

Better Care Fund Service Review

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Background

The Better Care Fund (BCF) requires areas to jointly agree to deliver health and social care services supporting improvement in outcomes against the following BCF policy objectives:

- Enable people to stay well, safe and independent for longer
- Provide the right care in the right place at the right time.

The Hospital Discharge Fund, Disabled Facilities Grant and the Improved Better Care Fund (iBCF) are elements of the Better Care Fund 2024-25

Purpose

The Purpose of the BCF Review was to:

- Review the BCF performance indicators at individual scheme level
- Consider an enhanced approach to the performance and assurance approach the BCF investments at scheme level
- Review the current assurance processes, monitoring of impact and value for money
- Review the current governance of the assurance process

Oldham's allocation 2024/2025

Funding source	2023/24	2024/25
Disabled Facilities Grant	£2,343,287	£2,55,942
Minimum NHS contribution	£21,951,512	£23,193,968
Improved Better Care Fund (iBCF)	£11,187,623	£11,187,623
Additional LA contribution	£0	£0
Additional ICB contribution	£822,739	£762,916
LA Hospital Discharge Fund	£1,568,487	£2,615,146
ICB Hospital Discharge Fund	£1,420,360	£1,975,895
Total	£39,294,008	£42,290,490

Oldham's allocation 2025-26

Funding Sources	Income
DFG	£2,907,639
NHS Minimum Contribution	£26,081,512
Local Authority Better Care Grant	£13,801,769
Total	£42,790,920

Reporting and timelines

- The Health and Wellbeing Board signed off the BCF plan for 2024-25 at the July Health and Wellbeing Board and agreed to delegate sign off to approve the quarter reports to the Chief Executive of the Council and Deputy Place Lead at this time, in consultation with DASS and Lead Member.

Quarter	Template available to HWB areas	Signed off HWB submission date
Quarter 1	16 June 2025	29 July 2025
Quarter 2	15 September 2025	31 October 2025
Quarter 3	15 December 2025	30 January 2026
End of Year	12 March 2026	29 May 2026

All templates will be available on the Better Care Exchange

Reporting

The Better Care Fund (BCF) uses specific metrics to track its impact on health and social care integration and outcomes. These metrics are used in reporting to assess progress against BCF plans and identify areas for improvement. Key metrics include: avoidable admissions to hospital, admissions to residential and care homes, effectiveness of reablement, and hospital discharges to a person's usual place of residence.

Whilst as a Health and Social care economy we report nationally at a macro level on these indicators, we have little data and analysis at investment / scheme level.

There is potentially the opportunity to increase value for investment and improve efficiency and outcomes for residents by have a better local understand of the granular activity of the service we commission.

Metrics – ICB Led

Avoidable Admissions

- Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS outcome Framework indicator 2.2i)
 - Data not available for Q4 however performance to date suggests on target

Discharge to normal place of residence

- % of people who are discharged from acute hospital to their normal place of residence
 - Data not available for Q4 however performance in first three quarters was on track

Falls

- Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,00
 - Target not met, data not available for Q4 but performance up to Q3 was below target

Metrics – LA Led

Residential Admissions

- Rate of permanent admissions to residential care per 100,000 population (65+)
 - Based upon local data, anticipated year end position for this measure is 256 admissions which would equate to a per 100,000 rate of 659 which would be below target of 685 admissions per 100,000.
 - We continue to work to ensure we meet the needs of residents who are experiencing rapid discharge from hospital due to hospital trusts pressures. This has meant that individuals are not healthy enough to be reenabled. We are working closely with enable to ensure the in-reach offer to individuals in residential, nursing care & short stay care is utilised.
 - Anticipated year end position for this measure is 246 admissions which would equate to a per 100,000 rate of 634 which would be below target of 685 admissions per 100,000.
 - We continue to work to ensure we meet the needs of residents who are experiencing rapid discharge from hospital due to hospital trusts pressures. This has meant that individuals are not healthy enough to be reenabled. We are working closely with enable to ensure the in-reach offer to individuals in residential, nursing care & short stay care is utilised.

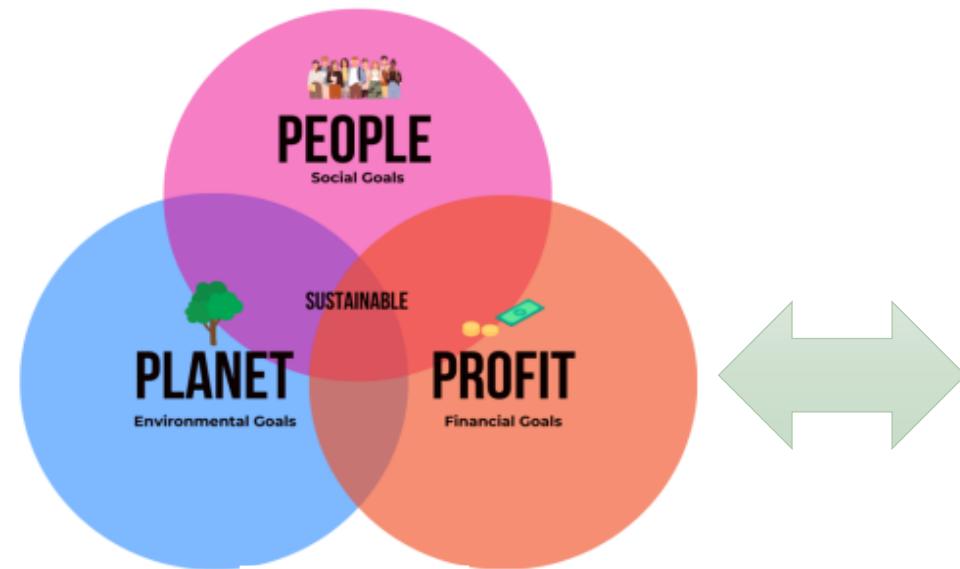
Capacity and Demand

- Monitors pathway 1, 2 and 3 hospital discharge demand against activity
 - Tracking consistent with demand, with the exception of Reablement and Rehabilitation at home, this has seen a reduction in Quarter 4, this is related to historic data quality issues, with quarter 4 provider a more accurate picture than previously.
- Community Activity
 - On track or above, except for the Community Reablement Issue as above
 - Other short term social care as zero due to end of Home from Hospital which had reported on this line up until the end of October 2024

A new approach to metrics?

Triple bottom line theory expands conventional business success metrics to include an organization's contributions to social well-being, environmental health, and a just economy. These bottom-line categories are often referred to as the three “P's”: **people, planet, and prosperity**

Triple Bottom Line



Ready for the Future

Healthier Happier Lives

Great Place to live

Green and Growing

Benefits of the triple bottom line approach

1. Improved financial performance

- **Cost Savings:** Sustainable practices can lead to reduced operational costs, such as lower energy consumption, less waste generation, and streamlined shipping processes.
- **Increased Productivity and Employee Retention:** Fair hiring practices, a healthy and safe work environment, competitive compensation, and opportunities for development can improve employee morale and productivity, and lead to higher retention rates.

2. Risk mitigation

- **Reduced Regulatory Penalties:** Adhering to TBL tenets can help businesses comply with evolving environmental and social regulations, reducing the risk of penalties and legal issues.
- **Enhanced Business Resilience:** Proactively addressing environmental and social risks (e.g., resource scarcity, community backlash) can lead to more resilient and sustainable business operations
- **Stronger Supply Chain:** Focusing on people and planet within the supply chain can lead to more stable and ethically sound sourcing, reducing risks associated with unsustainable or unethical practices.

Benefits of the triple bottom line approach

3. Stronger organisational culture and social impact

- **Enhanced Corporate Culture:** Fostering fair hiring practices, providing a safe and supportive work environment, and promoting employee development can contribute to a positive and engaged company culture.
- **Positive Societal Impact:** By prioritizing social and environmental factors, businesses can contribute to positive change in communities by supporting local businesses, investing in development, volunteering, and addressing issues like diversity and equal opportunity.

4. Fit for the Future

- **Meeting Consumer Demand:** A growing number of consumers prioritize sustainability and social responsibility when making purchasing decisions, giving TBL-focused businesses a competitive edge in attracting and retaining customers.
- **Innovation and New Opportunities:** Embracing sustainability can lead to innovation, new product development, and access to new markets.

Benefits of the triple bottom line approach

For each BCF investment area the system has explored:

Output measure x 3 (examples)

- How many did the service see
- Waiting time
- Waiting list

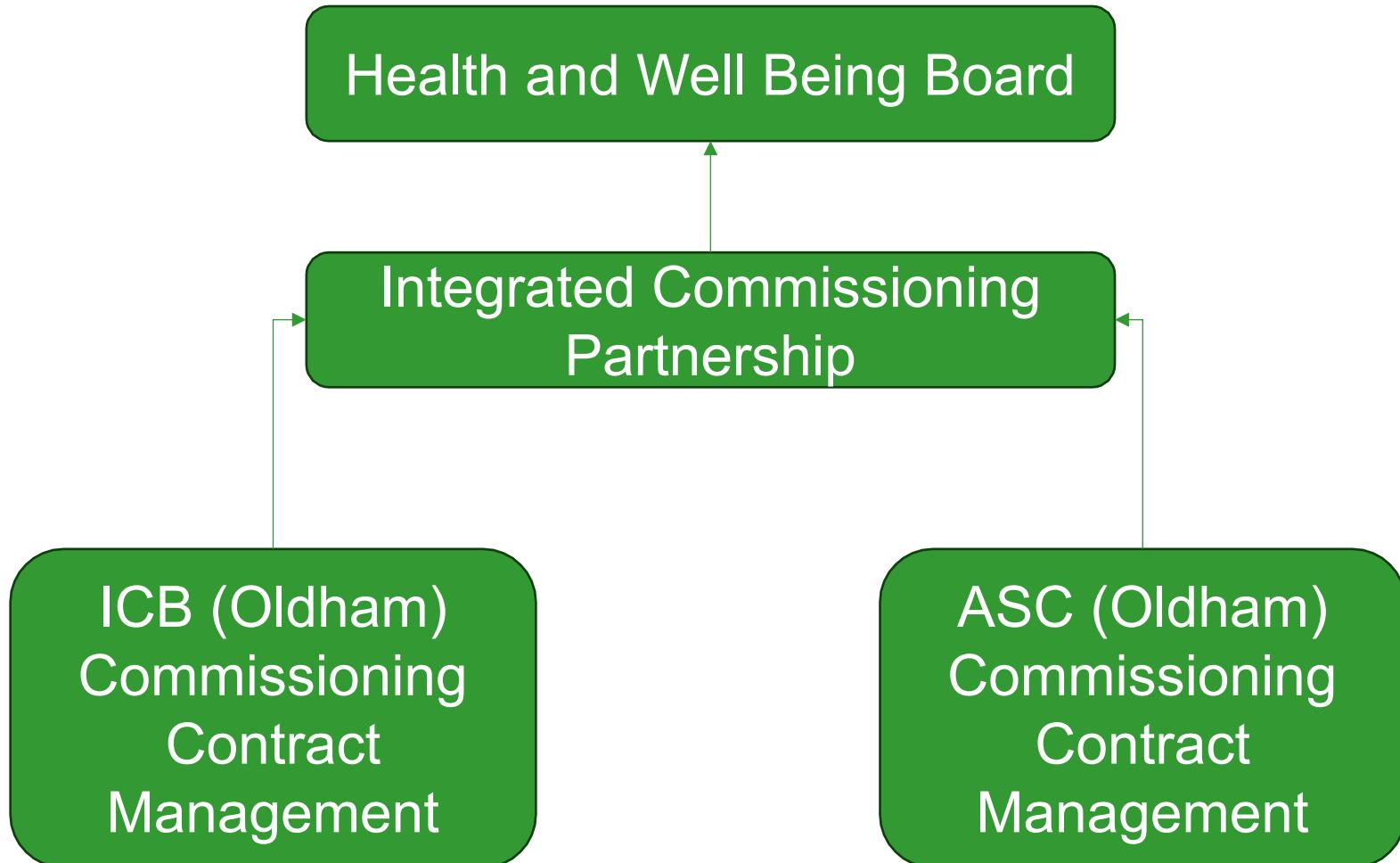
Outcome measures x 2-3 (examples)

- Reduced care package (avoided LTC)
- Delayed input from statutory services (SC or hospital)
- Positive patient / service user / customer experience

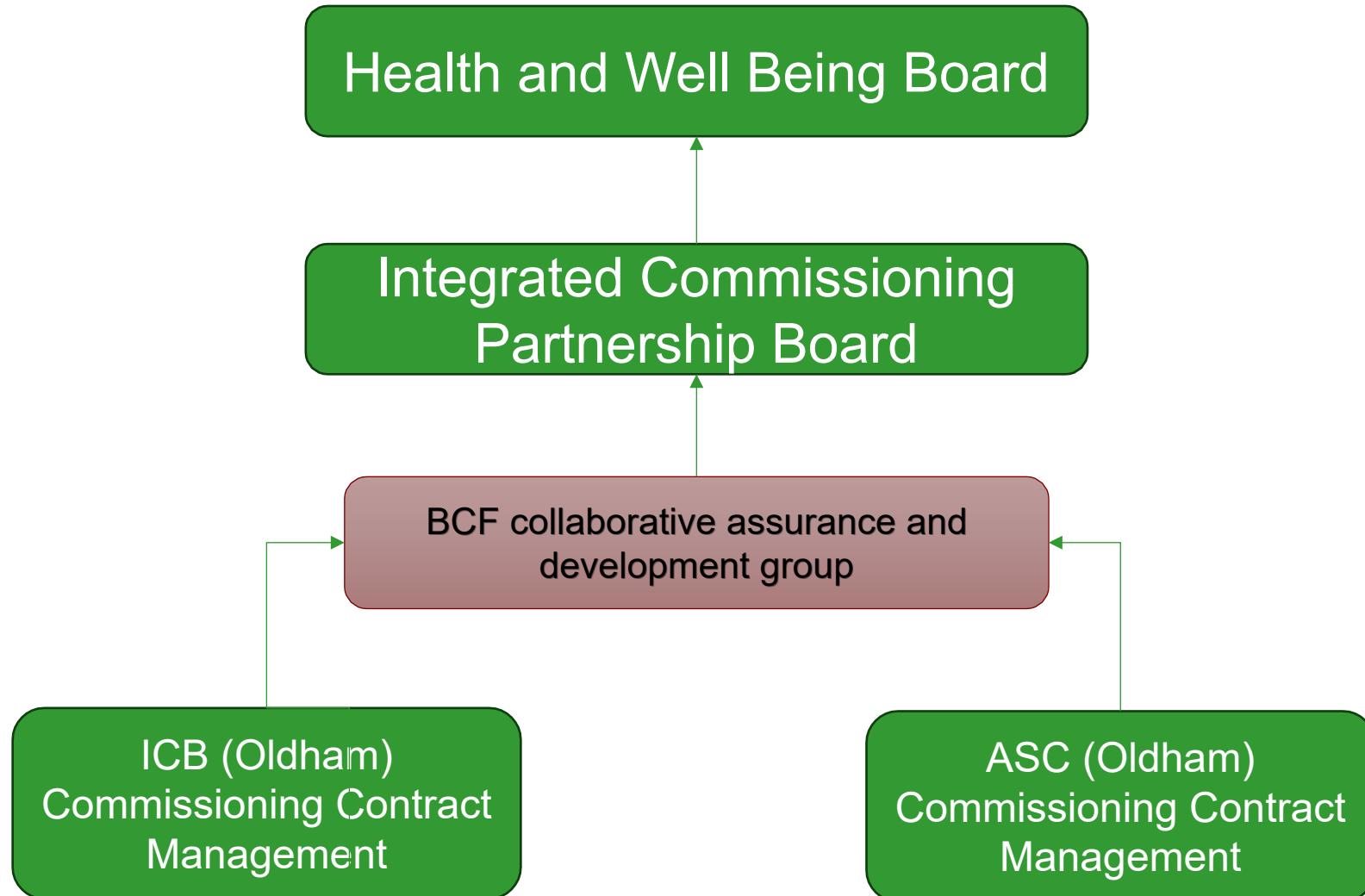
Triple Bottom Line Measure/added social value (examples)

- Each area would agree 1-2 TBL measures
- To create 2 volunteering opportunities
- To employ a % or local people
- To introduce recycling

Current Governance and Assurance



Future Governance and Assurance?



Impact Summary

Key Strengths

- Currently robust reporting and is meeting statuary reporting functions
- Existing schemes performing well against national metrics
- Good informal communication / collaboration at operational commissioning level
- Good understanding of services commissioned by individual commissioners

Key challenges

- Contractual arrangements and pressure across the whole system means it is difficult to 'shift' anything in line with demand, when pressures and demand are being seen throughout
- Increased acuity at discharge remains a challenge
- Elements of silo working and silo decision making in terms of commissioned services
- Lack of data and system visibility of outcome data to support system wide decision making

Recommendations

- Note the good progress and performance of the current BFC programme
- Support the further development of enhanced performance indicators at services level
- Support the development of the collaborative governance group (Terms of Reference to be approached by ICP)

Questions?