To: Health and Wellbeing Board
6 June 2023

Better Care Fund – Year End Report 2022/2023
Executive Director, People

1 Purpose of Report

1.1 The government's mandate to the NHS, published in March 2020, set a deliverable for the NHS to 'help ensure delivery of its wider priorities, which include manifesto commitments to further improve the experience of NHS patients, working with local government to support integration and the sustainability of social care through the Better Care Fund (BCF)'.

1.2 Health and Wellbeing Boards (HWB) are required to provide an end of year reconciliation to Departments and NHS England/ Improvement, confirming that the national conditions have been met, total spend from the mandatory funding sources and a breakdown of agreed spending on social care from the NHS minimum contribution.

1.3 This report asks the HWB to approve the attached Year End template. The report also provides additional information about the performance against national metrics spend of the Adult Social Care Discharge Fund 22/23 and local achievements in 22/23

2 Recommendation(s)

2.1 To approve the Year End Report for the Bracknell Forest Better Care Fund 2022/23

2.2 To note that the Year End Report Tab 7 Adult Social Care Discharge Fund 22/23 was submitted to Better Care Fund England 2nd May 2023 through delegated authority to the Executive Director: People as per the national deadline.

2.3 To note that the Year End Report 23/24 was submitted to Better Care Fund England 23rd May 2023 through delegated authority to the Executive Director: People as per the national deadline.

3 Reasons for Recommendation(S)

3.1 To comply with the NHS and Departments' requirement to submit HWB approved Year End Report.

4 Alternative Options Considered

4.1 No alternative to approving the Year End report has been considered as this is a national requirement.

5 Supporting Information

National Metrics

5.1 The BCF 22/23 reported against four national metrics:

Metric	**Definition**	**Summary**
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (i.e., diabetes, high blood pressure, epilepsy etc)	At the time of reporting there was no available data to determine progress against this metric. Data was available for Q1 whereby we met our quarterly target.
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	Not on track to meet target of 93% - we achieved 90.5% Mitigating factors – we are seeing an increase in people discharged with complex health issues and pathway 3 discharges therefore requiring a higher level of care than previously received prior to hospitalisation. Increased evidence of hoarding making discharge to normal place of residence more difficult. Families also wanting wrap around care for their loved one.
Residential Admission	Rates of permanent admissions to residential care per 100,000 population 65+	Target of 563 per 100,000 was not met – 589.4 per 100,000 achieved. In real terms that means we had an aim of 110 people over the year admitted to permanent residential care but instead placed 115 people
Reablement	Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement	Target of 87.5% (70 /80) not met – we achieved a target of 85.3% (87/102 people) This links to the increase in complex needs at the point of discharge – ICS receiving more people that are not fit enough to be re-abled and are requiring more hands-on care whilst they become well enough.

Key successors observed towards driving the enablers for Integration

5.1 Partners across Health, Social Care and Housing noted strong integrated partnership-working across health and social care in Bracknell Forest Place. Colleagues meet weekly at the joint seasonal capacity planning meetings whereby the opportunity to troubleshoot any barriers to system flow, discuss what is going well and sound out innovative ideas takes place.

5.2 In addition, ongoing building of relationships across place and effective communication. For example, Team Manager for Adult Community Team and the Hospital Discharge Team rotate themselves and staff to be based within the acutes - this has enabled more effective communication, being closer to the safeguarding team and enabled liaising with other local authorities as well.

5.3 The Adult Social Care Discharge Fund 22/23 – whilst presented challenges in the swift turnaround required to propose, agree and mobilise funding for various

schemes over the winter period – these were carried out effectively and contributed to system flow with health and social care working together to support system needs and demands.

Key challenges observed towards driving the enablers for Integration

5.4 One of the ongoing challenges has been the data available to evidence narrative and drive forward performance and a person-centred approach. More information about individuals admitted to hospital is required earlier to ensure they are on the right pathway for discharge. This is being addressed and good progress made with staff now having access to EPIC

5.5 Resource and capacity across the system and the amount of time the trust is under Opal level . This makes it difficult to plan and support staff across the system and leads to an unsustainable level of hospital discharges and associated activities as well as managing the expectations of families. Having less permanent resource across the system also impacts on cost – as does the shortage of nursing staff in care homes. This limits a person's choice and increases cost.

5.6 Please see Appendix A Bracknell Forest HWB 2022-2023 End of Year report.

6 Consultation and Other Considerations

Legal Advice

6.1 Section 75 of the National Health Service Act 2006 contains powers enabling NHS bodies and local authorities to pool funding into a pooled fund. The Section 75 Partnership Agreement is such an arrangement which enables the management of BCF schemes in accordance with the national conditions. The year-end reporting requirements have been considered elsewhere in the body of this report and the Council plans to comply with such requirements.

Financial Advice

6.2 Finance have completed the financial elements of the NHS year-end template. There are no financial implications from this report.

Other Consultation Responses

6.3 The Year End report received input from financial, operational and strategic stakeholders from the local authority and Frimley ICB.

Equalities Impact Assessment

6.4 No formal EIA was completed as part of the delivery of the 22/23 BCF. However, it is anticipated that the provision of the Better Care Fund schemes has had an overall positive effect on residents with protected characteristics, especially older people, those with disabilities or long-term conditions and carers.

Strategic Risk Management Issues

6.5

Risks	Mitigations

Lack of assurance of all BCF schemes in order to determine impact and outcomes	New business cases required to identify strategic links, outcomes and KPI's to be reported to Broader reporting of BCF dashboard Approval to recruit BCF programme manager as a dedicated FTE focus on the delivery of the BCF

Climate Change Implications

6.6 The recommendations in Section 2 above are expected to have no impact on emissions of CO_2.

The reasons the Council believes that this will reduce emissions/have no impact on emissions are/To reduce the impact of this increase, the Council will

Health & Wellbeing Considerations

6.7 The BCF programme supports the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.

Background Papers
Bracknell Forest Better Care Fund – Year End report 22/23

Contact for further information
Sarah van Heerde, Commissioning- 01344 351 329
Sarah.van-heerde@bracknell-forest.gov.uk