so far; we expect to see a seasonal increase in March 2022.</li> <li>•Planned annual rate of 579 compared to 19/20 actual of 738 means we are aiming for a real terms reduction (decreased numerator and increased denominator)</li> </ul>
	Numerator	115	133	88	110	
	Denominator	17,872	18,011	18,616	18,994	

Please set out the overall plan in the HWB area for reducing rates of admission to residential and nursing homes for people over the age of 65, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:

<https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based>

### 8.5 Reablement

		19-20 Plan	19-20 Actual	21-22 Plan	Comments
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	81.3%	83.6%	85.5%	<ul style="list-style-type: none"> <li>•Last three years, BFC have performed well against 81% target set in 2018</li> <li>•Only officially reported based on one quarter's data (anyone discharged from October to December followed up between January – March as 91 days). Not tracked throughout the year. Monitoring Q performance</li> </ul>
	Numerator	65	46	65	
	Denominator	80	55	76	

Please set out the overall plan in the HWB area for increasing the proportion of older people who are still at home 91 days after discharge from hospital into reablement/rehabilitation, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Please note that due to the splitting of Northamptonshire, information from previous years will not reflect the present geographies. As such, all pre-populated figures above for Northamptonshire have been combined.

For North Northamptonshire HWB and West Northamptonshire HWB, please comment on individual HWBs rather than Northamptonshire as a whole.

Better Care Fund 2021-22 Template

7. Confirmation of Planning Requirements

Selected Health and Wellbeing Board:

Bracknell Forest

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it
NC1: Jointly agreed plan	PR1	A jointly developed and agreed plan that all parties sign up to	<p>Has a plan; jointly developed and agreed between CCG(s) and LA; been submitted?</p> <p>Has the HWB approved the plan/delegated approval pending its next meeting?</p> <p>Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan?</p> <p>Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned?</p>	<p>Cover sheet</p> <p>Cover sheet</p> <p>Narrative plan</p> <p>Validation of submitted plans</p>	Yes			
	PR2	A clear narrative for the integration of health and social care	<p>Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes:</p> <ul style="list-style-type: none"> <li>How the area will continue to implement a joined-up approach to integrated, person-centred services across health, care, housing and wider public services locally.</li> <li>The approach to collaborative commissioning</li> <li>The overarching approach to support people to remain independent at home, and how BCF funding will be used to support this.</li> <li>How the plan will contribute to reducing health inequalities and inequalities for people with protected characteristics? This should include                             <ul style="list-style-type: none"> <li>How equality impacts of the local BCF plan have been considered,</li> <li>Changes to local priorities related to health inequality and equality, including as a result of the COVID 19 pandemic, and how activities in the BCF plan will address these</li> </ul> </li> </ul>	Narrative plan assurance	Yes	FICS Winter funding bids 21/22 (p8) Community Impact Assessment (p16)		
	PR3	A strategic, joined up plan for DFG spending	<p>Is there confirmation that use of DFG has been agreed with housing authorities?</p> <ul style="list-style-type: none"> <li>Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home?</li> <li>In two tier areas, has:                             <ul style="list-style-type: none"> <li>Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory Disabled Facilities Grants? or</li> <li>The funding been passed in its entirety to district councils?</li> </ul> </li> </ul>	<p>Narrative plan</p> <p>Confirmation sheet</p>	Yes			
NC2: Social Care Maintenance	PR4	A demonstration of how the area will maintain the level of spending on social care services from the CCG minimum contribution to the fund in line with the uplift in the overall contribution	Does the total spend from the CCG minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Auto-validated on the planning template	Yes			
NC3: NHS commissioned Out of Hospital Services	PR5	Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the CCG minimum BCF contribution?	Does the total spend from the CCG minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Auto-validated on the planning template	Yes			
NC4: Plan for improving outcomes for people being discharged from hospital	PR6	Is there an agreed approach to support safe and timely discharge from hospital and continuing to embed a home first approach?	<ul style="list-style-type: none"> <li>Does the BCF plan demonstrate an agreed approach to commissioning services to support discharge and home first including:                             <ul style="list-style-type: none"> <li>support for safe and timely discharge, and</li> <li>implementation of home first?</li> </ul> </li> <li>Does the expenditure plan detail how expenditure from BCF funding sources supports this approach through the financial year?</li> <li>Is there confirmation that plans for discharge have been developed and agreed with Hospital Trusts?</li> </ul>	<p>Narrative plan assurance</p> <p>Expenditure tab</p> <p>Narrative plan</p>	Yes			

Agreed expenditure plan for all elements of the BCF	PR7	<p>Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?</p>	<ul style="list-style-type: none"> <li>Do expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated)</li> <li>Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (see paragraphs 32 – 43 of Planning Requirements) (tick-box)</li> <li>Has funding for the following from the CCG contribution been identified for the area: <ul style="list-style-type: none"> <li>Implementation of Care Act duties?</li> <li>Funding dedicated to carer-specific support?</li> <li>Reablement?</li> </ul> </li> </ul>	<p>Expenditure tab</p> <p>Expenditure plans and confirmation sheet</p> <p>Narrative plans and confirmation sheet</p>	Yes			
Metrics	PR8	<p>Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?</p>	<ul style="list-style-type: none"> <li>Have stretching metrics been agreed locally for all BCF metrics?</li> <li>Is there a clear narrative for each metric describing the approach locally to meeting the ambition set for that metric, including how BCF expenditure will support performance against each metric?</li> <li>Are ambitions across hospital trusts and HWBs for reducing the proportion of inpatients that have been in hospital for 21 days aligned, and is this set out in the rationale?</li> <li>Have hospital trusts and HWBs developed and agreed plans jointly for reducing the proportion of inpatients that have been in hospital for 14 days or more and 21 days or more?</li> </ul>	<p>Metrics tab</p>	Yes			