

Better Care Fund 2022-23 End of Year Template

4. Metrics

Selected Health and Wellbeing Board:

Havering

National data may be unavailable at the time of reporting. As such, please utilise data that may only be available system-wide and other local intelligence.

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2022-23 planning	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	689.0	On track to meet target	Reporting metric is currently at 648.2	Urgent Care Response (2 hours) commenced in 2021/22 and is performing well against at target of 70%, achieving 84% (as of February 2023). Additional End of Life services were also put in place including an
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	93.4%	Not on track to meet target	Reporting metric is currently at 91%. This has been reviewed locally, which we have equated to coding of patients who have be placed back to their usual place of	The Integrated Discharge Hub is now embedded in the local care system, supporting more seamless and efficient discharge including out of area hospital discharge. Home First is embedded in the
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	593	On track to meet target	N/A	Outturn improved on previous year
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	90.0%	Not on track to meet target	Metric currently at 87.3%. This is reflective of the fact for at least 6 months of 22/23 the reablement service was used as the default HomeFirst pathway and included people with more complex care needs. There has	The reablement service effectively managed a significant increase in demand across 22/23 which resulted in a more complex caseload. The provider managed to maintain excellent outcomes for service users

Checklist
Complete:

Yes

Yes

Yes

Yes

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5. Income and Expenditure actual

Selected Health and Wellbeing Board:

Havering

Income

	2022-23	
Disabled Facilities Grant	£2,056,802	
Improved Better Care Fund	£6,824,956	
NHS Minimum Fund	£21,551,578	
Minimum Sub Total		£30,433,336
	Planned	
NHS Additional Funding	£574,348	
LA Additional Funding	£873,730	
Additional Sub Total		£1,448,078
	Planned 22-23	Actual 22-23
Total BCF Pooled Fund	£31,881,414	£31,881,414

Actual		
Do you wish to change your additional actual NHS funding?	No	
Do you wish to change your additional actual LA funding?	No	
		£1,448,078

	ASC Discharge Fund	
	Planned	
LA Plan Spend	£838,069	
ICB Plan Spend	£1,535,255	
ASC Discharge Fund Total		£2,373,324
	Actual	
Do you wish to change your additional actual LA funding?	No	
Do you wish to change your additional actual ICB funding?	No	
		£2,373,324
	Planned 22-23	Actual 22-23
BCF + Discharge Fund	£34,254,739	£34,254,739

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2022-23

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Expenditure

	2022-23
Plan	£31,881,414

Do you wish to change your actual BCF expenditure? No

Actual	£31,881,414
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	ASC Discharge Fund
Plan	£2,373,324

Do you wish to change your actual BCF expenditure? No

Actual	£2,373,324
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Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2022-23

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Yes

Yes

Yes

Yes

Yes

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6. Year-End Feedback

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. There is a total of 5 questions. These are set out below.

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Havering

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate to what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	The BCF has enabled further integration and partnership working both within Havering and across BHR. It has encouraged sharing of resource, information and experience to support the improvement of services and outcomes for our local populations.
2. Our BCF schemes were implemented as planned in 2022-23	Agree	With the delay on publication of guidance for the 2022/23 BCF, the short timescales for submission, the additional pressure of the Discharge Fund planning and templates and a lack of resource to support this process, it has been difficult to plan and undertake the volume of work required. However, the BCF schemes have been implemented as planned
3. The delivery of our BCF plan in 2022-23 had a positive impact on the integration of health and social care in our locality	Agree	The BCF has provided the foundation for the development of a range of projects which have positively impacted the integration between health and social care and have overcome organisational barriers to improve the quality and delivery of care at a local level.

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.

Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	8. Pooled or aligned resources	The BCF has continued to provide a vehicle to pool resources, particularly around intermediate care, including the joint commissioning of our Integrated Discharge Hub (IDH) for pathway 1-3, Home and Settle service for pathway 0/1, Reablement and Ageing Well at Place to fund health and social care initiatives. The sec.75 agreement is used flexibly to ensure the maximum utilisation of the pooled resource. Increasingly at a Place level there is increased collaborative working across organisations to make more effective use of the
Success 2	9. Joint commissioning of health and social care	The BCF has enabled the successful joint commissioning of a range of hospital discharge related services including the Integrated Discharge Hub (IDH), Home, Settle and Support service, Discharge to Assess and the HomeFirst model delivered via our Reablement service. These services have supported the increased demand and complexity we are experiencing across BHR. The BCF has been effectively managed through a joint operational group of LA commissioners and NHS Programme leads, an
5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Challenge 1	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	There continues to be severe financial pressures within the system which results in ongoing challenges with the effective commissioning and delivery of services. Funding is often non-recurrent or year on year making planning for longer term service often difficult or meaning projects may cease after the initial funding period. There are workforce pressures within Social Care and the provider market, exacerbated by inflation, the NLW, problems in recruitment and retention, staff burnout and gaps in key roles e.g. therapists and social workers which is pushing up hourly
Challenge 2	6. Good quality and sustainable provider market that can meet demand	The healthcare system continues to experience workforce difficulties. This includes a lack of easily accessible permanent staff. High cost agency staff are often used and local services are increasingly relying on overseas staff that take an extended period of time for HR processes. This is even more difficult with more specialist staff e.g. neuro therapists and nurses. A workforce academy is in place that is development alternative workforce initiatives e.g. apprentices and lower banding progression to leadership roles in the future.

Yes
Yes

Footnotes:

Question 4 and 5 are should be assigned to one of the following categories:

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

Other