

<b>DECISION-MAKER:</b>	Southampton Health & Care Partnership Board
<b>SUBJECT:</b>	Better Care Fund (BCF) Delivery & Performance Quarter 2 update
<b>DATE OF DECISION:</b>	16 January 2025
<b>REPORT OF:</b>	Director of Commissioning – Integrated Health & Care

<b><u>CONTACT DETAILS</u></b>			
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<b>STATEMENT OF CONFIDENTIALITY</b>	
N/a	
<b>BRIEF SUMMARY</b>	
This report provides an update on the Better Care Fund Quarter 2.	
<b>RECOMMENDATIONS:</b>	
	(i) To note the contents of this report.
<b>REASONS FOR REPORT RECOMMENDATIONS</b>	
1.	The primary purpose of BCF quarterly reporting is to ensure a clear and accurate record of continued compliance with the key requirements and conditions of the fund, including the Discharge Fund. It also provides insight on local progress, challenges and highlights on the implementation of the BCF plans and progress on wider integration across health and social care.
<b>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</b>	
	N/a.

**DETAIL (Including consultation carried out)**

1.

**Performance against BCF metrics**

Metric	Assessment of progress against the metric plan for the reporting period:	Commentary:
<p><b>Avoidable admissions</b></p> <p>(Rate of Admissions per 100,000 adult population)</p>	<p>Not on track to meet the target.</p> <p>Q2 Target = 215.8 per 100,000 Q2 Actual = 240.4 per 100,000</p> <p>Year to date Target = 470.9 per 100,000 Year to date Actual = 500.7 per 100,000</p> <p>(Local data showing a slightly more favourable position than the national data and actual discharges in Q2 being 7.6% less than in Q1)</p>	<p>Performance remains challenging due to increasing demand and complexity in the community and the capacity in community services.</p> <p><b>Mitigation for recovery:</b></p> <ul style="list-style-type: none"> <li>• INT – proactive care capacity March 2025 onwards</li> <li>• Strengthening of community pathways out of A&amp;E, aligning frailty processes linking to SDEC priority pathways, optimising therapy teams to work collaboratively for admission prevention.</li> <li>• Social worker in SCAS call centre and development of pathways into UCR and virtual wards</li> <li>• IV frusemide in the community project being explored</li> <li>• Rapid hospital at home equipment services</li> <li>• Virtual ward utilisation</li> <li>• Single point of access</li> </ul>
<p><b>Discharge to normal residence</b></p>	<p>On track to meet the target</p> <p>Q2 Target = 95.2% Q2 Actual = 95.1%</p> <p>Year to date Target = 95.2% Year to date Actual = 95%</p>	<p><b>HLOW Proportionate Care roll out to Reablement teams, home care bridging and staff working in community is supporting achievement. We will continue to seek to improve upon our position through:</b></p> <ul style="list-style-type: none"> <li>• Continued focus on our home first messaging within the hospital</li> <li>• Implementation of Advanced Assessment Team to assess people earlier in their hospital stay</li> <li>• review of Pathway 1 processes and improvement opportunities – including pilot of D2A bridging for new packages of care</li> <li>• Standardisation of discharge standards</li> <li>• Review of patient transport, particularly aimed at reducing cancellations/aborts to make better use of capacity</li> </ul>
<p><b>Emergency Admissions due to falls</b></p> <p>(Rate of Admissions per 100,000 for 65 and over population)</p>	<p>No longer on track to meet the target</p> <p>Q2 Target = 675.1 Q2 Actual = 699.8 (NB local data showing 658.6)</p> <p>Year to date Target = 1350.2 Year to date Actual = 1423.2 (NB local data showing 1348.5)</p>	<p><b>Whilst we were on track to meet target, performance figures received since the original Q2 submission on 31 October, are showing that performance has deteriorated and there is a significant difference between local and national data. This may be due to late data input.</b></p> <p><b>Whilst there has been a significant improvement on previous year's performance, Southampton remains an outlier and despite being on track at the beginning of the year, is now showing to be off track.</b></p> <p><b>Work continues to strengthen the falls pathway. The Saints Foundation falls exercise scheme is a particular strength that we would like to build on.</b></p> <p><b>We are also looking to strengthen our pathways between SCAS and Urgent Community Response to</b></p>

			reduce conveyance rates, including "call before convey", "dial before dispatch" and triage processes
	Residential admissions (long term support needs of older people met by admission to residential or nursing care homes per 100,000 of population aged 65 and over)	On track to meet the target.  Annual target = 648 per 100,000.  Annual forecast actual = 543.9 per 100,000	Local data is showing a significant improvement with reductions in permanent admissions to both residential and nursing homes.

## 2. Capacity and Demand

Estimates of capacity and demand have not changed significantly in quarter 2, since the BCF plan for the year was submitted. However, demand is exceeding capacity for Hospital Discharge pathway 1 Rehab and Reablement. Wherever possible short term home care capacity to bridge people at the start of their Reablement package is being utilised to prevent delayed discharge.

Within the community BCF funding has been used to increase capacity in the Urgent Response Service (URS) so that the workforce can be pulled from other community teams during peak periods to continue to support people in the community and avoid hospital admissions.

Demand for Hospital Discharge, pathway 1 short term domiciliary care is higher than expected but there is sufficient capacity to manage this. In the community referrals to the Community Independence Rehabilitation Service are lower than expected, we will continue to monitor this and investigate whether this is a data quality issue.

## 3. Expenditure

As part of the BCF quarterly report, expenditure to date for each scheme supported by the BCF is provided. Please see below the overall summary of the position as at month 6, quarter 1 & 2.

Running Balances	2024-25			
	Income	Expenditure to date	Percentage spent	Balance
DFG	£2,741,399	£1,047,233	38.20%	£1,694,166
Minimum NHS Contribution	£23,080,574	£11,612,525	50.31%	£11,468,049
IBCF	£10,704,789	£5,352,395	50.00%	£5,352,394
Additional LA Contribution	£0	£0		£0
Additional NHS Contribution	£0	£0		£0
Local Authority Discharge Funding	£2,501,325	£1,250,662	50.00%	£1,250,663
ICB Discharge Funding	£2,270,958	£1,137,156	50.07%	£1,133,802
<b>Total</b>	<b>£41,299,045</b>	<b>£20,399,971</b>	<b>49.40%</b>	<b>£20,899,074</b>

The overall balance is close to expectations for month 6, with 49.40% of the budget spent. The main variance against the expected position is on the Disabled Facility Grant (DFG) where there remains an underspend.

<b>4.</b>	<b>Next Steps</b>  Due to the late publication of the Quarter 3 reporting template, the submission date for the quarter 3 return has been extended to 14 <sup>th</sup> February 2025. Prior to the submission, the draft return will be signed off by both NHS HIOW Chief Financial Officer and Chair of the Health & Care Partnership Board.
<b>RESOURCE IMPLICATIONS</b>	
<b><u>Capital/Revenue</u></b>	
	N/a
<b><u>Property/Other</u></b>	
	N/a
<b>LEGAL IMPLICATIONS</b>	
<b><u>Statutory power to undertake proposals in the report:</u></b>	
	N/a
<b><u>Other Legal Implications:</u></b>	
	N/a
<b>RISK MANAGEMENT IMPLICATIONS</b>	
	N/a
<b>POLICY FRAMEWORK IMPLICATIONS</b>	
	The Better Care Finance and Performance Group provides assurance to Southampton Health and Care Partnership Board on the delivery of the Better Care Fund against the plan. Areas of concern are escalated as appropriate and in line with the governance and assurance process.

<b>KEY DECISION?</b>	<b>Yes/No</b>
<b>WARDS/COMMUNITIES AFFECTED:</b>	
<b><u>SUPPORTING DOCUMENTATION</u></b>	
<b>Appendices</b>	
1.	None.
<b>Documents In Members' Rooms</b>	
1.	None.
<b>Equality Impact Assessment</b>	
<b>Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.</b>	<b>No</b>
<b>Data Protection Impact Assessment</b>	

<b>Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.</b>		<b>No</b>
<b>Other Background Documents</b>		
<b>Other Background documents available for inspection at:</b>		
<b>Title of Background Paper(s)</b>	<b>Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)</b>	
1.		
2.		